“Sexual and Reproductive Health: a basic right of adolescents and young people”

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The Committee of Convention on the Rights of the Child (CRC) defines adolescence as a time of transition from childhood to adulthood, to the progressive exercise of rights in accordance with the **evolving capacities**.

International Human Rights Instruments do not define who the youth are.

IberoAmerican Convention on the Rights of the Youth: all people between 15 and 24 years.

African Youth Charter: every person between 15 and 35 years.

In the UN youth is defined as the period from 15 to 24 years of age for statistical purposes.

Youth, therefore overlaps with adolescence and a period of legal majority of age.

Youth is admitted to be not a universally set biological age but a social construct.

**ADOLESCENTS AND YOUTH ARE RIGHTS-HOLDERS**
Adolescents and Youth are rights-holders

- Entitled to **exercise and claim rights** enshrined in all International Human Rights Treaties: Civil, Political, Economic, Social and Cultural Rights

- Entitled to **specific rights** (in CRC, CEDAW, regional instruments and other soft law documents)

- Able to **hold governments to account**, which requires and enabling environment and formal avenues for accountability

- Empowered to **make informed and responsible decisions** regarding their sexual and reproductive health and rights
What are Reproductive Rights

- A constellation of existing civil, political, economic, social and cultural rights contained in human rights instruments as they relate to:
  1. Freedom to make **reproductive choices** (information and means to do so)
  2. Right to the highest attainable standard of **sexual and reproductive health**
  3. Freedom from **discrimination, coercion and violence**

   (ICPD, PoA para. 7.3)

- …And corresponding **State responsibilities** to:
  1. Promote more inclusive and **equitable gender relations**
  2. Meet the **educational and service needs of adolescents** to enable them to deal in a positive and responsible way with their sexuality
  3. Safeguard the right of adolescents to **privacy, confidentiality and informed consent**

   (ICPD, PoA paras. 7.3, 7.45 and 7.46)
<table>
<thead>
<tr>
<th>Year</th>
<th>Event/Declaration</th>
<th>Description</th>
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<tbody>
<tr>
<td>1995</td>
<td>Beijing World Conference</td>
<td>Women have control over their own sexuality free of discrimination, coercion and violence (para. 98)</td>
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<tr>
<td>1999</td>
<td>ICPD + 5</td>
<td>Right of adolescents to the enjoyment of the highest attainable standard of sexual health and the provision of easily accessible and youth-friendly services (para. 73)</td>
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<tr>
<td>2003</td>
<td>CRC GC No. 4 on adolescent health</td>
<td>Respect of the right to privacy and confidentiality in the context of health (para. 11).</td>
</tr>
<tr>
<td>2007</td>
<td>Convention on the Rights of Persons with Disabilities</td>
<td>(art.25)</td>
</tr>
<tr>
<td>2012</td>
<td>CPD agreed conclusions on adolescents and youth</td>
<td>Right to have control over their sexuality, right to privacy and confidentiality and access to sexuality education</td>
</tr>
<tr>
<td>2012</td>
<td>Bali Declaration</td>
<td>Calls for expanding the scope of human rights protections for adolescents and youth</td>
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<tr>
<td>2013</td>
<td>CRC GC No. 15 on children’s right to health</td>
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**Human rights Developments after Cairo**
## Normative content of the right to sexual and reproductive health (AAAQ)

<table>
<thead>
<tr>
<th>Availability</th>
<th>Accessibility</th>
<th>Acceptability</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available infrastructure, medical staff, commodities, essential drugs, etc.</td>
<td>Physical, economic (affordability), non-discriminatory and accessible information</td>
<td>Culturally appropriate, gender sensitive and youth-friendly services</td>
<td>Meeting quality of care standards</td>
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AAAQ criteria also apply to the social determinants of the right to Sexual and Reproductive Health
SRHR Challenges faced by adolescents and youth

- **Restrictive laws and regulations** denying adolescents decision making capacity and autonomy (e.g. parental consent requirement)
- Exclusion from family planning programmes due to **age and marital status**
- **Negative attitudes** by service providers due to stigma associated with adolescent sexuality
- Lack of access to accurate and un-biased **sexuality education** and information
- Criminalization of **consensual sex behaviour** between adolescents
- Criminalization and/or stigmatization of **diverse expressions of sexuality and gender identities** not conforming with social norms
- Lack of **financial capacity** to afford services, commodities and transportation
SRHR Challenges faced by adolescent and young girls

• An estimated 16 million adolescent girls ages 15-19 give birth every year, 95 per cent of which in low and middle-income countries
• Complications from pregnancy and childbirth are a leading cause of death among girls ages 15-19 living in these countries
• Even where abortion is legal, many girls still resort to clandestine abortion due to stigma, fear and lack of resources
• Globally, young women aged 15-24 have HIV infection rates twice as high as in young men
• Adolescent girls are particularly vulnerable to sexual violence and harmful traditional practices
• In low and middle income countries (excluding China), 12 percent of girls are married before they turn 15 while 34 percent are married or in union before they are 18
• Pregnant girls usually have lower educational attainments and may be excluded from education in some countries
Human Rights Obligations

