



Economic and Social Council

Distr.: General
6 February 2012

Original: English

Commission on Population and Development

Forty-fifth session

23-27 April 2012

Item 4 of the provisional agenda*

**General debate on national experience in population matters:
adolescents and youth**

Statement submitted by International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2012/2.



Statement

International Planned Parenthood Federation is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a movement of national organizations working with and for communities in 173 countries worldwide. The organization works to provide young people¹ with the information they need to make informed decisions about their sexual and reproductive lives, as well as the means to access services (both clinical and non-clinical) when and if required.

The Programme of Action of the International Conference on Population and Development specifically recognizes the sexual and reproductive health needs of adolescents and identifies this age group as one whose needs have largely been ignored. It also recognizes the right of adolescents to access sexual and reproductive health services and information in a manner that respects their privacy and confidentiality. Yet, in 2011, with half of the world's population under the age of 25, the majority of this age group lives in countries where access to such resources remains limited. The need for sexual and reproductive health services for young people is undisputable: nearly 13 million adolescent girls give birth each year in developing countries, most often before they are physically, financially or emotionally prepared; complications from pregnancy and childbirth remain the leading cause of death among young women aged 15 to 19 in developing countries; half of all new HIV infections are among young people; and an estimated 4,000 to 5,000 young people acquire HIV every day. When a girl in a developing country receives seven or more years education, she marries four years later and has 2.2 fewer children. However, a girl growing up in Chad is more likely to die in childbirth than she is to attend secondary school. Access to information and contraception are therefore part of a package that young people need in order to break generations-long cycles of poverty and gender inequality.

To access sexual and reproductive health services, young people face unique barriers that are compounded by or in addition to age-related barriers. Many of these barriers relate to the withholding of information or services, which only serves to exacerbate the vulnerabilities young people face. It is also in direct violation of the rights afforded them under international human rights law.

Parents, guardians, teachers, health professionals and other adults who work with and for young people have a responsibility to support young people and provide them with learning opportunities so that they can build their capacity and transition from reliance to independence. This is particularly true in relation to sexual and reproductive health; a balance must be struck between protecting young people from abuse or exploitation and allowing them to freely and autonomously express their will and intention.

The pace at which capacities evolve differs for each individual and is dependent on life circumstances. The organization contends that age should not be used as an indicator of a young person's capacity to make autonomous decisions. Despite this, age is often utilized as a determinant of capacity in law, and in the personal estimation of health professionals, which can lead to the perpetuation of

¹ The International Planned Parenthood Federation uses the term "young people" to refer to those aged 10 to 24. This encompasses the adolescent subgroup, which refers to those aged 10 to 19. For the purposes of this statement, the term "young people" will be used to refer to adolescents.

judgmental attitudes. Laws that require parental consent or notification to access sexual and reproductive health services are a manifestation of the presumption of incapacity. These laws persist, despite the call made in paragraph 7.45 of the Programme of Action for States to remove legal barriers that prevent young people from accessing sexual and reproductive health information and services. However, legal and policy provisions that mandate parental involvement in the realm of sexual and reproductive health often deter young people from accessing services for fear that their parents may discover they are sexually active. This is contrary to young people's rights to privacy, confidentiality and the highest attainable standard of health.

The International Planned Parenthood Federation believes that young people should be encouraged to voluntarily involve their parents, guardians or other trusted adults in their decision-making processes. The positive role that adults can play in young people's lives is well recognized throughout the organization. While the opinions and knowledge of peers are of great importance to young people in making decisions related to their sexual and reproductive health, research shows that young people would prefer the support of a trusted adult when it comes to accessing health services.

Sexual and reproductive health-related stigma is compounded for young people by their age and norms relating to young people's sexuality. Stigma means that young people are inhibited from feeling free to express their sexuality, talk openly about sex with their parents or guardians or access sexual and reproductive health information and services. Communities, families and religious institutions have a duty to encourage open and accurate dialogue on young people's sexuality with a view to reducing stigma.

Self-stigmatization is a strong force that prevents young people from accessing the information and services they need as a result of feelings of fear, shame or embarrassment. This can be particularly true for young women who are sexually active; young people who are gay, lesbian, transgender or bisexual; young people living with HIV; and, in some contexts, unmarried young men and women. Health professionals, communities and government institutions should adopt non-judgmental attitudes to reduce stigma and promote services as being for everyone. Promoting preventive services and counselling can also assure potential young clients that there will be no presumption that they are sexually active when they walk through the door.

Primary and secondary schools provide a crucial opportunity for reaching young people with information and life skills relating to sex, health and relationships while challenging harmful gender or other norms that perpetuate sexual and reproductive ill health. Despite this, scientifically unfounded objections supposing that the provision of such information will encourage sexual activity dominate discourse in many regions. Educators are often not adequately trained or comfortable imparting sexual and reproductive health and rights information to young people. Member States must raise awareness of the importance of sexuality education and train educators to feel confident in providing sexuality education to young people of all ages. It is also necessary to ensure that comprehensive sexuality education is included in informal settings. Formal education settings provide an ideal opportunity to reach young people. However, many young people, particularly young women, leave this setting at a young age. Therefore, any national

comprehensive sexuality education programme should prioritize outreach to out-of-school and other marginalized groups of young people.

