Young People and Inequalities

This contribution is posted on behalf of the Sexual Rights Initiative (SRI), a collaborative project of six partner organizations: Action Canada for Population and Development, Akahatá – Equipo de Trabajo en Sexualidades y Géneros, the Coalition of African Lesbians, Creating Resources for Empowerment in Action (CREA, India), the Egyptian Initiative for Personal Rights, and the Federation for Women and Family Planning (Poland). The SRI aims to advance sexual rights within global policy processes. www.sexualrightsinitiative.com

Today, there are 1.8 billion young people between the ages of 10−24 who should be guaranteed access to the comprehensive sexual and reproductive health services and sexuality education that they need for a healthy and fulfilling life. Regrettably, this is not the case, as evidenced in the facts:

- Globally, complications arising from pregnancy and childbirth are the leading cause of death for young women aged 15-19 years
- Over 222 million women around the world do not have access to modern contraception and over 33 million women have an unintended pregnancy each year while using a contraceptive method; young women aged 15-19 are twice as likely to lack access to the contraception they want and need as women over twenty
- An estimated three million unsafe abortions occur globally every year among adolescent girls
- Globally, less than 30% of young women have comprehensive and correct knowledge on HIV
- Each day, more than 2500 young people are infected with HIV and more than half of all new STI infections (180,000 million) are among youth

This is caused by various inequalities faced by children and youth, including, first and foremost, that they are not recognized as sexual beings by their parents, teachers, health workers and policy-makers, among others. Sexuality is a central and intrinsic aspect of every human being from infancy onwards. Unfortunately, a combination of social taboos around sexuality and age-based inequalities marginalize adolescents and youth in terms of claiming and exercising their sexual rights. While these taboos have different nuances in different societies, it can be said safely that this is a universal phenomenon.

Sexuality education is recognized as a basic human right of all children and youth in both the annual report of Special Rapporteur on the right to education to the UN General Assembly in 2010 and General Comment No. 4 of the Committee on the Rights of the Child. Effective sexuality education must go beyond biology. It must educate children and youth about gender equality, sexual and reproductive health, relationships, gender-

based and sexual violence, sexual and gender diversity, healthy emotive processes, informed consent and human rights, and should promote empowerment and autonomy. Such education must be free of and aim to eliminate stereotypes, discrimination, and stigma; respect the evolving capacities of children and youth; and be tailored to meet the specific needs of particular groups e.g. young people with disabilities and those living on the streets.

However, due to prejudices surrounding young people's sexuality, sexuality education is either not provided at all or inadequately provided with a focus on limited aspects, e.g. only information on anatomy and/or HIV prevention. The absence of comprehensive, rights-based sexuality education results in perpetuation of gender-based violence and discrimination, and inhibits adolescents', particularly adolescent girls, access to sexual and reproductive health information and services.

These inequalities faced by adolescents and youth also manifest in the form of stigma and discrimination at the hands of peers, teachers and health personnel. Discrimination and harassment based on factors such as pregnancy, sexual orientation, gender identity and expression leads to negative education and health outcomes such as dropout, low self-esteem and suicides. Adolescents and youth may be deterred from accessing sexual and reproductive health services and information due to an experience of stigma or discrimination, or may not access the health system at all due to fear of such an experience.

Young people's sexual health and rights are also hindered through discriminatory legal and/or administrative stipulations that do not take into consideration their evolving capacities. Adolescents may need to obtain authorization from their parent, guardian or spouse for medical treatment in general – as is the case in several countries – or specific sexual and reproductive health services such as HIV testing and counselling, contraceptive information and commodities, STI prevention and abortion. Fear and stigma often deter adolescents from obtaining such consent and they may forego seeking information or accessing a service, or they may seek out back-street providers. Further, statutory rape laws and other laws prescribing minimum age of consent for sexual activity – if too high and not taking into consideration the evolving capacities of adolescents – act as a barrier in accessing sexual and reproductive health information and services.

Laws must provide sufficient protection to children and youth without restricting the exercise of their rights. This can be done when States adopt a human rights-based approach, and develop and implement, in a manner consistent with children and youth's evolving capacities, legislation, policies and programmes to promote their health and development.

The inequalities faced by young people are further compounded by inequalities based on their gender, marital status, sexual orientation, disability, race and ethnicity, HIV status and socio-economic status, among other factors. For example, adolescents with disabilities are even less likely to receive comprehensive sexuality education tailored to their needs than their able-bodied peers. Transgender adolescents are at an increased risk of dropout from formal education. And, adolescents and youth living in poverty are less likely to be able to access quality sexual and reproductive health services than those with access to resources. All inequalities need to be systematically addressed in order to improve the lives of adolescents and youth. In the meanwhile, policies and programmes must be tailored to respect, protect and fulfil the rights of those most marginalized on the basis of the above-mentioned inequalities.

Recommendations to States:

1. **Revise legal and administrative requirements** for parental, guardian or spousal consent for sexual and reproductive health services such as contraception, abortion and HIV testing and counselling, and statutory rape laws and other laws prescribing minimum age of consent for sexual activity, with the view to provide protection to children and youth without restricting the exercise of their rights, taking into account their evolving capacities and best interests.

2. A **comprehensive and integrated package** of sexual and reproductive health services and information must be made available and accessible to children and youth, especially the most marginalized, and these should be of good quality and acceptable to different groups. This package should include the provision of contraceptive services and supplies (including emergency contraception, post exposure prophylaxis, male and female condoms); safe abortion services and post-abortion care; pregnancy care (antenatal and post natal care, skilled birth attendance, referral systems, and emergency obstetric care); access to assisted reproductive technologies; prevention, treatment, and care of sexually transmitted infections and HIV; prevention, treatment and care of reproductive cancers. Services for victims and survivors of sexual violence and abuse must be integrated with these as well. Health personnel must be trained to provide these services with full respect for children and young people's privacy and in a non-judgmental and non-discriminatory manner.

3. **Comprehensive sexuality education**, that takes into consideration the evolving capacities of different groups of children and youth, must be provided in both formal and informal settings, with a focus on reaching the most marginalized including girls, children with disabilities, lesbian, gay, bisexual, transgender and intersex children, and children living in poverty.

4. The **active participation** of children and youth must be secured in the formulation of policies and the design and evaluation of programs that affect their right to health.

5. The capacities of children and youth must be built so as to **enable them to participate** in policy processes and to access sexual and reproductive health services, including through providing information about access to such services and the associated policy framework.

6. **Accountability mechanisms** must be established, strengthened and made accessible to children and youth so that they are able to access remedies and evaluate policies and programs.