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championing  
women's sexual and  
reproductive rights



## YOUTH SRHR MOVEMENTS: CLAIMING THE POST- 2015 DEVELOPMENT AGENDA



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## Notes and References

# YOUNG PEOPLE AND THE POST-2015 DEVELOPMENT AGENDA:

## A Critical Look at Youth SRHR Movement Building and Agenda Setting<sup>1</sup>

<sup>1</sup> This editorial is based on reflections from the combined experiences and perspectives of the writers, based on their involvement in the youth movement.

<sup>2</sup> The United Nations defines young people between the ages of 10-24 years. Please refer to the definition section of this ARROW for Change issue for more information.

<sup>3</sup> The Safe Project. Developing policies on sexual and reproductive health and rights of young people in Europe. 2007 [cited 1 September 2012] Available from: [www.ysafe.net/safe/page14/assets/policybrief.pdf](http://www.ysafe.net/safe/page14/assets/policybrief.pdf)

<sup>4</sup> Committee on the Rights of the Child. Fifty First Session General comment No. 12. 2009 [cited 1 September 2012] Available from: [www.coe.int/t/dg3/children/participation/CRC-C-GC-12.pdf](http://www.coe.int/t/dg3/children/participation/CRC-C-GC-12.pdf)

<sup>5</sup> United Nations. 2004. Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994 (Para 7.44 (a), p59). New York: UN.

<sup>6</sup> Furthermore, governments "are urged to protect and promote the rights of adolescents to reproductive health education, information and care..." (ICPD PoA, para. 7.46). In collaboration with NGOs, they are urged to "meet the special needs of adolescents and to establish appropriate programmes to respond to those needs" (ICPD PoA, para. 7.47).

Sex and sexuality, especially in relation to young people,<sup>2</sup> remain contentious issues. Young people receive conflicting messages about sex and sexuality. Sexuality education and health information programmes, where they exist, tend to paint sex and sexuality in a negative light, relating it to "guilt, fear and disease."<sup>3</sup> In the eyes of peers, sex is described as "positive, desirable and disproportionately significant,"<sup>3</sup> while the media gives conflicting and distorted messages.

This is happening in a context of a general social taboo of sex and sexuality, which hinders open discussions and implementing comprehensive sexuality education (CSE) programmes. These, combined with lack of access to youth-friendly sexual and reproductive health and rights (SRHR) services in most countries in the Asia-Pacific, and a general context of increased privatisation of health, lack of democratic freedom in other countries, and the lack of prioritisation and political commitment to SRHR, serve as strong barriers for young people to fully exercise their SRHR.

Young women and girls in particular, face more obstacles in realising their SRHR due to gender norms and existing cultural traditions that are still followed in parts of the region, such as arranged, forced and child marriages; female genital mutilation and honour killings. Moreover, young people experience marginalisation, criminalisation and added vulnerability, depending on their educational status, socio-cultural and economic status, geographic location, disability status, caste, ethnicity, citizenship status, gender identity and sexual

orientation, amongst other factors. International agreements, such as the International Conference on Population and Development Programme of Action (ICPD PoA) and the Convention on the Rights of the Child (CRC), emphasise the need for governments to address young people's SRHR.<sup>4</sup> The ICPD PoA specifically calls on governments to address adolescent SRH issues, especially those of young women and girls, which include sexually transmitted infections (STIs), unwanted pregnancies and unsafe abortion by promoting responsible and healthy reproductive behaviour.<sup>5,6</sup> The agreement also calls on governments "to meet the special need of adolescent and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services."<sup>7</sup>

In addition, Article 101 in the CRC calls for State parties to provide legal frameworks and access for children's reproductive health education or services.<sup>4</sup> It is therefore essential to acknowledge that a full and holistic realisation of SRHR for all includes the SRHR of young people.

As the target dates of ICPD+20 and the end date of the Millennium Development Goals (MDG) are just around the corner (2014/2015), it is crucial that young people, particularly young women and girls, play a vital role in holding governments accountable to their commitments and obligations. Young people's networks and

movements need to be given an integral role in the decision-making processes on policies and programmes that are relevant to their health, sexuality and rights.

Over the past 40 years, the youth movement<sup>8</sup> has expanded from a United Nations (UN)-initiated post-conflict resolution process in 1965, to youth-led mobilisation of young people within different development fields, such as health, education, employment and environment, in local, national, regional and global arenas. The youth movement has been recognised in multi-lateral platforms such as the UN. As of 2010, more than 20 agencies, departments and specialised organisations within the UN system have initiatives and programmes on youth-specific issues.<sup>9</sup>

Women and SRHR movements also support young people in terms of developing their leadership skills and enhancing further their capacities. Women's groups, such as the Association of Women in Development (AWID), Development Alternatives with Women for a New Era (DAWN), International Women's Health Coalition (IWHC) and the Women's Global Network on Reproductive Rights (WGNRR), are a few of the global networks that contribute to developing young women's leadership in the women and SRHR movement. AWID and DAWN take this a step further, by emphasising the interlinkages between SRHR and other development issues, such as the political economy of globalisation, sustainable livelihood and justice, and restructuring and social transformation.

The Asian-Pacific Resource and Research Centre for Women (ARROW) has also contributed towards young women's movement building at the regional level, with support to the Network of Asia-Pacific Youth (NAPY) and Regional Youth Moving. ARROW has also initiated a young

women's internship project that spans seven countries in Southeast Asia.

These women's organisations support and invest in young people by building their capacity for evidence generation and issue-based knowledge, as well as by inviting young women to participate in their advocacy interventions. The support ranges from giving one-time capacity building workshops to more sustainable efforts, such as a one-year internship programme, pairing the young people with a coach/mentor, as well as giving direct support for national mobilisation.

It is important to take note that a more sustainable way of modality and strategy in supporting the leadership of young people, especially young women, is needed. It is essential to support youth-led initiatives and organisations with long-term overhead costs, including staffing, organisational development and internal capacity-building. This makes it crucial for women's movements to play a substantive role in advancing young people's SRHR movements<sup>10</sup> that utilises a gender, if not feminist, analysis, as well as uses a Southern and rights-based perspectives.

Young women and girls are involved in the young people's SRHR movement by establishing and joining youth organisations, and taking up roles as founders, members and volunteers. Unfortunately, these roles do not often transition into leadership positions and are often not strategic enough within organisations and other relevant structures of the movement to influence decision-making processes. It could be said that this power dynamics in claiming leadership within youth-led initiatives and organisations may mirror the existing struggles within other movements.

'Identity politics'<sup>11,12</sup> has been utilised to bring young people together based on a common identity and to highlight the youth agenda and calls for youth participation. However, as with other social movements, the risk is that young people can be reduced to just a youth label, without recognising that a young person has multiple identities and may suffer exclusion and privileging based on the interaction of all these.

#### Notes and References

7 ICPD PoA, para. 6.7 (b).

8 As there is no consensus on the definition of youth movement, the authors have adapted the definition of 'feminist movement' by Srilatha Batiwala as the definition of youth movement for the purposes of this ARROW for Change issue. Youth movement here is defined as an organised set of constituents (people) pursuing a common political agenda of change through collective action to promote young people's rights. A more in-depth definition of 'movement' can be found at the Definitions section.

9 Youth Unit, UN-Habitat. Youth 21: Building an architecture for youth engagement in the UN system. 2012 [Cited 31 August 2012] Available from: [www.unhabitat.org/downloads/docs/Youth21\\_Building\\_an\\_Architecture\\_for\\_Youth\\_Engagement\\_in\\_the\\_UN\\_System.pdf](http://www.unhabitat.org/downloads/docs/Youth21_Building_an_Architecture_for_Youth_Engagement_in_the_UN_System.pdf)

10 CREA. Listening to each other: A multigenerational feminist dialogue. New Jersey: CREA; 2007.

11 Identity politics are political arguments that focus upon the self-interest and perspectives of self-identified social interest groups and ways in which people's politics may be shaped by aspects of their identity through race, class, religion, gender, sexual orientation or traditional dominance. [http://en.wikipedia.org/wiki/Identity\\_politics#Debates\\_and\\_criticism](http://en.wikipedia.org/wiki/Identity_politics#Debates_and_criticism)

12 Just Associates. Feminist movement builders' dictionary. 2012 [Cited 31 August 2012] Available from: [www.justassociates.org/publications\\_files/Dictionary\\_2012.pdf](http://www.justassociates.org/publications_files/Dictionary_2012.pdf)

**...a more sustainable way of modality and strategy in supporting the leadership of young people, especially young women, is needed.**

There is also risk of narrowly focusing on youth issues solely, and neglecting building alliances with other movements. This is partly because of the stereotypical definitions of young people set by the international policy, which defines them only based on their age, and not their multiple identities or other vulnerability factors.

Progressive young SRHR activists at the regional level, particularly in the Global South, are limited in numbers, and more often than not, this hinders their ability to address fully the complexity of young people's SRHR issues. On the other hand, mobilisation of young people at local and national levels is broader in reaching out for new supporters and actors, as well as ensuring sustainability. However, the challenge is that often regional and global youth activism is not linked to grassroots realities. This creates parallel movements that are not interlinked and do not feed into each other, having a negative impact on setting a unified agenda for young people's movement.

It should also be recognised that currently, the youth movement is mostly populated by upper-middle class, educated, English-speaking youth, raising issues of representation. The SRHR youth movement needs to be more diverse and inclusive, to increase the representation of vulnerable and marginalised young people.

Furthermore, there are North-South dynamics among youth groups: the agenda setting of the young people's movement is mostly led by certain SRHR youth-led organisations from the Global North, limiting the young people from the Global South's ability to craft the SRHR agenda. This implies uneven distribution of funding and vital information on the post-2015 development agenda creation process. This is an imbalance that needs to be redressed.

When looking at the broader youth movement, the young people's SRHR movement is a small component, and therefore less influential. Moreover, the majority of the youth movement

is occupied by the mobilisation of political parties at the national level, wherein in many instances, they do not have the power to influence the decision-making processes. For example, during the recent Rio+20 Summit, youth SRHR issues were not prioritised although there was a youth major group and there were youth representatives from national delegations, which included young people from different political wings.

A lack of resources and investment in developing standards on evidence generation also contributes towards sidelining young people's SRHR issues. Many youth SRHR activities do not have an integrated monitoring and evaluation component. There is also a lack of availability of age-segregated data for the bracket of 15-24 years, making it very difficult to plan, implement and monitor activities and policies on young people's SRHR.

