



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

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16 October 2013, Brasilia D.F. (Brazil)**

# ADOLESCENT & YOUTH STATUS

- ❑ 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 an 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)

# Human rights Developments after Cairo

- 1995** **Beijing World Conference:** Women have control over their own sexuality free of discrimination, coercion and violence (para. 98)
- 1999** **ICPD + 5:** 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)
- 2003** **CRC GC No. 4 on adolescent health:** respect of the right to privacy and confidentiality in the context of health (para. 11).
- 2007** **Convention on the Rights of Persons with Disabilities** (art.25)
- 2012** **CPD agreed conclusions on adolescents and youth:** right to have control over their sexuality, right to privacy and confidentiality and access to sexuality education
- 2012** **Bali Declaration:** calls for expanding the scope of human rights protections for adolescents and youth
- 2013** **CRC GC No. 15 on children's right to health**

# Normative content of the right to sexual and reproductive health (AAAQ)

## Availability

- Available infrastructure, medical staff, commodities, essential drugs, etc.

## Accessibility

- Physical, economic (affordability), non-discriminatory and accessible information

## Acceptability

- Culturally appropriate, gender sensitive and youth-friendly services

## Quality

- Meeting quality of care standards

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**

**Protect**

**Fulfill**

**Refrain** from interfering with the enjoyment of the right

**Prevent** others from interfering with the enjoyment of a right

**Adopt** appropriate measures towards full realization of the right

**Immediate**

**Progressive**

# Obligation of Progressive Realisation

“ 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

# Obligations of Immediate Effect

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

Data disaggregation

Universal coverage + specific measures

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

Integral and multi-sectoral policy response

# QUALITY

Integration of services or supplementing vertical interventions with effective referrals

