Key Messages on Young People’s Sexual and Reproductive Health and Rights

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Introduction

This resource is for young people who are interested in advocating for their Sexual and Reproductive Health and Rights (SRHR). It is divided into two sections.

The first section will provide you with IPPF’s key messages and facts on 4 of the 5 As: Adolescents, Abortion, Access and AIDS/HIV.

The second section will provide you with information on specific issues concerning young people. This resource is intended to help support you in achieving the fifth A, Advocacy.

We hope you find this resource useful!
Adolescents

**Key Message:**

IPPF aims to ensure all adolescents are supported and empowered to make informed choices about their sexual and reproductive lives.*

**Supporting Messages:**

- All young people are rights holders and have sexual rights, regardless of whether or not they are sexually active.¹
- No young person should ever be discriminated against based on sexuality, sex, gender, sexual orientation, marital status, race, ethnicity, nationality, HIV status, physical or mental disability, socio-economic status or health status.
- Every young person is unique and diverse – Young people’s diversities may be enabling or limiting depending on the context in which they live. Youth services, programs and education should be designed and delivered in an equitable way that is responsive to their diversities.
- No young person should be forced to conform to gender or sexual norms.
- Too often young people are denied the information and support they need and are entitled to in order to lead healthy, safe and empowered lives.
- The wellbeing of young people is often harmed by social and cultural taboos that restrict their access to vital information and services, particularly SRH services.
- All young people should become empowered to make choices that lead to healthy, fulfilled lives.
- We must encourage open, honest and objective discussions that recognize and accept young people’s sexuality.

**Advocacy**

- Young people can be some of the best advocates for youth SRHR, because they have the best understanding of their own needs, realities, desires and capacities.²
- Young people’s meaningful participation in decision-making that affects their lives is a human right.
- Young people should be meaningfully involved in all aspects of SRH programmes and policy-making for several reasons: (1) to ensure that interventions respond to the realities of young people; (2) to inspire ownership and commitment by young people over SRH interventions; and (3) to empower young people with greater confidence and leadership abilities.

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¹ The following statements are from Youth IEC's Do’s and Don'ts List. (2009). International Planned Parenthood Federation.
² The following statements are from Young People as Advocates Toolkit. 2010. International Planned Parenthood Federation.
The Facts:

- Half the people on earth are under 25. Some 1.8 billion are aged 10-25, history’s largest generation of adolescents, and about 85% live in the developing world.³
- Most people become sexually active before their 20th birthday.⁴
- IPPF’s work with young people empowers them and makes them less vulnerable, which ultimately strengthening societies.
- Many societies disapprove of premarital sex and consider reproductive health care for young people inappropriate. As a result, parents, educators and health care providers often are unwilling to give young people the information and services needed.⁵
- Married adolescent girls generally are unable to negotiate condom use or to refuse sexual relations. They are often married to older men with more sexual experience, which puts them at risk of contracting STIs, including HIV.⁶

⁴ Ibid.
⁵ Ibid.
⁶ Ibid.
Abortion

Supporting Messages:

- All young women have the right to choose whether or not to carry a pregnancy to term and the right to access safe, legal and affordable abortion services. No young woman should be forced to become a mother.
- All young women have the right to access safe abortion services.
- All young women have the right to make decisions about their bodies and decide if, when and how to have a child.
- Legal, accessible and safe abortion saves young women’s lives. Only when young women have access to safe abortion services do medical complications and maternal mortality from unsafe abortion become truly rare.
- There are different methods of performing safe abortions that can be used in different circumstances and depending on the young woman’s choice (medical abortion, vacuum aspiration).
- Mandatory parental involvement or spousal consent laws and policies are barriers that prevent many young women from accessing safe abortion care.
- We encourage young women to seek the help of a supportive adult of her choice.
- Unsafe abortion is a public health concern, especially for young women. Lack of access to safe abortion services is also a human rights violation.
- All safe abortion services must guarantee confidentiality.