It needs to be noted that these critiques and reflections of and for the young people's SRHR movement is also applicable and relevant to the other social justice movements.

History has taught us that young people taking leadership positions within the SRHR movement is essential in addressing their needs. This is particularly crucial in the various processes leading up to the post-2015 development agenda, including the Global Youth Forum 2012 as part of the ICPD+20 review process. Strategic investment in youth leadership and participation is necessary at the local, national, regional and global levels.

Furthermore, this needs to be accurately documented and critically evaluated. Young people need to own the momentum of the processes leading up to the post-2015 development agenda and beyond, and their capacities need to be built in order to sustain the movement that uses a gendered, Southern and rights-based perspective in advocating for their SRHR issues.

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# PACIFIC YOUTH: BEYOND PASSING THE TORCH FOR UNIVERSAL SRHR

## Notes and References

One of the key needs for women and girls is universal access to quality, integrated sexual and reproductive health services, which include, but are not limited to, access to safe and effective contraceptives, the early diagnosis and treatment of sexually transmitted diseases, reproductive organ cancers, gynaecological and maternity care,<sup>1</sup> and a rights-based approach to sexuality education.

However, there are many hindering factors to achieving this almost Utopian-like dream. Currently in the Pacific, these factors include inadequate resourcing for such services in a context of small budgets, high aid and donor dependency; increased current attention to climate change adaptation and state-oriented security; and increasingly 'marketised' development options for Pacific island states.<sup>1</sup>

A major hindering factor in the Pacific is the lack of SRHR education. Many Pacific adolescents drop out of education during secondary school or earlier. In particular, education on sexuality, relationships, sexual and reproductive health and human rights is particularly weak. As a direct result, very few Pacific adolescents have access to quality SRHR information.

Additionally, health care workers in the Pacific have a low level of comprehensive training in SRHR clinical and health promotion skills and a general lack of professional development opportunities. As a result, many health workers provide services that are not in line with best practice, including failing to ensure client confidentiality and discriminating against certain clients. Adolescents, particularly girls and unmarried women, are more vulnerable to these poor practices due to the prevailing socio-

cultural norms, gender roles and their low status in society.<sup>2</sup>

When specifically looking at young people, we must take into account the diversity of this cohort. Youth include young men, young women, young people of diverse sexual orientations, young people with disabilities and people of different socio-economic, religious and cultural backgrounds, as well as different enabling environments.

In the Pacific, the realisation of our SRHR is often related to the kind of youth that we are within our community. For example, the availability of contraceptives may mean one thing to a young man, but another for a young woman who will have to negotiate the use of contraceptives with her partner who has grown up with patriarchal notions of gender roles.

There is also a need to pay more attention to the special conditions in small Pacific communities. In making contraceptives available for young women, for example, the local context needs to be considered. Our reality is that if we live in the rural areas, we will have to access contraceptives through the village nurse who might be our relative, or we may have to travel long distances to the nearest hospital to access the contraceptives through someone who just might be a family friend. This can be quite difficult in Pacific community settings that place a high stigma on sex outside of marriage, which scares off young people who need to discuss sexual relationships in a safe, confidential and non-judgmental space.<sup>3</sup>

In the Pacific, where patriarchy and religion foster a culture of silence regarding anything

<sup>1</sup> Fiji Women's Rights Movement (FWRM), Punanga Tauturu Incorporated (PTI), Cook Islands Women's Counselling Centre, and Development Alternatives with Women for a New Era (DAWN). Submission to the New Zealand Parliamentary Open Hearing on Adolescent Sexual and Reproductive Health and Rights in the Pacific, Wellington, New Zealand, 11 June 2012; 2012.

<sup>2</sup> Family Planning International. Submission to the New Zealand Parliamentary Open Hearing on Adolescent Sexual and Reproductive Health and Rights in the Pacific, Wellington, New Zealand, 11 June 2012; 2012.

<sup>3</sup> Tuivanualevu F. Sexual reproductive health and rights status of Pacific Youth: Oral submission to the New Zealand Parliamentary Open Hearing on Adolescent Sexual and Reproductive Health and Rights in the Pacific. Wellington, New Zealand, 11 June 2012; 2012.



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4 Jena D. Watch out for 'Mo-Po.' The Fiji Times Online 2012 August 7. [Cited 15 August 2012] Available from: [www.fijitimes.com/story.aspx?id=208558](http://www.fijitimes.com/story.aspx?id=208558)

5 Curtain R, Vakaoti P. The state of Pacific youth report 2011: Opportunities and obstacles. Suva & Noumea: United Nations Children's Fund (UNICEF Pacific) and Secretariat of the Pacific Community (SPC); 2011.

remotely linked to the word 'sex,' the barriers are further fortified by the increased privatisation of health services, small budgetary allocations for reproductive health services, political instability and remote communal geographical settings that limit accessibility to services.

Of increasing concern is the lack of young people's quality, comprehensive and integrated access to information on SRHR. In Pacific schools, sex education is still taught from a traditionally conservative and often religious perspective where abstinence is predominantly promoted as key to preventing pregnancy, sexually transmitted infections (STIs) and HIV. There have been some changes to the archaic 'Family Life' curriculums in some States, but there is still more attention placed on reproductive health, with very little focus on sexual health rights, and almost none on sexuality rights.

If young people do not get the right information, they will get a skewed view of sex elsewhere. This is the case of the alarming trend of pornographic exchanges through mobile phones (known as 'mo-po') among young people in some Pacific regions. Mo-po has been attributed as a contributing factor for early pregnancies in those who have embryonic knowledge of their bodies and it does nothing to improve the negative stereotype of women being nothing more than sexual objects.<sup>4</sup>

The full realisation of SRHR will not eventuate overnight. It then becomes imperative to

**The full realisation of SRHR will not eventuate overnight. It then becomes imperative to continue to recognise the need to sustain young women's efforts through sustainable leadership as women human rights defenders, to use gender and human rights approaches in SRHR initiatives, and to recognise the specific contexts of small Pacific communities...**

continue to recognise the need to sustain young women's efforts through sustainable leadership as women human rights defenders, to use gender and human rights approaches in SRHR initiatives, and to recognise the specific contexts of small Pacific communities, whose youth age group of 15–24 years accounts for nearly two million people, which is close to a fifth of the regions' total population.

Over a quarter of the total population are in the wider youth age grouping of 15–30 years. More tellingly, as many as a third of the adult working age population are aged 15–24 years.<sup>5</sup> A gendered approach is necessary in the recognition and promotion of the SRHR of young people in the Pacific as it will take into account our different needs and contexts as young men and young women. One such difference in need and context is that young Pacific women grow up in communities that allow very little room for women's leadership and participation in decision-making processes.

The result is that a majority of women, girls, trans-people and young people in the Pacific still do not feel that decisions involving their bodies and lives are fully or even largely theirs to make. Hence, it is crucial to work towards securing the bodily integrity and decision-making ability of Pacific women, including women and adolescents, through locally designed SRHR programmes and peer networks that empower adolescent girls and young women to know their bodies and to exercise their human rights and leadership skills through a comprehensive mode of sexuality education.<sup>1</sup>

Many organisations understand the value of young women's leadership and sustainable leadership; of passing the torch on to the next generation to preserve the years of hard work and to build on past accomplishments. One such example is the Fiji Women's Rights Movement's (FWRM) Young Women's Leadership Programme that has produced the Emerging Leaders Forum Alumni (ELFA) network of empowered 18–25 year olds, as well as the YWCA Solomon Islands Initiatives that have led to the development of Rise Up and Sista Save. Many of the graduates from the programmes now work and play vital roles in the awareness and protection of SRHR across the region.

The next step now is to create a sustainable and effective network of young women to effectively advance the SRHR of youth across the Pacific region. Such a network has been created between already existing individual groups, like FemLink Pacific's graduates of Generation Next, the Drodrolagi Movement, YWCA networks, ELFA and Pacific Youth Council, to name a few. Together, the new Pacific Young Women's Leadership Alliance (PYWLA) has been created, with one of the four key objectives revolving around SRHR. PYWLA will host a regional dialogue in 2013 that will further address the

main gaps for young women. Because of the Pacific's isolated geography it is also to the best interests of its network of young women to create networks regionally and internationally. Fortunately such partnerships have been forged between international organisations like the DAWN Global Feminists Institute graduates, Young Feminist Activists Association (YFA), and staff and affiliates of ARROW.

Separately, we are formidable; together we will be a force to be reckoned with!

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#### Notes and References

## SEXUAL REPRODUCTIVE HEALTH AND RIGHTS FOR YOUNG PEOPLE IN AFRICA

Sexual and reproductive health and rights (SRHR) plays a major role in the lives of young people, enabling them to decide freely and responsibly on all aspects of their sexuality. SRHR is also important to the socio-economic development of communities, societies and nations at large.

In Africa, the urgency to respect, promote and fulfill young people's SRHR is highlighted by the number of young people in the region: it is estimated that adolescents and young people in Sub-Saharan Africa constitute 19.6% of the population.<sup>1</sup> Addressing young people's SRHR in Africa is also vital, given the devastating impact of HIV and AIDS, the high rates of unintended pregnancy and the risk that those pregnancies may lead to unsafe abortions, given restrictive laws and the inaccessibility of safe services.