Duty-bearers

Respect

- Refrain from interfering with the enjoyment of the right

Protect

- Prevent others from interfering with the enjoyment of a right

Fulfill

- Adopt appropriate measures towards full realization of the right

Immediate

Progressive
“Each State Party undertakes to take steps, individually and through international assistance and cooperation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights by all appropriate means …”

(ICESCR, Article 2)

- Acknowledges that resources are limited
- Lack of resources is not a justification for inaction
- Progress needs to be made over time and show results
States must take immediate action, irrespective of the resources, in four areas:

- elimination of **discrimination**
- obligation to “**take steps**”
- **non-retrogressive** measures
- **minimum core** obligations
Minimum Core Obligations of the right to sexual and reproductive health

- Reviewing the national and subnational **legal and policy environment** and, where necessary, amending laws and policies;

- Ensuring universal coverage of **quality primary health services**, including prevention, health promotion, care and treatment services, and essential drugs;

- Providing an adequate response to the **underlying determinants of Adolescents’ health**; and

- Developing, implementing, monitoring and evaluating **policies and budgeted plans of actions that constitute a human rights-based approach** to fulfilling adolescents’ right to health.

(CRC General Comment No. 15)
- Rights-based policies to promote the rights of Adolescents and Youth

- **ICPD PoA pioneered a vision of a Human Rights-Based Approach to Development**: Human rights, including reproductive rights, and gender equality are at the centre of sustainable development.

- However, ICPD implementation over the last 20 years has revealed **3 critical gaps** that prevented the systematic application of a human rights-based approach:
  - Equality
  - Quality
  - Accountability
EQUALITY in the enjoyment of sexual and reproductive health and rights

Who has been left out? Adolescents and youth face unique barriers to exercising their rights

- **Intersecting forms of discrimination** on the grounds of age, sex, location, disability, indigenous status, ethnicity, gender identity, sexual orientation, marital status, etc.

- Addressing **underlying determinants** of the right to sexual and reproductive health (multiple human rights deprivations)

- **Addressing structural causes** of inequality: legal, policy, financial, disempowerment, entrenched discrimination and social norms

Data disaggregation

Universal coverage + specific measures

Integral and multi-sectoral policy response
QUALITY

- Comprehensive package of sexual and reproductive health services that meet the specific needs of people through the lifecycle.

- Quality of care that meets human rights standards:
  - AAAQ. Moving beyond access to services and coverage
  - Respect the right to privacy and confidentiality of all users, including adolescents and youth
  - Ensure informed consent, to avoid coercion and institutional violence
  - voice in decision making
  - Redress mechanisms in case of systemic failures and denials of rights
  - Youth-friendly and gender sensitive services

Integration of services or supplementing vertical interventions with effective referrals

Develop protocols and train health professionals
Accountability

- There are **no rights without accountability**

- Accountability is a **continuum in the policy process**: planning, implementation, monitoring and evaluation (independent monitoring, review and redress).

- **Avenues** for accountability:
  - International protection systems: e.g UPR, CEDAW, CRC
  - Judicial accountability: e.g. courts, tribunals
  - Quasi-judicial accountability: e.g National HR Institutions
  - Administrative mechanisms: e.g. Maternal death reviews
  - Political accountability: e.g. Parliamentary commissions
  - Social accountability: e.g. social audits, participatory budgeting
Social Accountability

- Need for **formal channels** and mechanisms of participation

- **Enabling legal and policy frameworks:** freedom of expression, right information – including access to information laws-, right to association and assembly.

- Promote the participation of **youth-led organizations** from the community to the national and international level

- Ensuring the **voice of the marginalized and excluded:** adolescent girls, indigenous youth, persons with disabilities, sexual minorities, young sex workers, etc.

- ensure youth-led and youth-friendly **monitoring and evaluation mechanisms** for data collection, analysis and research

- Protection of **youth human rights defenders**
Social Accountability and Empowerment

- Control of decision making processes and resources
- Joint decision making
- Consultation
- Information sharing
Social accountability tools & the Policy/budget cycle

- Human Rights Impact Assessment
- CSC, Social audits
- Situational Analysis
- Participatory budgeting
- Budget Analysis
- CIVIL SOCIETY
- Strategic Planning
- Formulation
- Adoption
- Implementation
- Evaluation
Conclusions

- A human rights-based approach to adolescent & youth policies is an obligation and a moral imperative; It is not a policy choice.
- Advancing the rights and wellbeing of adolescents and youth is a shared responsibility requiring multi-sectoral policy responses.
- Policies need to ensure equality, quality, and accountability.
- Investing in adolescents and youth today will yield the fruits of their talents for decades to come.

Muito Obrigado!