- ❑ **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**

Develop protocols and train health professionals

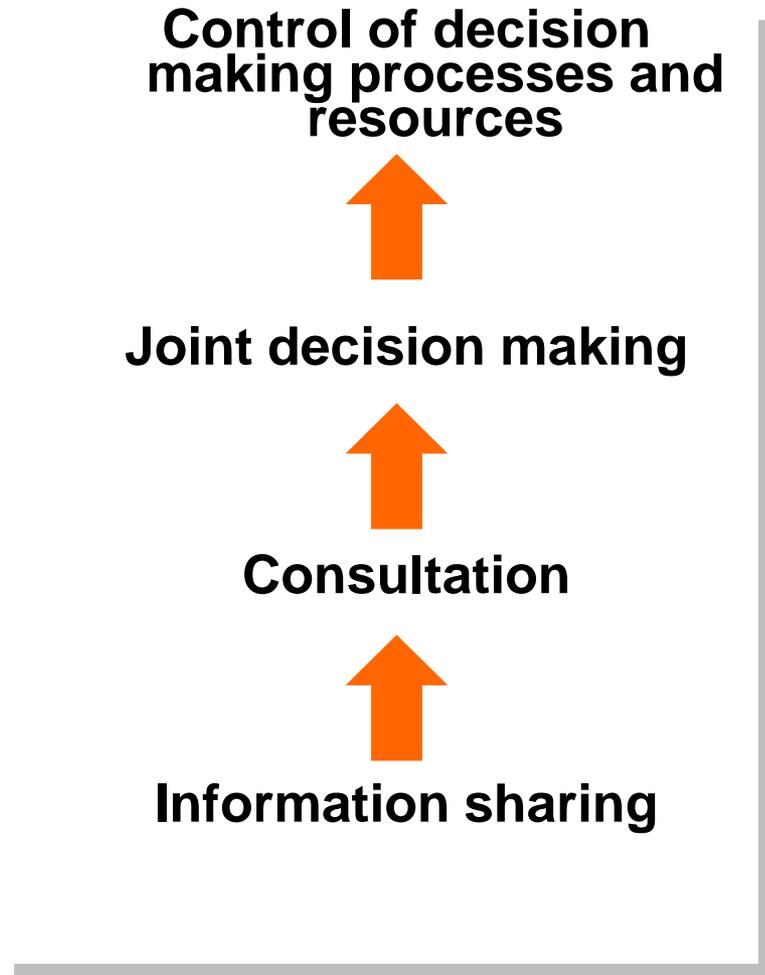
# Accountability

- ❑ 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

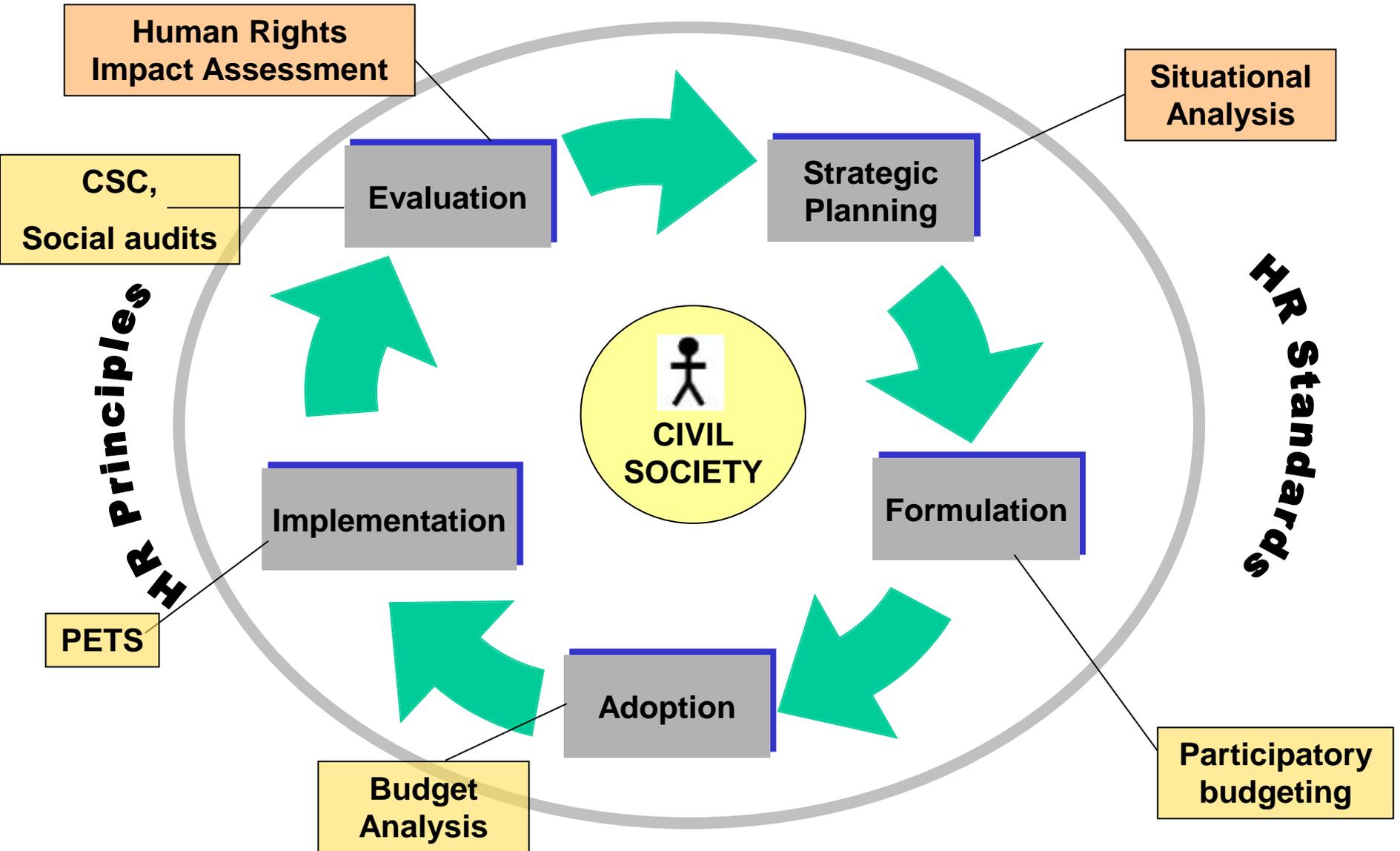
# Social Accountability

- ❑ 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



# Social accountability tools & the Policy/budget cycle



# 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!