Despite these, SRHR still remain a non-priority issue on the development agenda of many sub-Saharan Africa countries due to limited political leadership and commitment to the realisation of SRHR, and inadequate resource allocation. The language of rights in SRH is still controversial in African countries, which continues to undermine SRHR policy and programmes.<sup>2</sup>

Advocates for Youth<sup>3</sup> cites the following statistics about the status of adolescents in sub-Saharan Africa: "Each year, there are an estimated 2.2 million unintended pregnancies among adolescents in sub-Saharan Africa. Almost 54% of unintended adolescent pregnancies in sub-Saharan Africa occur among married women. Ninety-two percent of unintended pregnancies experienced by adolescent women in sub-Saharan Africa occur

- 1 United Nations Department of Economic and Social Affairs. 2012.
- 2 Oronje RN, Crichton J, Theobald S, Lithur NO, Ibisomi L. Operationalising sexual and reproductive health and rights in sub-Saharan Africa: Constraints, dilemmas and strategies. *BMC International Health and Human Rights* 2011; 11(Suppl 3): 58. Available at: [www.biomedcentral.com/content/pdf/1472-698X-11-S3-S8.pdf](http://www.biomedcentral.com/content/pdf/1472-698X-11-S3-S8.pdf)
- 3 Advocates for Youth. Youth and unsafe abortion: A global snapshot. Washington DC, USA: Advocates for Youth. [no date] Available at: [www.advocatesforyouth.org/publications/1901-youth-and-unsafe-abortion-a-global-snapshot](http://www.advocatesforyouth.org/publications/1901-youth-and-unsafe-abortion-a-global-snapshot)

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4 UNAIDS. UNAIDS report on the global AIDS Epidemic 2010. Geneva: UNAIDS; 2010. Available at: [www.unaids.org/globalreport/Global\\_report.htm](http://www.unaids.org/globalreport/Global_report.htm)

5 The African Union Commission. Plan of action on sexual and reproductive health and rights (Maputo plan of action). 2006. Available at: [www.unfpa.org/africa/newdocs/maputo\\_eng.pdf](http://www.unfpa.org/africa/newdocs/maputo_eng.pdf)

**It would be unforgiveable for a nation, a parent or the whole global development community to make a 13-year investment on the education of a girl, only to hold back the services and information that would prevent her from having an unplanned pregnancy, and dying from the complications of unsafe abortion, pregnancy and childbirth.**

among those who are using traditional or no contraceptive methods. In 2008, there were an estimated 5.5 million unsafe abortions in sub-Saharan Africa. There were a total of 2.4 million unsafe abortions in Eastern Africa, 1.8 million in Western Africa, 930,000 in Middle Africa, and 120,000 in Southern Africa. In sub-Saharan Africa, women under age 25 account for 60% of all unsafe abortions."The risk of maternal death is also high among adolescent girls as they are more likely to experience complications during labour, including heavy bleeding, and infections because they are not physically ready for childbirth. Their bodies are not fully developed and their pelvises are smaller, so they are more prone to suffer obstructed labor and obstetric fistula. Pregnancy may limit or even end an adolescent's ability to pursue educational or job opportunities.

The knowledge on HIV among young people has slowly increased over the years (34%), which is behind the 2015 UNGASS target of 95%. Experience of HIV is also gendered: in Sub-Saharan Africa, more women than men are living with HIV. Young women aged 15-24 are almost eight times more likely than men to be HIV positive.<sup>4</sup>

A number of covenants and policy frameworks, like the 2006 Maputo Plan of Action,<sup>5</sup> have been signed and ratified concerning reproductive health and the rights of young people in Africa. Developed much earlier than this, the 1994 ICPD Platform of Action was a watershed in the development and population arena, as it called on governments to address the needs and rights of young people related to SRHR.

Access to SRHR information and services does not seek to grant a license to young people to engage in early sexual activity. Instead, it is an effort to build the capacity of young people and to avail the necessary tools to them so that they make responsible sexual decisions to protect their health and that of their future children. It allows young people to realise a return on the investment made by parents and government in providing education to young people, by enabling them to complete their education and to find decent employment that will make better lives possible.

Governments should develop programmes that provide access to comprehensive sexual and reproductive health services that include contraception, safe abortion and post-abortion care counseling and treatment for all young people. Civil societies and international organisations should also advocate to governments to ensure adolescents and young people's increased access of SRHR information, commodities and services, including STI and HIV testing and counseling, anti-retroviral therapy, medical male circumcision, contraceptives and maternal health care.

**It would be unforgiveable for a nation, a parent or the whole global development community to make a 13-year investment on the education of a girl, only to hold back the services and information that would prevent her from having an unplanned pregnancy, and dying from the complications of unsafe abortion, pregnancy and childbirth.**

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# CENTRAL AND EASTERN EUROPE: SOMEWHERE BETWEEN THE GLOBAL SOUTH AND GLOBAL NORTH

## Notes and References

Considering the Central and Eastern Europe (CEE) region as a part of the Global South might come as a surprise at first. To reflect on this, we have to take a closer look at the context of this region. The political and economic transformation which took place over 20 years ago<sup>1</sup> still remains influential. CEE is sometimes even referred to as a 'non-region' as it is situated somewhere between the developed and developing countries. This also leads to marginalisation of this region in the global Sexual and Reproductive Health and Rights (SRHR) agenda—CEE is hardly present in the ICPD beyond 2014 process.

This region includes countries that are already European Union (EU) member states (i.e., Bulgaria, Lithuania and Poland), countries that aspire to become part of it (i.e., Macedonia), and countries that fit neither the above category (i.e., Armenia, Georgia and Ukraine). This makes up a very diverse area and creates discrepancies within it. Many countries of the region are also already, or expected to be, involved in development aid.

However, how can we be effective in helping others when our own situation is far from being ideal, especially in the area of SRHR in general, and of adolescent and young people's SRHR (AYSRHR) in particular? There is a notion that being part of the EU puts some countries a step above others from the region, and that we could not be a part of the EU if our stance and status around SRHR issues were not acceptable.

Yet, the SRHR status across the CEE region is far from being acceptable, and the needs of adolescents and young people from the region remain largely unmet.<sup>2</sup> Moreover, the situation is worsening, as the funds that were available previously are now being drawn back by international donors. While governments are expected to take care of discussed issues, this is not always happening satisfactorily, as the current climate around SRHR issues is moving towards the conservative wing, often with heavy support from the religious forces.

This makes it impossible to allocate national funds in activities perceived by the governments as controversial, such as sexuality education, access to abortion services and contraception. The governments also neglect the need for SRHR services and supplies aimed specifically at young people. In government reports, for example, the Polish Ministry of Education recognises the work of peer educators who provide informal sexuality education in schools.<sup>3</sup> At the same time, it neglects changing the curricula and evaluating more closely the "Preparation for Family Life" classes, which currently serve as space for conservative ideology promotion and abstinence-only education (if any) taught by untrained staff. This creates a situation where volunteers often do the job that the Ministry is not willing or is afraid to perform. A similar situation can be observed in Bulgaria, where the Council of Ministers obliged the Government to add sexuality education classes

1 The shared history of subjugation to the former Soviet Union and experience of political transition from communism to democracy hold the group of countries from Central and Eastern Europe together.

2 ASTRA Youth. Sexual and reproductive health and rights of adolescents in Central and Eastern Europe and Balkan countries. 2011. Available at: [www.astra.org.pl/youth/pdf/SRHR\\_of\\_adolescents\\_in\\_CEE\\_and\\_Balkan\\_countries\\_AY\\_2011.pdf](http://www.astra.org.pl/youth/pdf/SRHR_of_adolescents_in_CEE_and_Balkan_countries_AY_2011.pdf)

3 [www.ponton.org.pl](http://www.ponton.org.pl)

## Notes and References

When members of ASTRA Youth, an informal group of young advocates for SRHR from the CEE region and Balkan countries, were asked to identify the number one young people's sexual and reproductive health issue in their countries, the response was unanimous: "lack of comprehensive sexuality education." Young people in our region have no access to reliable, ideology-free and comprehensive information on sex and sexuality.

- 2 ASTRA Youth. Sexual and reproductive health and rights of adolescents in Central and Eastern Europe and Balkan countries. 2011. Available at: [www.astra.org.pl/youth/pdf/SRHR\\_of\\_adolescents\\_in\\_CEE\\_and\\_Balkan\\_countries\\_AY\\_2011.pdf](http://www.astra.org.pl/youth/pdf/SRHR_of_adolescents_in_CEE_and_Balkan_countries_AY_2011.pdf)

to the school curriculum by the year 2004. Since then, this has not yet been implemented.

When members of ASTRA Youth, an informal group of young advocates for SRHR from the CEE region and Balkan countries, were asked to identify the number one young people's sexual and reproductive health issue in their countries, the response was unanimous: "lack of comprehensive sexuality education." Young people in our region have no access to reliable,

ideology-free and comprehensive information on sex and sexuality. While young people sometimes receive some teaching on sexuality, these courses are never solely named so. "Health Basics/Skills" (Ukraine) and "Health Education" (Croatia) are sometimes part of other classes in the curriculum - like biology, home economics, ethics and even religious teaching.<sup>2</sup> They include some information on sexual and reproductive health but are often biased, stigmatising and insufficient.

The consequences of this lack of access to comprehensive sexuality education are not surprising: low levels of contraceptive use, new HIV infections (especially in Ukraine and Russia), early pregnancies (especially in Bulgaria) and abortions, backed by general low awareness on SRHR issues and myths around sexuality.<sup>2</sup> Since the region is culturally diverse, there are issues that are more common in certain countries and absent in others, all supported by a taboo surrounding youth sexuality.

Until the governments of the region prioritise youth issues, the situation will change only as much as we can influence it. As such, the visibility of the Central and Eastern Europe in the ICPD Beyond 2014 process and on the international SRHR agenda is a necessity.

# YOUNG WOMEN: ESSENTIAL AGENTS FOR THE DEVELOPMENT OF LATIN AMERICA AND THE CARIBBEAN

Notes and References

In September 1994, 179 countries adopted the Programme of Action of the ICPD, which brought a new paradigm: the intrinsic linkage between population and development, that emphasised people first as central subjects for development, instead of numbers. At that time, the feminist movement in Latin America and the Caribbean (LAC) played a key role and made visible for the first time that age and gender may determine access to development. At that point, talking about young women for the welfare of the world's population became essential.

In a regional context where right-wing political parties and conservative groups are becoming stronger and democracies are weakening, especially in Central America, it is important to keep the spirit of the ICPD agenda as a main central point. It is also essential to discuss and think about what kind of development we want, without neglecting the sexual and reproductive rights, with particular attention to young women.

Ethnic, racial and gender exclusions are examples of inequality and poverty in our region, which is more directly confronted by young women because it exacerbates the lack of economic, social and reproductive autonomy. In Latin America and the Caribbean, teenage pregnancy it is increasing dramatically, contrary to the global situation.<sup>1</sup> This increase is so disturbing that our region is surpassed only by sub-Saharan Africa, and this is closely linked to the low socioeconomic situation of adolescent women. Lack of information, comprehensive sexuality education and/or of comprehensive sexual and reproductive health combines with

the lack of an inclusive system of health and social protection that increases our chance of falling into poverty and reproduce it. Youth voluntary motherhood should not mean a risk to our development, should be an option and an inalienable human right. In this sense, it is urgent that measures to ensure sexual and reproductive rights of adolescents and young people, should be considered a priority for development.

In the last 20 years, Latin America and the Caribbean has had substantial changes in the democratic processes of various countries. Levels of inequality have increased, once again affecting more young women. This is because our region is divided, with power concentrated on people with greater wealth, and with increasing rates of poverty and marginalisation. We have problems of food security, access to health services and education for young women, specially for indigenous and Afro-descendant young women. These are concerns mainly in several countries of the Caribbean and Central America, but also in the peripheries of the countries with the highest economic growth, such as Argentina, Brazil, Chile and Mexico.