The Facts:

- Abortion is a reality for women in every country of the world. Nineteen million women face the consequences of unsafe abortion each year – 200 women a day die and countless more are injured because of unsafe abortion.7
- Every year, 190 million women become pregnant—and nearly 50 million resort to abortion.8 Yet more than 200 million women cannot access contraception.9
- Unsafe abortions are one of the leading causes of maternal deaths.10

7 The following messages are from Youth IECs Dos and Don’ts List. (2009). International Planned Parenthood Federation.
10 *
• Teenage girls account for 14% of the estimated 20 million unsafe abortions performed each year, which result in some 68,000 deaths.11 Millions more suffer long-term disability.12

• Studies suggest that 10 to 40% of young unmarried women have had an unintended pregnancy.13

Supporting Messages:

- Founded on the believes below, IPPF is striving to support the UN in reaching Millennium Development Goal 5b, which aims to achieve universal access to reproductive health by 2015.
- Every young person, regardless of age, has the right to enjoy the highest attainable standard of physical and mental health and well-being, including sexual and reproductive health.\(^\text{14}\)
- No young person should ever be discriminated against based on sexuality, sex, gender, sexual orientation, marital status, race, ethnicity, nationality, HIV status, physical or mental disability, socio-economic status or health status.
- Young people’s diversities may be enabling or limiting depending on the context in which they live. Youth services, programmes and education should be designed and delivered in an equitable way that is responsive to their diversities.
- All young people must have access to a range of effective contraceptive methods and must be able to choose what method is best for them.
- Everyone has an inherent right to access comprehensive SRH information and services, for a safe, pleasurable and fulfilling sexual life.
- Ensuring universal access to comprehensive SRH expands possibilities economically, educationally and socially.

\[\text{The Facts:}\]

- Every minute of every day a women dies of preventable causes in pregnancy or childbirth.\(^\text{15}\)
- About 200 million women worldwide say they want to delay or prevent pregnancy but are not using effective contraception.\(^\text{16}\) Fewer than 5% of the poorest young women use modern contraception.\(^\text{17}\)
- Among married adolescents who do not want a pregnancy, 54% in Latin America and the Caribbean are using a modern contraceptive method, compared with 32% in South Central and Southeast Asia and 21% in Sub-Saharan Africa.\(^\text{18}\)

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\(^{15}\) The following statements are from Youth IECs Dos and Don’ts List. (2009). International Planned Parenthood Federation.
\(^{16}\) IPPF Messages Toolkit. (2008).
• Complications during pregnancy and childbearing are the leading causes of death for girls aged 15 to 19 in developing countries. They are twice as likely to die in childbirth as women in their 20s.¹⁹

• Young people may hesitate to visit clinics because of lack of privacy and confidentiality, inconvenient locations and hours, high costs, limited contraceptive choices and supplies, and perhaps most importantly, negative or judgmental provider attitudes.²⁰

• Laws and policies also may restrict adolescents’ access to information and services by limiting family planning to married people or requiring parental or spousal consent.¹⁵


²⁰ Ibid.
¹³ Ibid.
Every person living with HIV is entitled to sexual and reproductive rights, which are necessary for the development and well being of all people and the societies in which they live.  

IPPF’s goal is to reduce the global incidence of HIV and fully protect the rights of people living with HIV.  

IPPF aims to increase access to interventions for the prevention of sexually transmitted infections (STI) and HIV through integrated, gender-sensitive, sexual and reproductive health programmes.  

IPPF addresses the social and structural barriers that make people vulnerable to HIV and deter them from exercising their sexual and reproductive rights.

Young people are at the center of the AIDS epidemic. In 2008, young people accounted for 40% of all new HIV infections in 15-49 year olds and almost 3000 young people are infected with HIV each day.  

Although they show increasing rates of infection, young people also have the greatest potential for change.  

When young people are well informed of HIV risks and prevention strategies, they can change their behaviour in ways that reduce their vulnerability. 

UNAIDS Outlook Report: Young people are leading the HIV prevention revolution (2010)


UNAIDS Business Case: We can empower young people to protect themselves from HIV (2010)


Yet globally, less than 40% of young men and women have complete and accurate knowledge about HIV transmission.

HIV is a preventable and treatable disease, yet in 2008 there were 2.7 million new infections and only 42% of those who need treatment have access to it. 


21 The following messages are from www.ippf.org unless otherwise noted


24 Ibid.

25 Ibid.

26 UNAIDS Outlook Report: Young people are leading the HIV prevention revolution (2010)


27 UNAIDS Business Case: We can empower young people to protect themselves from HIV (2010)


The majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding; and the risk of HIV transmission and acquisition can be further increased due to the presence of certain sexually transmitted infections (STIs).\textsuperscript{29}

Sexual and reproductive ill-health and HIV share root causes, including economic inequality, limited access to appropriate information, gender inequality, harmful cultural norms and social marginalization of the most vulnerable populations.\textsuperscript{30}

Linking SRH and HIV programs and policies is critical for fostering a comprehensive response to HIV.