Many young people also experience “access barriers” that relate to the practical or logistical means by which they access sexual and reproductive health services. Young people, particularly young adolescents, are less mobile and therefore experience difficulty in accessing sites where they can access services and information. Financial barriers also exist if measures are not put in place to allow young people access to services at a discounted cost. Opening times of service delivery points may also be a barrier, if they coincide with school or working hours. Providing sexual and reproductive health services at times and in places within the reach of young people is a way to increase access.

Every day, 500,000 young people are infected with a sexually transmitted infection (excluding HIV), and 45 per cent of new HIV infections occur in young people. Every year, young women between the ages of 15 and 19 undergo 2.5 million unsafe abortions that put their lives and health at risk, yet among this age group, the unmet need for contraception stands at 25 per cent. To address this and the barriers identified above, programmes to improve young people’s sexual and reproductive health must include three essential pillars: (a) comprehensive sexuality education; (b) youth-friendly sexual and reproductive health services; and (c) political and social change to create favourable environments within which young people can exercise and realize their sexual and reproductive health and rights.

Comprehensive sexuality education is an essential intervention to ensure that all young people are aware of their sexual and reproductive rights, are empowered to make informed choices and decisions and are able to act on these decisions. Comprehensive sexuality education is more than the provision of information about health and sexuality; it also aims to develop critical-thinking skills, confidence, communication skills, decision-making capacities, gender equity and rights-based civic participation.

Young people must have access to youth-friendly sexual and reproductive health services. To be youth-friendly, the services must be accessible, acceptable, equitable and of a high quality. The importance of well-trained, non-judgmental health professionals and staff members in service delivery points serving young people should not be underestimated.

In programmes to promote the sexual and reproductive health of young people, special attention and resources must be dedicated to eradicating harmful gender norms and inequality. The International Planned Parenthood Federation promotes a positive approach to the sexuality of young women and girls, with the aim of helping them to become confident, autonomous decision-making individuals. All young women and girls have the right to make autonomous decisions related to their sexual and reproductive health in accordance with their evolving capacities. Withholding the right of young women and girls to information and the means to act upon those decisions perpetuates inequality and ill health. Their ability to exercise the right to decide is influenced as much by their family and community as by social norms and policy.

The organization believes that programmes aimed at eradicating harmful gender norms and inequality must also engage young men and boys. Such

programmes must move away from an approach that sees them as perpetrators of rights violations towards an approach that is guided by their best interests and that more effectively addresses their sexual and reproductive health needs.

Recommendations

The International Planned Parenthood Federation believes that young people have a right to information to allow them to make informed decisions and a right to access the services required to turn those decisions into reality without fear of reprisal or shame. Recognizing that young people, including adolescents, are rights holders to which the rights spelled out in United Nations conventions apply, and recognizing that access to comprehensive sexuality education and sexual and reproductive health services are essential to fulfilling a young person's right to the highest attainable standard of health, the organization believes that Member States must:

- Remove and refrain from implementing laws that restrict young people's access to sexual and reproductive health services, including parental or spousal consent laws
- Refer only to scientifically sound evidence when formulating education policy and curricula on sexuality education, and commit resources to strengthen the evidence-base on this
- Provide opportunities for young people to obtain the knowledge and life skills they need to make informed decisions about their sexual and reproductive health, including through the provision of sexuality education in schools
- Recognize both in principle and in law the evolving capacity of young people to consent to sexual and reproductive health treatment, services and care
- Take steps to ascertain young people's real and perceived sexual and reproductive health needs, and include young people in identifying and addressing such needs
- Address the practical and logistical barriers that young people face in accessing life-saving and life-enhancing services, including through the reduction of financial and geographical barriers
- Ensure that all young people with a need for contraception have access to such services
- Ensure that a comprehensive package of sexual and reproductive health services, including safe abortion services, is available for all young people
- Ensure that health professionals are adequately trained to provide information and services to young people, including sexually active young people, in a non-judgmental manner
- Ensure sufficient educators are trained to provide comprehensive sexuality education to young people from an early age
- Promote the education of parents, guardians, communities and others to provide guidance and support to young people as they mature, in accordance with paragraph 7.48 of the Programme of Action

- Recognize the vital role that schools play in disseminating information and in linking with sexual and reproductive health services for young people
 - Address inequality of access to services among young people, particularly for those in rural areas
 - Ensure that data is available to monitor progress towards achieving universal coverage of sexual and reproductive health services to young people
 - Ensure young people are meaningfully engaged in decision-making and programming at the local, national and international levels
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