Structural violence in our region is prevalent, especially in the borders zones and conurban cities, and is related to drug trafficking-related violence. This mainly affects young women, and is reflected in the high rates of femicides, family violence, sexual violence and human trafficking. In the case of Guatemala and Mexico for instance, we have to highlight the systematic violence affecting young *maquila*<sup>2</sup> workers,

<sup>1</sup> Millennium Development Goals Indicators (Indicadores de los Objetivos de Desarrollo del Milenio). Available at: <http://mdgs.un.org/unsd/mdg/Data.aspx>

<sup>2</sup> Factories that make products cheaply for export

## Notes and References

3 [www.laconvencion.org](http://www.laconvencion.org)

young migrant, indigenous youth or Afro-descendent youth.

The political participation in Latin America and the Caribbean also has meant violence for youth, as in the case of the Chilean student movement. Young women continue to face major challenges in enforcing political participation, particularly in communities of the region, where access to education and the academic curricula is not a priority, sexual diversity is not addressed and comprehensive sexuality difficult. These continue to perpetuate traditional models of women's oppression.

Today, young women in the LAC region are faced with the paradox of increased 'development' with no means to integrate in it at all. We suffer from invisibility and fight for such basic things as non-violence, access to emergency contraception or the right to decide on our bodies and sexuality. Clearly, if a single young woman has no such right guaranteed or is criminalised by deciding to terminate her pregnancy, for instance, we cannot talk about development. We are therefore facing a serious lack of opportunities that indeed decrease our life projects and hinder our emancipation and autonomy.

It is clear that, almost 20 years after the ICPD, its goals have not been met yet. Young women continue to be the most vulnerable to human rights violations, to poverty and discrimination.

**It is urgent that the development agenda to be discussed in 2014 and even beyond 2015, should consider the democratisation of our lives, the enjoyment of our bodies and the free exercise of our rights to it, and the diversity of identities, sexual, race and ethnicity as well as various forms of full citizenship exercise.**

We continue with the reproduction of traditional gender norms and an economic model of development that contributes to the perpetuation of vulnerability, the violation of rights and the objectification of our bodies.

It is urgent that the development agenda to be discussed in 2014 and even beyond 2015, should consider the democratisation of our lives, the enjoyment of our bodies and the free exercise of our rights to it, and the diversity of identities, sexual, race and ethnicity as well as various forms of full citizenship exercise.

Discussions and decisions on this agenda cannot be done without the effective participation of the youth, so that governments, UN agencies and donors, as well as the civil society organisations must commit to ensure our effective participation.

We need to keep that agenda as a central human rights approach that recognises young people as having rights and special needs to live independently. This is essential for the ratification of the Ibero-American Convention on the Rights of the Youth,<sup>3</sup> the only binding international instrument that establishes the commitment of States Parties to ensure the fulfillment of the human rights of young people aged 15 to 24 years, without any discrimination.

It is urgent that governments in our region are committed to improve the conditions of education, which focuses on quality and full coverage of college education, is based on a secular approach and includes comprehensive sexuality education as well. It is crucial to commit to create jobs that enable us to develop as youth under self-emancipation and social conditions that allow us to think about our future.

For Latin American and Caribbean youth, it is urgent to recognise sexual rights as fundamental human rights—we need to have clear vindication of our own bodies as being the main site of our rights, and not as sexual, reproductive, war or riot objects.

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# ADVOCATING FOR YOUTH SRHR IN SOUTH-EAST ASIA: YOUTH-LED AND YOUTH-ADULT PARTNERSHIPS

Note

As a women's and health rights advocacy organisation, the Asian-Pacific Resource and Research Centre for Women (ARROW) has invested in the development of a young people's sexual and reproductive health and rights (SRHR) through its Women's Health and Rights Advocacy Partnership-South East Asia (WHRAP-SEA) project.

Initiated in 2009, WHRAP-SEA aims to mobilise young people, especially young women, to promote inter-generational leadership movement building, as well as to address the restriction of access and information on SRHR that being faced by young people. The project focuses on SRHR issues of young people, and has enabled grassroots youth activists from marginalised communities in Burma, Cambodia, China, Indonesia, Lao PDR, the Philippines and Vietnam<sup>1</sup> to advocate on young people's access to comprehensive sexuality education and to demand for better access to youth-friendly health services. The countries have been selected to represent the South East Asia sub-region, given the urgent need to promote young people's SRHR.

This project envisions contributing to an improved quality of life, particularly in the area of SRHR for marginalised young people in the South East Asia sub-region through civil society engagement for accountability in health governance. The WHRAP modality is divided into three components: 1) mobilisation of the community to demand quality SRH services; 2) advocacy for quality SRH services at local, national, regional and global levels;

and 3) partnership strengthening to improve accountability and transparency. ARROW, as the regional partner, is investing in national partners' and youth-led organisations' capacity building on issues and processes, as well as emphasising organisational development as key to strengthened partnerships.

Since its inception, the WHRAP-SEA project has made significant achievements:

First, it has brought about transformative leadership by meaningfully engaging young people in project development and management. At regional and national levels, young people are engaged as project coordinators, staff, researchers, activists and volunteers. In addition, a regional youth internship programme was established by the project to bring together seven young grassroots activists from seven countries. These mechanisms support leadership, and ensure that the WHRAP-SEA advocacy agenda is grounded and informed by the local realities of young people.

Second, the project has meaningfully engaged young people in regional consultations to inform regional and national advocacy strategies. For example, WHRAP-SEA created and enabled platforms for young people from Asia and the Pacific at the 9th International Congress on HIV/AIDS in Asia and the Pacific (ICAAP) and at the 6th Asia Pacific Conference on Sexual and Reproductive Health and Rights (APCRSHR). Moreover, by organising youth sessions at United Nations and Association of South East Asian Nations (ASEAN) processes, such as

<sup>1</sup> The national partners in each country are: Burma—Burma Medical Association, Myanmar Positive Women Network and Migrant Assistant Programme (MAP); Cambodia—Reproductive Health Association of Cambodia (RHAC); China—Yunnan Health Development and Research Association (YHDRA); Indonesia—Yayasan Jurnal Perempuan; Lao PDR—University of Health Sciences (UHS); Philippines—Likhaan; and Vietnam—Centre for Creative Innovation in Health and Population (CCIHP).



the ASEAN People's Forum 2012, the project has supported young people to advocate to their governments to be accountable on their commitments on young people's issues.

Third, WHRAP-SEA has showcased the interlinkages between various movements, such as women's, youth and human rights, to address the SRHR issues of young people. This is particularly crucial, given the role of social determinants in accessing information and services. As a women's organisation, ARROW values the mobilisation of young women and girls through work within communities in providing SRHR information, as well as through strengthening their advocacy skills. This is an approach that leads to the sustainability and transformation of the leadership of feminist movement, as well as to learn from the insights gained from the young people's movements.

Most importantly, the WHRAP-SEA partnership advocacy efforts have had significant results at country-level. The project has reached 37,640 marginalised young people in the project areas, including youth from diverse backgrounds, such as young women living with HIV, young migrant workers, young factory workers, young people living in poor urban communities, young women from ethnic groups, and young people oppressed by religious fundamentalisms. The WHRAP-SEA modality enables the national partners to reach community-based organisations, especially youth-led initiatives with different project strategies according to the specific needs of the groups. The national mobilisation also fosters the creation of youth-led and young women-initiated networks. ARROW organised regional activities to compliment and advance national mobilisation with having capacity building and intervention during strategic advocacy events. Funding was channelled through both activities, at the national and regional level.

Some highlights of successful advocacy at the local and national level include the following:

- In Siem Reap province, Cambodia, successful youth-adult advocacy efforts contributed

to expanded access to free sexual and reproductive health services by young people. In 2011, 7,463 young people enjoyed these services. Furthermore, this lobbying led to a decision by the local commune to include a budget for free SRH services for young people. (See *Spotlight* article by RHAC)

- In Indonesia, the local government of Indramayu in West Java has begun to replicate a programme for young people's SRHR that focuses on young women's sexuality and access to youth friendly services, together with supporting youth leadership.
- Specific curricula for ethnic groups at the Lao-Burma and China-Burma border areas have been developed by WHRAP-SEA national partners with active participation by the ethnic youth in these areas.
- Community-based research on young women's unintended pregnancies in poor urban communities of Metro Manila, Philippines has had a catalyst effect of rallying young people and women activists for the enactment of the Reproductive Health Bill in the Philippines.
- Finally, factory workers' unions in Hanoi, Vietnam have now included sessions on providing SRHR information to young factory workers in four factories. Through working together with the factory management, the wages of the young factory workers who attend such sessions are not docked.

Given the remarkable achievements of the project, in the future, the partnership wishes to sustain the national and regional activities, as well as scale up the mobilisation. Furthermore, simultaneous effort in documenting the process, context and modalities in achieving the result will be done by implementing the knowledge management strategy and online presence plan. Moreover, WHRAP-SEA partners are utilising the evidence from the ground in influencing the national, regional and global processes in shaping the post-2015 development agenda.

# EFFORTS TO EXPAND YOUTH-FRIENDLY SERVICES IN CAMBODIA

Notes and References

**The Cambodian Context.** Much remains to be done to provide all Cambodian adolescents and youth with comprehensive sexual and reproductive health (SRH) services and outreach. Health services have not caught up with changes in sexual practices among young people. Many young people face difficulties in accessing confidential health services, particularly in rural areas where most public health services are provided for adults and small children.

These can be seen in young Cambodian's sexual and reproductive health status. The HIV prevalence among young people aged 15 to 24 has increased from 0.41% in 2005<sup>1</sup> and 0.49% in 2006<sup>2</sup> respectively. The percentage of pregnant girls and young women aged 15-24 years who are HIV positive, attending antenatal care clinics also increased from 0.36% in 2003 to 0.41% in 2006.<sup>2</sup> Eight percent of Cambodian women aged 15-19 have become mothers or are currently pregnant with their first child.<sup>3</sup> Additionally, the high incidence of unplanned pregnancy in girls and young women aged 15-19 is also posing much concern, as the young population are not able to exercise full control over their fertility or sexual health-related choices. The percentage of young women aged 15 to 19 among all women who had ever used any modern contraceptive methods was only 1.3% in 2000, 2.5% in 2005,<sup>1</sup> and 1.9% in 2010.<sup>3</sup>

The 2012 revised National Reproductive Health Strategy gives considerable attention to adolescent sexual and reproductive health and rights (ASRHR). However, the current system is not ready to respond to ASRHR needs and constraints, especially in rural areas.