Stigma and discrimination against people associated with or living with HIV is one of the primary hurdles in addressing prevention and care.\textsuperscript{31}

Everyone has the right to access HIV related information and services regardless of their age, sex, gender identity, sexual orientation, religion, race, ethnicity, nationality, HIV status, marital status, physical or mental disability, socio-economic status, or any other status.

Treatment, care and support for PLHIV must be available to all who want it, so they can live healthy and positive lives that are free from stigma and discrimination.

\textsuperscript{29} Background Paper 26th UNAIDS Programme Coordinating Board Thematic Segment 'Sexual and reproductive health services with HIV interventions in practice' (June 2010)

\textsuperscript{30} Ibid.

Young People and Sexual and Reproductive Health

Supporting Messages:

Young people are sexual beings and have sexual needs, desires, fantasies and dreams. It is important for all young people to be able to explore experience and express their sexualities in healthy, positive, pleasurable and safe ways. This is only possible when young people have access to the services and information they need in order to make informed decisions.  

What is sexual and reproductive health (SRH)?

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity. It requires a positive approach to sexuality and safe, pleasurable, sexual relationships, and that the sexual rights of all persons must be respected, protected and fulfilled.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. IPPF endorses the definition agreed at the International Conference on Population and Development.

- Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

- Men and women are to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.


34 Ibid.
The Facts

- Many young people still do not have access to high quality, youth friendly, comprehensive sexual and reproductive health information and services.
- About 16 million women 15–19 years old give birth each year, about 11% of all births worldwide. Of these births, 95% occur in low- and middle-income countries.
- The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa.
- In low- and middle-income countries, almost 10% of girls become mothers by age 16 years, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia.
- Births to unmarried adolescent mothers are far more likely to be unattended by a skilled birth attendant and are more likely to end in induced abortion.
- Coerced sex, reported by 10% of girls who first had sex before age 15 years, contributes to unwanted adolescent pregnancies.

36 Ibid.
Young People’s Sexuality

Key Message:

Young people are sexual beings and have the right to a happy, healthy sex life. However, they are not a homogenous group. IPPF recognizes this diversity, treating young people as individuals with varying needs and life choices.*

The following is from It’s All in One Curriculum:37

- Sexual activity is only one aspect of sexuality. People experience sexuality through their physical feelings, emotions, thoughts, fantasies, desires, attitudes, values, beliefs, identity, and relationships.

- Cultural and societal norms, individual experiences, interpersonal relationships and hormones all influence the way we understand and experience sexuality.

- Differences in age, sex, experience, marital status, interests and preferences, family background, income and religion can mean that adolescents can be worlds apart in terms of what they need and want.38

- Sexuality includes desires or practices involving someone of the other sex, the same sex, or both.

IPPF supports the following statements regarding sexuality and sexual rights:39

- All people should be able to enjoy their sexuality.

- A critical aspect of sexual experience is that it be voluntary and wanted by both partners – sexual consent involves deciding freely and voluntarily to engage in sexual activity with another person.

- Some aspects of sexuality are matters of human rights; these are often called sexual rights.

- People have responsibilities regarding their sexuality – ensuring consent and protecting their own health.

* Young People’s Sexuality. 2010. International Planned Parenthood Federation.
http://www.ippf.org/en/What-we-do/Adolescents/Young-People’s-Sexuality.htm
38 Young People’s Sexuality. 2010. International Planned Parenthood Federation.
IPPF and Young People’s Sexuality

- IPPF is known for its work with young people - it has been one of our greatest strengths. IPPF is constantly developing new strategies and programmes which respond to the changing realities of young people’s lives.\textsuperscript{40}
- Young people are involved in the development and the day to day running of IPPF programmes, so we know we are reflecting their interests.\textsuperscript{41}

\textsuperscript{40} Ibid.

\textsuperscript{41} Young People’s Sexuality. 2010. International Planned Parenthood Federation.
Young People and Sexual Rights

Supporting Messages:

- IPPF works to promote sexual and reproductive rights for everyone, including young people. IPPF realises and believes that sexual rights are a part of human rights. Therefore, IPPF believes that having sexual rights adds to the freedom, equality and dignity of all people.42

- IPPF supports young people’s right to equality; to participation; to life and to be free from harm; to privacy; to personal autonomy and to be recognized as an individual before the law; to think and express oneself freely; to health; to know and learn; to choose whether or not to marry or have children; to have their rights upheld.43

The IPPF declaration is grounded in and informed by international agreements such as United Nation Conventions.44

1. IPPF recognises that sexuality is an important part of being human throughout one’s life.

2. IPPF supports a vision that aims to respect, protect and advance the rights of all persons to sexual autonomy and to promote sexual health and rights within a framework of non-discrimination.