**Efforts to Address ASRHR.** Since 1996, the Reproductive Health Association of Cambodia (RHAC) has strengthened its experience in working with community and local authorities in the area of maternal and child health and HIV and AIDS. It is also the leading organisation in Cambodia in the area of ASRHR. RHAC has been working with commune council members and young people in Cambodia to promote ASRHR, in line with the Government of Cambodia's policy on decentralisation to the commune level.

Siem Reap is one province where the RHAC youth health programme currently implements its SRH projects. RHAC's programme aims to empower young people living in four remote communes in the Angkor Chum operational district of Siem Reap to exercise their rights, obtain access to youth SRH-friendly services and influence decision making on SRHR programmes/policies/services. This effort is part of a regional initiative called Women's Health and Rights Advocacy Partnership – Southeast Asia coordinated by the Asian-Pacific Resource and Research Centre for Women (ARROW).

Several core components of the project have been key to its success, including the following:

Many young people face difficulties in accessing confidential health services, particularly in rural areas where most public health services are provided for adults and small children.

- 1 Cambodia Demographic and Health Survey 2005
- 2 UN Country Team SAY (Situation Analysis of Youths) report, May 2009
- 3 Cambodia Demographic and Health Survey 2010

- Meaningfully involving young people in the initiative, with each village having two youth representatives (1 male and 1 female) who were provided with ASRHR and leadership training to implement the programme;
- Documenting stories of young people's sexual and reproductive health issues and needs, which are later used for advocacy;
- Collaborating with other rights-based organisations to organise open forums to provide opportunities for the young people to discuss with local authorities (commune, district and provincial levels) and health service providers on the rights-based approach to adolescent sexual and reproductive health, which resulted in stakeholder action plans to address SRHR issues;
- Building capacity of local authorities on ASRHR issues through a 2-day training to strengthen their commitment on ASRHR;
- Building capacity of local health centre staff through a 4-day training on youth-friendly SRHR services;
- Building broader community support for ASRHR through public activities, such as concerts with youth towards establishing an enabling environment for ASRHR;
- Organising regular quarterly meetings among stakeholders and young people to discuss progress, lessons learnt and best practices. The meetings also discuss the issues or challenges facing during project implementation and prepared action plan for the upcoming quarter.

During the first year, the project achieved significant improvement in the number of young people accessing youth-friendly services at local health centres. For example, in the last quarter of 2011, a total of 408 young people sought SRH services at the two health centres where staff members were trained on how to

provide youth-friendly services. This figure was null (0) in the last quarter of 2010. Furthermore, in the first seven months of 2012, a total of 747 youth accessed youth-friendly services. These were provided free of charge for young people aged 10 to 24 living in the coverage villages of the two health centres.

**Challenges and Way Forward.** The above gains are considerable, but there still are challenges. The staff found that it is difficult to get vulnerable young people to tell about the SRHR issues they are facing. There is a need to improve project staff communication skills, build trust and develop strong relationships in order to collect real stories about the sexual and reproductive health and rights concerns of the young people, and use these to provide help and advocate for changes in policies and programmes.

Moreover, a one-year project is a too short to sustain self-support (community/local authorities) in the area of ASRHR. For example, during the project period, the SRH knowledge among local authority officials who have learned from the project is not sufficient enough to make them prioritise these. The quality of youth-friendly service provision at the health centres also needs ongoing support from their supervisors (operational district staff) whose SRH knowledge also is limited.

Despite these challenges, this project will be sustained into the future because of the work done with the Community Council on Women and Children (CCWC) of Cambodia which is a part of the Cambodian governmental structure and has funds allocated at the district level. In Siem Riep, young people's SRHR information and health access was successfully integrated into the CCWC annual budget plan.

# RESPONDING TO THE CHALLENGE OF REALISING SRHR FOR YOUTH IN THE ISLAMIC CONTEXT OF INDONESIA

## Notes and References

Indonesia is the world's largest Islamic majority country and is home to 12.7% of the world's Muslim population. On paper, Indonesia has a strong commitment to the realisation of sexual and reproductive health rights (SRHR) for young people. For example, there is reference to sexuality education in both the national youth policy and the national education policy.<sup>1</sup> Despite this commitment, there is entrenched resistance to making comprehensive sexuality education (CSE) a practical reality.

CSE gives youth the tools they need to understand SRHR issues and to explore their sexuality in a safe and healthy manner; without this, it is impossible to fully realise their SRHR. Without CSE, myths and misinformation about SRHR are treated as facts and this can have damaging consequences. For example many Indonesian youth believe that masturbation can affect one's ability to have children in the future, or that Female Genital Mutilation (FGM) is necessary to limit a women's sex drive.<sup>2</sup> Furthermore, these attitudes are often

**Many young people face difficulties in accessing confidential health services, particularly in rural areas where most public health services are provided for adults and small children.**

encouraged and reinforced under the auspices of Islam by authority figures.

For the purposes of this article, CSE refers to sexual education that not only discusses reproductive health, but also includes an understanding of sexual and reproductive rights, concepts of gender, sexuality, violence and diversity, that leads to a positive view of human sexuality.

This lack of substantive commitment to CSE is primarily due to conservative Islamic attitudes in the country, which view sex and sexuality as taboo subjects not to be discussed. In the Islamic context of Indonesia, it is thought that openly talking about issues surrounding sexuality will lead young people to commit 'immoral' or 'un-Islamic' actions, such as sex before marriage.

However, research indicates that youth who come from families where sex and sexuality is not a taboo topic are more likely to delay sexual activity.<sup>3</sup> Furthermore, such attitudes ignore that in places like Jakarta, as many as 50% of young people are already sexually active.<sup>2</sup>

It is important to remember that these attitudes are only one interpretation of Islam, and Islamic views in regards to these issues are not monolithic, as the process of understanding religious mandates is an interpretive one that comes from a number of sources.

- 1 UNESCO. Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific. Bangkok: UNESCO; 2012.
- 2 Yayasan Jurnal Perempuan (YJP). Sexuality of young people: Study of young people in three regions in Indonesia, Indramayu, Jakarta and Padang. Jakarta: YJP; 2011.
- 3 Kirby D. The impact of sex education on the sexual behaviour of young people. New York: United Nations Population Division; 2011.

## Notes and References

- 4 Women's Health Journal, or Yayasan Jurnal Perempuan (YJP) in Indonesian, was founded in July 1995 to disseminate information on gender and women's rights issues to the general public through *Jurnal Perempuan (Women's Journal)*.
- 5 Rahima, the Centre for Education and Information on Islam and Women's Rights, is a non-governmental organisation that focuses on the empowerment of women with an Islamic perspective.

It was in this context that the youth section of the Women's Journal Foundation<sup>4</sup> (composed of people aged 16-24) produced three documentary films in late 2011 that challenged fundamentalist attitudes towards sex and sexuality in the Indonesian context. The documentaries followed a different young woman from each of the project sites of Jakarta, Indramayu and Padang. The documentaries allow young people to discuss issues like sexual pleasure, virginity and restrictive access to young people's SRHR. These provide a forum for confronting fundamentalist interpretations of sex and sexuality and providing facts about SRHR. Considering the lack of CSE available to Indonesian youth, this is particularly important as the documentaries are able to be a resource that bypasses the education system. The fact that they are for and by youth has added to its appeal to young people.

Another organisation, RAHIMA,<sup>5</sup> has done valuable work in developing a module on SRHR for students and teachers. Modules were put into practice in the form of training for teachers and students from pilot Islamic boarding schools in East Java. Rahima gained acceptance for the module by introducing it with concepts that are widely accepted in Islam, such as personal hygiene. The first campaign they promoted was about frequent changes of underwear to ensure genital health and cleanliness in both young men and women.

**In both these advocacy activities, the emphasis on Islam as an interpretive religion and faith being a personal issue has been fundamental in ensuring their success. So too has been the meaningful involvement of young people to communicate concepts to their peers efficiently and effectively.**

Teachers and students who had participated then later formed the forums and peer education activities and routinely undertake activities to increase knowledge and know about SRHR advocacy. The partnership between students and teachers in advocating for SRHR education has resulted in the module being enforced in schools throughout their region.

In both these advocacy activities, the emphasis on Islam as an interpretive religion and faith being a personal issue has been fundamental in ensuring their success. So too has been the meaningful involvement of young people to communicate concepts to their peers efficiently and effectively.

By **A.D. Eridani**, Co-founder and Director, RAHIMA, and  
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# MONITORING GLOBAL AND COUNTRY ACTIVITIES

## GLOBAL:

### The Post-2015 Development Agenda: Ways Young Women from the Global South Can Meaningfully Engage

There are a number of processes related to the lead up to the beyond 2015 development agenda that will have direct and indirect impact on the lives of young women (see process map on the next page). The processes are as many, as complex and as challenging as young women are, thus, acting in young women's favour.

Most of the reports related to reviews of international development commitments have recognised that a lot has been achieved and significant strides have been made.

However, some impediments to reaching all the MDGs by 2015, the ICPD Programme of Action by 2014, Rio declaration by 2012 and other NGO processes remain. Majority of them fail to mention equity, sexual and reproductive health and rights, empowerment of people, sustainability, security and building sustainable productive capacity for economic growth, which are core to and embedded in young women's struggles to recognise reproductive, social and economic justice. Moreover, in past processes, there has been limited young women's involvement, and where there is involvement, it can be tokenistic.

With many things happening in the beyond 2015 development agenda, it is vital for young women to strategise and push their agenda forward. Meaningful participation of young women at the local, regional and international levels is vital to ensure our agenda are not eroded. Young women should merge and solidify their voices to make one big voice that the world can listen, and build solidarity for a movement that respects and represents the

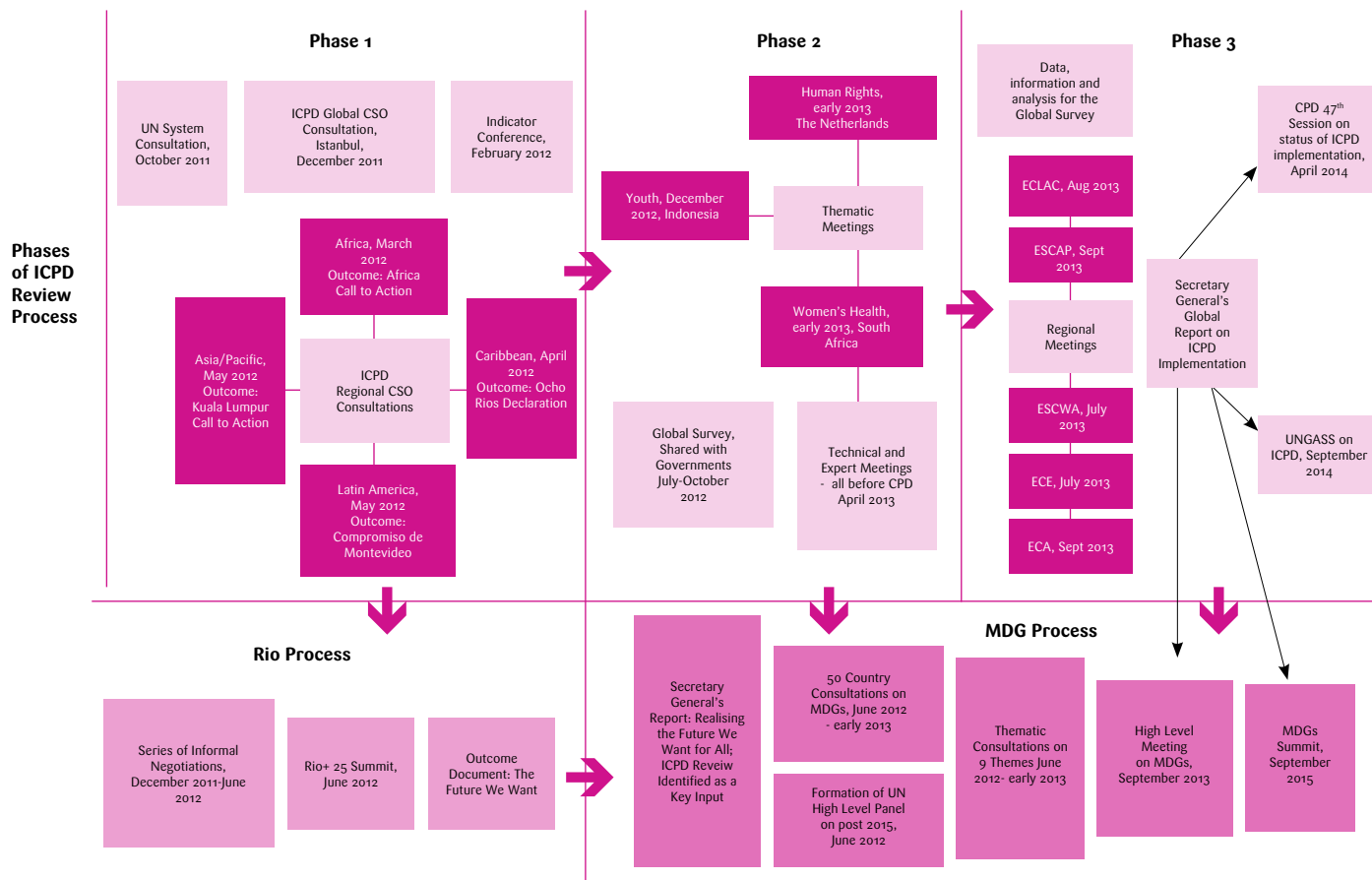
interest of diverse young women. There is a need to develop resources and a platform to assist the movement; to realise one solid voice by planning, implementing, monitoring and evaluating this process from the perspective of grassroots young women. There is a need to ensure equal power sharing, decide priorities and increase a sense of belonging.

Young women also need to define and create their own spaces that will purely represent their voices and help develop a collective agenda that will shape and inform the beyond 2015 agenda for development. These spaces should be for all young women and will weave together all our issues for reproductive justice, social justice, economical justice and human rights inclusion and participation.

Young women need to continue embracing new experiences and expanding their horizons by taking themselves out of their comfort zone, confronting unfamiliar experiences and opening themselves to new perspectives. This will help them to begin to understand the dynamics at play within the larger society. This process also needs to be localised by sharing widely the different documents and articles developed regionally and internationally; unpacking the documents to be meaningful to grassroots

**Meaningful participation of young women at the local, regional and international levels is vital to ensure our agenda are not eroded.**

### Process Map: Linking the ICPD Beyond 2014 Review Process to the UN Development Agenda



Source: ICPD Beyond 2014 website. Available at: [http://icpdbeyond2014.org/uploads/browser/files/linking\\_icpd\\_to\\_un\\_development\\_agenda.pdf](http://icpdbeyond2014.org/uploads/browser/files/linking_icpd_to_un_development_agenda.pdf)

young women; bringing these right on their doorstep; and empowering young women to push for their agenda at local, national, regional and international levels.

Finally, young women need to be at the core of monitoring and evaluation of these international frameworks so that they measure

what is of interest to them. They can share what are their challenges, successes and be informed on the future process. Importantly, they need to evaluate these tools and processes so that they can help inform the stages, and ensure that they look at human rights, including sexual and reproductive rights.

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## PACIFIC:

## New Zealand Parliamentarians Recommend Action on Adolescent Sexual and Reproductive Health and Rights in the Pacific

Note

Pacific adolescents face many barriers to the realisation of their full sexual and reproductive health and rights (SRHR), so there is a strong need to ensure that a comprehensive range of policies, information and services are available to them. To increase understanding of, support for and investment in adolescent SRHR (ASRHR), the New Zealand Parliamentarians' Group on Population and Development (NZPPD),<sup>1</sup> held an *Open Hearing on Adolescent Sexual and Reproductive Health and Rights in the Pacific* in June 2012. The event, similar to a Parliamentary Select Committee meeting, was attended by members of the NZPPD and key parliamentarians from Kiribati, Papua New Guinea, the Solomon Islands, Tuvalu and Vanuatu.

Submissions to the Hearing were received from a range of regional stakeholders working in ASRHR and 12 of these, including four Pasifika young people, were selected to make oral submissions at the Parliament in Wellington. The youth panel comprised representatives from the pivotal Pacific women's organisations: YWCA Solomon Islands and the Fiji Women's Rights Movement, as well as Wan Smolbag and the Tonga Leiti Association. This ensured that the voices of young women and people of diverse sexual orientation in the region were heard.

The submissions illustrated the challenging issues and environment for ASRHR in the Pacific and highlighted that intervention efforts are further burdened by gender inequality, geographical challenges and, in some countries, governance and leadership structures that have been weakened by conflict. Successful case studies and broader progress by targeted programmes also featured strongly.

Based on these submissions, the NZPPD (with support from their Pacific counterparts) have arrived at a set of over-arching recommendations and action points for

parliamentarians. Recommendations include establishing structures in each country linking parliamentarians and SRHR organisations, and ensuring that these structures are linked to international and regional bodies for technical support purposes. Recommendations also include the need for each country to develop their own programme for advancing the SRHR agenda by engaging with community leaders as appropriate and with a particular focus on adolescents and youth. Specific action points cover issues, such as meaningful youth engagement, access to services and education, legislative reform, resourcing and political prioritisation.

The Hearing, widely covered by radio, print and social media in New Zealand, Australia and the Pacific, has resulted in increased visibility of and support for ASRHR and has strengthened networks among regional stakeholders. The Minister for Education for Kiribati has begun implementing comprehensive sexuality education into the school curriculum. In the Solomon Islands, parliamentarians are considering an inquiry into the status of ASRHR in the country. Tuvalu's Minister of Finance and Economic Development has articulated the linkages between ASRHR and the development of his country. Dame Carol Kidu of Papua New Guinea, though retired from politics now continues her enduring advocacy work nationally and internationally. She is currently the only Pacific member on the High Level Task-force on ICPD.

*Pacific Youth: Their Rights, Our Future*, a report on the Hearing, will be launched in early December and disseminated to MPs and a wider audience in New Zealand and the Pacific. It is hoped that the recommendations and areas for action will provide a framework for parliamentarians in the region to play an active role in ensuring that all young people are able to realise their rights.

<sup>1</sup> NZPPD is a cross-party forum of New Zealand Members of Parliament, which focuses on addressing sexual and reproductive health, population and development issues. The forum currently comprises of more than 40% of the New Zealand parliament.

## ASIA: The ASEAN Youth Movement: Driving towards a Youth-Centered ASEAN

*We demand for ASEAN governments, ASEAN secretariat and committees leaders to acknowledge and prioritise the universality of young people's sexual and reproductive health and rights (SRHR) as human rights, especially in addressing our sexual diversity and gender identity (Recommendation #1 on Youth People's SRHR, ASEAN Youth Statement 2012)*

Since 2009, the ASEAN Youth Movement (AYM) has been setting meaningful platforms for young Southeast Asians to: (1) identify and reveal local and regional issues facing the youth; (2) share experiences in addressing socio-economic and political gaps; (3) build capacities in engaging with various stakeholders; and (4) advance the youth agenda at the regional level.

**Making a mark.** The AYM is currently considered as the regional youth body of the ASEAN civil society. It has already organised five ASEAN Youth Forums (AYF) between 2009-2012, which have been attended by more than 500 youth activists, scholars, entrepreneurs and community leaders from all corners of Southeast Asia.

The AYF's primary objective is to develop a comprehensive youth statement, which will be submitted to the ASEAN People's Forum and the ASEAN Leader's Summit. The statement includes discussion and recommendations on specific youth issues, such as addressing young people's sexual reproductive health and rights (YSRHR) to ASEAN leaders and aspirations for a people-centered ASEAN Community.

The protection and promotion of young people's SRHR is one of the AYM's top agenda. The Movement also views the importance of encouraging the youth to celebrate their sexuality without any restrictions. It also advocates the right to choose and determine one's destiny with respect to his/her sexual and reproductive health. AYM believes that comprehensive sexuality education paves the way for young people to fully actualise SRHR.

More importantly, the AYM recognises and advocates for the protection and promotion of the rights of young men, young women, transgendered youth and young sex workers.

This gendered approach enhances a more comprehensive approach to addressing issues on human rights and peace in the region. The Movement is proud to have young advocates from the Asian-Pacific Resource and Research Centre for Women (ARROW) who have been actively mainstreaming these issues at the AYF. Their involvement adds to the credibility of the movement's statements and keeps programmes and project right on track.

**Moving forward.** It has never been a smooth journey for the AYM in addressing all its concerns to the ASEAN leaders. Yet, there is still so much to be done. AYM has realised that it is time to shift from statements to strategies. The Movement has realised that it must take a proactive stance towards the full promotion and protection of the rights of young people in Southeast Asia. It has recognised the importance of regularly and effectively evaluating policy and law implementation at the local, national and regional levels. To achieve this purpose, the ASEAN Youth Monitoring Body shall serve as a policy watchdog, especially at the local and national levels.