3. IPPF believes that it is important to create accountable structures, and to encourage government policies and laws which will make sure that these rights are protected for everyone and where possible promoted and fulfilled/enjoyed.

The Facts:45

- Sexual rights are increasingly accepted, but the most conservative sectors continue to strongly oppose them, especially when talking about young people’s sexual rights.

- Many countries agree that it is necessary to decrease pregnancy and STIs among young people. However, there is a general disapproval and denial of young people’s

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sexual lives, their desires and their different sexual orientations, so the situation is neglected.

- This disapproval is also present among young people themselves, because they tend to follow the dominant culture.

- The difficulties are even more extensive, because the very idea that youth under the age 18 have rights is relatively new and was only established internationally in 1989, in the Convention on the Rights of the Child.

- Young people's sexual rights are different and more complex than adults' sexual rights. One reason for this is the widespread denial of young people’s sexuality. There is a common misconception that young people are not, or should not be sexual beings with the exception of certain groups (married young people or young people above a certain age). Sexuality is a central aspect of being human during all phases of a person’s life.\(^{46}\)

- Young people’s sexual rights are particularly complex is because of the need to both protect and empower them. There is an assumption that young people are incapable of making decisions for themselves, so parents or other adults should have full authority over decisions related to their sexuality. Resistance to recognize young people’s sexuality and their decision-making abilities makes the realization of young people's sexual rights all the more challenging.\(^{47}\)

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\(^{47}\) Ibid.
Supporting Messages:

- Gender equality is measurable equal representation of women and men. Gender equality does not imply that women and men are the same, but that they have equal value and should be accorded equal treatment.  

- No young person should be discriminated against based on his or her sexuality, sex, gender, sexual orientation or marital status.

- Youth services, programmes and education must be gender-sensitive and promote gender equality and equity.

- Youth SRH services must be responsive to the diversities of young people and must be tailored to the specific realities of young people of all genders.

- Gender is fluid, dynamic and influenced by many contextual, societal, cultural and political factors.

- Gender goes beyond males and females as there are also transgender and intersexual people.

What's the difference between gender and sex?

The term gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women, while sex refers to the biological and physiological characteristics that define men and women.

Current Situation

- Discrimination against women and girls - such as gender-based violence, economic discrimination, reproductive health inequities, and harmful traditional practices - remains the most pervasive and persistent form of inequality.

- Because most methods of contraception are controlled primarily by the woman, men often feel left out of the responsibility of contraceptive use. They may feel uncomfortable discussing and participating in contraceptive decisions.

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49 The following messages were taken from IPPF’s Youth IECs Dos and Don’ts List. (2009). International Planned Parenthood Federation.


Communication is extremely important so that the male partner can understand why a woman wants to use contraception and assist her in the responsibility. Male participation in contraceptive decisions has been shown to greatly increase continuity of couples' contraceptive use.

Equal pay for equal work is one of the areas where gender equality is rarely seen; too often women are paid less than men for doing the same work.\textsuperscript{53} This is one of the reasons that the majority of the world's poor are women: around 70\% of the people who live in extreme poverty, on less than one dollar a day, are girls and women.\textsuperscript{54}

The right to vote, or suffrage, is another area of gender equality that still does not extend to all the women in the world. Saudi Arabia does not give women the right to vote.\textsuperscript{55}

\begin{itemize}
  \item \textsuperscript{53} Ibid.
  \item \textsuperscript{54} Ibid.
\end{itemize}
What is CSE?

It is education about all matters relating to sexuality and its expression. CSE covers topics including sexual and reproductive health and rights, HIV and AIDS, relationships, attitudes towards sexuality, sexual roles, gender relations, pleasure, violence, diversity and the social pressures to be sexually active, and it provides information about sexual and reproductive health services. It may also include training in communication and decision-making skills.56

CSE seeks to equip young people with the knowledge, skills, attitudes and values they need to express and enjoy their sexuality – physically and emotionally, individually and in relationships.57

- It views ‘sexuality’ holistically and within the context of emotional and social development.
- It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.