This body shall employ its members in community-based research on key issues identified in the AYM Statements. Through this, they become more exposed to the realities on the ground, especially concerning young people's SRHR, particularly the more marginalised among them, such as youth with disability, ethnic youth, migrant workers, stateless youth, young lesbians, young bisexuals, young transwomen, young sex workers and others. The AYM Regional team is currently planning for projects and programmes to be implemented at the national and local levels. Full operation of this body will commence on the first quarter of 2013. An Annual report on the Situation of the Southeast Asian will be published and distributed by the end of each year.

At the end of the day, we can only genuinely drive towards a youth-centered Southeast Asian community, if we are ensured that our

choices are protected and respected, and that our bodies are healthy and treated with dignity at all times.

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## PAKISTAN: Targeting Root Causes of Harmful Traditional Practices

Pakistan is currently undergoing a youth bulge, with 60% of the population below 30 years of age. The fact that half of this population—the female adolescents—is exposed to the most heinous traditional practices is appalling.

These malpractices, including child marriages, exchange marriages (*Watta Satta*), exchange of women for dispute settlement (*Vanni* and *Sawara*), continue to exist despite institutional checks in place.

While the marriage contract (*nikahnama*) formulated under the Muslim Family Law Ordinance (MFLO) ensures consent in marriage and bars underage marriage, it can be easily bypassed by opting not to register the marriage at all.

This is the reason why Shirkat Gah is focusing not only on greater engagement with women parliamentarians for raising related issues in parliament, such as in the Standardisation of Age of Marriage, and the ban on verdicts of *Jirgas* and *Panchayats* (informal justice systems). SG is also trying to target root causes, such as patriarchal attitudes, gender stereotypes and lack of education. It is raising awareness about the negative impact of early age marriage, promoting female education, reaching out to communities on rights and protection under the MFLO, especially the filing of the *nikahnama* (marriage contract), registration of births and getting identity cards.

Shirkat Gah's initiative of developing a position

paper on early age marriages developed into a national campaign, not only by SG but other organisations who used the paper to raise funds to take the work forward (e.g., Family Planning Association of Pakistan, World Population Fund, PLAN International and others).

Shirkat Gah caters to women in all stages of the vicious cycle. These include those already reduced to a submissive role in marriage— young women unable to continue their education, economically dependent, incapable of decision making, not given the choice of using contraception and therefore prone to early pregnancy and sexually transmitted infections and HIV.

In cooperation with its partner community-based organisations, Shirkat Gah arranged introductory sessions on RH issues of adolescent girls at the community level and launched campaigns addressing family planning and birth spacing. The aim is not simply to tackle the problems but also to do so in the most effective way.

A case in point is the introduction of Women Friendly Spaces (WFSs) in flood-affected areas to create an environment conducive for the women to share their problems and voice their desire for education. Additionally, Shirkat Gah initiates advocacy actions to ensure maximum involvement of youth and addresses the issues related to the adolescent health.

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# RESOURCES FROM THE ARROW SRHR KNOWLEDGE SHARING CENTRE (ASK-us!)

**Allen W, Balling C, Bangwell K, et al.** The youth effect: Tool kit for decision makers engagement with youth. USA: Forum of Young Global Leaders; 2011. Available at: [www.scribd.com/doc/44198893/The-Youth-Effect](http://www.scribd.com/doc/44198893/The-Youth-Effect).

This book is a practical toolkit that speaks to the specific challenges and benefits of effectively engaging young people. Having been formed in collaboration with people who engage young people across the world, the book provides a wide range of perspectives and provides advice on a range of topics including practical tips for speaking to young people.

**Asian-Pacific Resource and Research Centre for Women (ARROW) and Women's Global Network for Reproductive Rights (WGNRR).** Asia-Pacific Briefing paper for the Conference on Population and Development 45th Session. Kuala Lumpur: ARROW; 2012.

This briefing paper is for the use of activists and advocates working towards the advancement of young people's sexual and reproductive health and rights in Asia and the Pacific. The paper hopes to clarify the CPD as an advocacy platform, posit ideas for advocacy, and suggest concrete actions on engaging in the process.

**Boldt G.** The Global Youth Advisory Panel of UNFPA: A participatory evaluation (Draft). Available at: [www.youthpolicy.org/symposia/files/2011/01/2\\_Global\\_Youth\\_Advisory\\_Panel.pdf](http://www.youthpolicy.org/symposia/files/2011/01/2_Global_Youth_Advisory_Panel.pdf)

This paper provides a thorough analysis of youth participation and engagement at the international level. The paper looks at different models for youth participation and evaluates their effectiveness, and provides useful indicators of the successful implementation of participatory measures. It is a useful tool for organisations that

are struggling with meaningfully engaging youth.

**Braeken D, Rondinelli I.** Sexual and reproductive health needs of young people: Matching needs with systems. *Int J Gynecol Obstet.* 2012;119(Supp 1):S60-S63.

The article analyses the reasons for the low uptake of youth services regarding sexuality and reproductive rights. It shows that young people's pathways to such services have particular barriers that they face before getting to the services, while receiving services and after leaving the service delivery. It indicates that attention to young people's perceptions and needs is essential, along with development of policies, services, and programmes that address those needs, particularly the youth-friendly approach to service delivery.

**Collumbien M, Mishra M, Blackmore C.** Youth-friendly services in two rural districts of West Bengal and Jharkhand, India: Definite progress, a long way to go. *Reprod Health Matters,* 2011;19(37):174-183.

This article draws on a large survey among 6,572 young people aged 15-24 and 264 rural health providers they accessed in rural West Bengal and Jharkhand. It found that 31% of young, married women without children were using contraception to delay a first birth, evidence of cracks in the persistent tradition of demonstrating fertility soon after marriage. It found that the coverage of public sector services for reproductive and sexual health is highly variable and the scope largely restricted to married women, with unmarried young women and men relying mainly on the informal private sector, and seriously underserved.

**Curtain R.** State of the Pacific youth: Opportunities and obstacles. Suva: United Nations Children's

Fund & Secretariat of the Pacific Community; 2011. Available at: [www.unicef.org/eapro/State\\_of\\_the\\_Pacific\\_Youth\\_Report\\_web.pdf](http://www.unicef.org/eapro/State_of_the_Pacific_Youth_Report_web.pdf).

A general report about the issues affecting youth in the Pacific that includes sexual and reproductive concerns, such as that of adolescent maternal health, unwanted pregnancies and forced sexual intercourse.

**Singh A, Singh N, Judhistari RA.** The essence of an innovative programme for young people in South East Asia: A position paper on comprehensive sexuality education (including youth-friendly services), meaningful youth participation and rights-based approaches in programming. Kuala Lumpur: ARROW; 2012.

The publication outlines the perspectives of ARROW and her partners on the issues of comprehensive sexuality education, meaningful youth participation and rights-based approaches. Based on ARROW's experience in implementing its young people's SRHR programme, it will be useful in the design and implementation of programmes for young people's SRHR.

**Thanenthiran S, Racherla SJ, Ajao J., Editors.** Reclaiming and redefining rights: Setting the adolescent and young people's sexual and reproductive health and rights agenda beyond ICPD+20. Kuala Lumpur: ARROW; 2012.

These Global South Youth Fact Sheets have been developed as part of the ICPD+20 Global South SRHR Monitoring and Research Initiative steered by ARROW in partnership with Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA), Latin American and Caribbean Women's Health Network (LACWHN), Egyptian Initiative for Personal Rights (EIPR) and the World YWCA. The Fact Sheets provide the most recent data and analysis on adolescent and young people SRHR across the Global South.

**UNESCO Bangkok.** Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific. Bangkok: UNESCO Bangkok; 2012. Available at: <http://unesdoc.unesco.org/images/0021/002150/215091e.pdf>

An overview of policies and laws in Asia and the Pacific surrounding sexuality education. The review looks at the nature and comprehensiveness of law and policy governing sexuality education and provides some insight into effective policy frameworks. It finds significant gaps in law and policy frameworks across the region, and indicates that addressing these gaps should receive urgent priority. The education sector emerges as relatively weak in terms of integration of sexuality education in its legal and policy frameworks.

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**Ahumada C, et al.** Youth-led organisations and SRHR: A step by step guide to creating sustainable youth led organisations working on sexual and reproductive human rights. Ottawa: Youth Coalition; 2009.

**ARROW.** The Journey: Working with young workers in Hanoi, Vietnam. Kuala Lumpur: ARROW; 2012.

**Feng YL, et al.** Adolescents' and young adults' perceptions of homosexuality and related factors in three Asian Cities. *J Adolescent Health*. 2012;50(3): S52-S60.

**Goldfarb ES, Constantine NA.** Sexuality education. *Encyc Adolescence*. 2011;322-331.

**Osotimehin B.** Is there enough investment in young people? *Lancet*. 2012; 379(9812):202-203.

**Pohan MN et. al.** HIV/AIDS prevention through a life skills school-based programme in Bandung Indonesia. *Procedia - Social and Behavioral Sciences*. 2011;15:526-530.

**Richardson E, Emanuelle-Birn A.** Sexual and reproductive health and rights in Latin America: An analysis of trends, commitments and achievements. *Reprod Health Matters*. 2011;19(38): 183-196.

**Sawyer SM, Afifi RA, Bearinger LH, et al.** Adolescence: A foundation for future health. *Lancet*. 2012; 379(9826):1630-1640.

**Singh A, et al.** Leadership experiences of young women in South East Asia: Reflections on advancing young people's SRHR agenda. Kuala Lumpur: ARROW; 2012.

**Stop Aids Now.** Position statement: Quality of SRHR and HIV prevention for youth. The Netherlands: Stop Aids Now!; 2012. Available at: [www.stopaidsnow.org/sites/stopaidsnow.org/files/PY\\_SAN\\_Position\\_Statement-Quality-SRHR-HIVPrev-Youth.pdf](http://www.stopaidsnow.org/sites/stopaidsnow.org/files/PY_SAN_Position_Statement-Quality-SRHR-HIVPrev-Youth.pdf)

**Temin M, et al.** Why it's the right time: Moving on reproductive health goals by focusing on adolescent girls. New York: Women Deliver; 2010.

**Vasavya Mahila Mandali (VMM).** Building resilience: A community based approach to HIV/AIDS. India: Aids Alliance; 2012.

**Wilan, S.** Young women's leadership in the field of sexual and reproductive health and rights. South Africa: Ford Foundation; 2012.