Supporting Message:

- Good sexuality education is essential to help young people to prepare for healthy and fulfilling lives. High quality information and comprehensive sexuality education can equip them with the knowledge, skills and attitudes they need to make informed choices now and in the future; to enhance their independence and self-esteem; and to help them to experience their sexuality and relationships in a positive and pleasurable way.58

The Facts:

- Young people face increasing pressures regarding sex and sexuality including conflicting messages and norms. On one hand, sex is seen as negative and associated with guilt, fear and disease, but through the media and friends it is portrayed as positive and desirable.59

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Such pressures may be perpetuated by a lack of accurate information, skills, and awareness of their rights and by gender expectations.\textsuperscript{60}

Young people may feel that they lack a voice in a debate which is about them, but rarely involves them, or that the reality of their lives and the development of their sexual identities are not understood. This results in many young people being either unable or reluctant to seek help when they need it, and may prevent them from giving input within policy and decision making processes.\textsuperscript{61}

Research is showing that high quality, comprehensive and rights-based sexuality education programmes can delay initiation of sexual activity and unprotected intercourse, decrease the number of sexual partners, increase contraceptive and condom use, and therefore decrease unintended pregnancies and sexually transmitted infections among young people.\textsuperscript{62}

\* For more information on CSE visit: www.ippf.org/NR/rdonlyres/CE7711F7-C0F0-4AF5-A2D5-1E1876C24928/0/ComprehensiveSexEducation.pdf

\textsuperscript{60} Ibid.
\textsuperscript{61} Ibid.
\textsuperscript{62} Ibid.
Young People and Contraception

**Key Message:**

IPPF believes that young people must have information and education on sexuality and the best possible sexual and reproductive health services, including contraceptives.

**Supporting Messages:**

- All young people must be able to choose from a full range of contraceptives, including the latest advances in contraception.
- Contraception is inextricably linked to sex and sexuality. It is important to recognize that people do not have sex to use contraception. Rather, they use contraception in order to enjoy their sexuality more fully.
- Young people do not need to be having sex to learn about contraception. Most people will become sexually active at some point in their lives. It is important to be informed and prepared for when that time comes. Regardless of sexual orientation, everyone needs information on contraception and safer sex.

**The Facts:**

- Contraception can be defined as any means to prevent pregnancy. There are both temporary and permanent methods of contraception.
- Temporary methods are usually divided between:
  - abstinence
  - hormonal methods (birth control pills)
  - barrier methods that prevent sperm from moving up the upper female genital tract (male and female condoms)
  - devices placed into the womb (intra-uterine devices)
  - 'natural' methods (withdrawal)
- Currently, the only methods of contraception that also protect against HIV transmission are male and female condoms.
- There are three rules of contraception that must be remembered:
  1) No contraceptive method is perfect; consult your healthcare provider for more information on what methods would work for you.
  2) One contraceptive method is always better than none.
  3) Two combined methods are usually better than one (condom plus another method).
Contraception decision-making by young people should be based on informed choice: they have the right to choose their method of contraception, after being given adequate and non-biased information on the options available.63

Results show that young people across Asia Pacific, Europe and North America are not communicating effectively about contraception.

- More than one in 3 (36%) have unprotected sex, which can lead to unplanned pregnancies and sexually transmitted infections (STI's) and HIV.
- Over one-third are not talking about contraception with their current sexual partner before having sex (35%).
- Over one-third believe highly unreliable contraceptive methods – such as the ‘withdrawal method’ – are effective (36%).
- One in 5 are using unreliable contraceptive methods (19%), across the three regions.

For more information visit: http://www.ippf.org/en/Resources/Contraception/

* the above information is from www.ippf.org/en/Resources/Contraception
On a Thursday afternoon I called the clinic to make an appointment for Friday afternoon to get a scan to see if I was pregnant. On Friday, I went to the hospital for the check-up. While I was there, I found out I was about 2 months pregnant. I broke down and cried. The doctor and nurse thought I was crying because I was happy, but I wasn't. I cried because I didn't know how to tell my parents. Then they asked me to sign a confidentiality form and I put down all my contact details. Then they said that I needed to come back in a week's time to pick-up my iron tablets. I asked if they could call me at work during the day before they call anywhere else. I did that because that's where they'll find me. I was hoping that the nurses wouldn't say anything to my parents until I told them.

On a Tuesday morning, I received a call from my mother saying that when I finished work, pack up my stuff and move out. I knew that someone must have said something so I thought it must be the nurses. Two minutes after I hung up with my mother, I got another call and it was the nurse. The first thing she said was that she tried to call me at home but my mum told her I was at work. I just broke down and cried at my desk because I had been kicked out of my house and this nurse was the one that spurted it out before I could even have the chance to tell my parents. When I went home and packed up my bags my dad came to talk to me saying that he received a phone call from the nurse who had some disturbing news. So, not only did my mum know, but they also called my dad. I moved out and I decided to never do anymore check-ups or anything with the nurses at that clinic.

- young person from ESEAOR