## ARROW RESOURCES

**ARROW.** Thematic papers presented at the regional meetings Beyond ICPD and MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in Asia-Pacific Region and Opportunities for NGOs at National, Regional and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement. 2012. 104p. US\$10.00

**ARROW.** Proceedings of the regional meetings Beyond ICPD and MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in Asia-Pacific Region and Opportunities for NGOs at National, Regional and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement. 2012. 104p. US\$10.00

**ARROW.** KL call to action. 2012. 4p.

**ARROW.** KL plan of action. 2012. 2p.

**ARROW.** ARROW publications 1994-2012. [DVD].

**ARROW.** ARROW sexual and reproductive health and rights database of indicators. [www.srhdatabase.org](http://www.srhdatabase.org)

**ARROW.** Reclaiming & redefining rights—Thematic studies series 1: Sexuality & rights in Asia. 2011. 104p. US\$10.00

**Ravindran TKS.** Reclaiming & redefining Rights—Thematic studies series 2: Pathways to universal access to reproductive health care in Asia. ARROW. 2011. 92p. US\$10.00

**ARROW.** Understanding the critical linkages between gender-based violence and sexual and reproductive health and rights: Fulfilling commitments towards MDG+15. 2010. 12p.

**ARROW & WHRAP.** Making a difference: Improving women's sexual and reproductive health and rights in South Asia. 2010. 126p.

**ARROW.** 2010. Regional overview—MDG5 in Asia:

Progress, gaps and challenges 2000-2010. 2010. 8p.

**ARROW.** 2010. Briefing paper: The women and health section of the Beijing Platform for Action. 4p.

**Thanenthiran S, Racherla SJ.** 2009. Reclaiming & redefining rights: ICPD+15: Status of sexual and reproductive health and rights in Asia. ARROW. 162p. US\$10.00

**ARROW.** 2008. Advocating accountability: Status report on maternal health and young people's SRHR in South Asia. 140p. US\$10.00

**ARROW.** 2008. Surfacing: Selected papers on religious fundamentalisms and their impact on Women's Sexual and Reproductive Health and Rights. 76p. US\$5.

**ARROW.** 2007. Rights and realities: Monitoring reports on the status of Indonesian women's sexual and reproductive health and rights; Findings from the Indonesian Reproductive Health and Rights Monitoring & Advocacy (IRRMA) project. 216p. US\$10.00

**ARROW.** 2005. Monitoring ten years of ICPD implementation: The way forward to 2015, Asian country reports. 384p. US\$10.00

**ARROW & Centre for Reproductive Rights.** 2005. Women of the world: Laws and policies affecting their reproductive lives, East and Southeast Asia. 235p. US\$10.00

**ARROW.** 2003. Access to quality gender-sensitive health services: Women-centred action research. 147p. US\$10.00

For ARROW's older publications, please go to [www.arrow.org.my](http://www.arrow.org.my). Electronic copies of all publications are free at [www.arrow.org.my](http://www.arrow.org.my). Payments of print copies are accepted in bank draft form. Please add US\$3.00 for postal charges. Email [arrow@arrow.org.my](mailto:arrow@arrow.org.my)

# DEFINITIONS

## Notes and References

**Children and Adolescents:** The United Nations defines children as persons between the age group of 0-18 years old, while the World Health Organisation defines adolescents as persons between 10-19 years of age.<sup>1</sup> There are about 1.2 billion adolescents worldwide and one in every five people in the world is an adolescent.<sup>1</sup> Adolescent girls, either single or married, mostly are without their own economic source of income, some because they are in school, some because they are married with no control over the household income, while some receive low work compensation.<sup>2</sup> Adolescent girls in developing countries are vulnerable in terms of their inadequate knowledge about contraception and in accessing health services, being at risk of sexual violence, having no say in deciding on the timing of births, or in use of contraception.<sup>2</sup> Most adolescent girls die from pregnancy-related causes more than from any other cause, as they begin childbearing early in their marriage. Married adolescent and young women, who are different from both married adults and unmarried adolescents with specific needs, receive little or no preference and attention, as the assumption is that marriage is safe and they are therefore invulnerable.<sup>3</sup>

**Youth and Young People:** The United Nations defines youth as persons between the ages of 15 and 24, and young people between the ages of 10 and 24 years. Approximately 18% of the global population is between the age of 15-24 years, which is nearly 1.2 billion youth. Of these, 62% live in Asia.<sup>4</sup> Meanwhile 20% of the Pacific population is composed of youth.<sup>5</sup> Young people can generally refer to people aged 10-24 years, as does the composite term adolescents and young adult.<sup>6</sup> Young people are a diverse group, and each young person has multiple, intersecting identities defined by age, class, gender, sexual orientation, race, ethnicity, ability, religion and the like. They may suffer exclusion and privileging based on the interaction of all these. Young people are a vulnerable group facing many SRHR problems, including unintended pregnancy, unsafe abortion, maternal mortality and morbidity,

violence, sexually transmitted infections (STIs), including HIV, and discrimination on the basis of gender or sexual orientation.<sup>7</sup> At the same time, young people can be positive forces and agents of change.

**Comprehensive Sexuality Education (CSE):** CSE is a rights-based approach to education on sexuality, which discusses not just sex, but also provides young people with skills to be sexually responsible, positive attitudes, values and essential life skills. It helps young people to acquire the skills to negotiate relationships and safer sexual practices. CSE includes looking at sexuality as a broad issue, including emotional and social development, beyond just the provision of information to young people, and includes diversity and sexual orientation, violence, relationship, pleasure, SRH rights and others.<sup>8</sup> It supports young people in shaping their life prospects and their social, health and economic potential.<sup>7</sup>

**Youth-Friendly Services (YFS):** These are services that understand the particular needs of young people and respond accordingly in a youth-friendly manner.<sup>9</sup> YFS is based on the rights of adolescents and young people, which is the responsibility of duty bearers to provide quality services.<sup>10</sup> To make health services youth-friendly, different components play important roles, including service providers, service centres, programme design, as well as other related characteristics.<sup>11</sup> Studies have shown that the behaviour of service providers play an important role in encouraging and/or discouraging young people's use of and access to the services. Referral and follow-up are essential.

**Movement and Movement Building:** Social Equity Change, a project on racial-based discrimination, defines movement building as the transformation of an effort for organisations to sustain social change, whilst younger activists define it as evolving, learning from the past and developing room for creation of new ideas and forms for the future. The

- 1 WHO. Adolescent health and development. Available from: [www.searo.who.int/en/Section13/Section1245\\_4980.htm](http://www.searo.who.int/en/Section13/Section1245_4980.htm)
- 2 Guttmacher institute & IPPF. In brief: Facts on the sexual and reproductive health of adolescent women in the developing world. New York, Washington DC & London: Guttmacher Institute & IPPF; 2010. Available from: [www.guttmacher.org/pubs/FB-Adolescents-SRH.pdf](http://www.guttmacher.org/pubs/FB-Adolescents-SRH.pdf)
- 3 Jejeebhoy SJ. Sexual and reproductive health of young people: Expanding the research and program agenda. New Delhi: The David and Lucile Packard Foundation; 2006. Available from: [http://hivaidsscaringhouse.unesco.org/search/resources/bie\\_pop\\_rev\\_jejeebhoy.pdf](http://hivaidsscaringhouse.unesco.org/search/resources/bie_pop_rev_jejeebhoy.pdf)
- 4 United Nations Programme on Youth (UNYP). United Nations programme on youth. [MS Powerpoint presentation] No date [ cited 2012 September 4] Available from: <http://social.un.org/youthyear/docs/UNYP-presentation.pdf>
- 5 UNICEF. Children in the Pacific. [page on the internet]. Available from: [www.unicef.org/pacificislands/18668.html](http://www.unicef.org/pacificislands/18668.html)
- 6 Sawyer SM, et al. Adolescents: A foundation for future health. *Lancet*. 2012;379:1630.
- 7 UNESCO. Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific. Bangkok: UNESCO; 2012. Available at: <http://unesdoc.unesco.org/images/0021/002150/215091e.pdf>
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- 9 The Safe Project. Comprehensive youth-friendly services. 2007. Available from: [www.ysafe.net/safe/page14/assets/Design\\_FS%20YFS%20final\\_Oct07.pdf](http://www.ysafe.net/safe/page14/assets/Design_FS%20YFS%20final_Oct07.pdf)
- 10 Homans H. Youth friendly health services: Responding to the needs of young people in Europe. 2011. Available from: [www.childfriendlycities.org/pdf/youth\\_friendly\\_services\\_paper.pdf](http://www.childfriendlycities.org/pdf/youth_friendly_services_paper.pdf)
- 11 UNFPA. State of the world population 2003. 2003. Available from: [www.unfpa.org/swp/2003/english/ch5/page3.htm](http://www.unfpa.org/swp/2003/english/ch5/page3.htm)

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- 12 Building Movement Project. Building movement vs. Building organisation: Summary of regional discussions. New York: Building Movement Project.
- 13 Batliwala S. The ABCs of movement building: What, why and how. 2008. Available from: <http://awid.org/eng/Homepage/Forum/new-forum/Forum-08-s-Most-Popular-Breakout-Sessions2/The-ABC-s-of-Movement-Building-What-Why-and-How>
- 14 ILO. Why youth should be engaged in policy making. Available from: [www.ilo.org/public/english/employment/yen/downloads/youthguide/part2\\_why.pdf](http://www.ilo.org/public/english/employment/yen/downloads/youthguide/part2_why.pdf)
- 15 SPW, DFID, et al. Youth participation in development. 2010. Available from: [www.restlessdevelopment.org/file/youth-participation-in-development-pdf](http://www.restlessdevelopment.org/file/youth-participation-in-development-pdf)
- 16 United Nations. UN agencies discuss enhancing youth participation. 2012. Available from: <http://social.un.org/youthyear/docs/un-agencies-youth-participation.pdf>
- 17 Curtain R. Youth and employment: A public policy perspective. 2001. Available from: [www.curtain-consulting.net.au/download\\_controlled/Youth%20&%20Development/youthpol.pdf](http://www.curtain-consulting.net.au/download_controlled/Youth%20&%20Development/youthpol.pdf)
- 18 United Nations Programme on Youth/Division for Social Policy and Development, Department of Economic and Social Affairs, United Nations (UN). Guides to youth delegates to the United Nations. New York: UN.

power structure is an important aspect for bringing social change which is vital in the development of movement.<sup>12</sup> Srilatha Batliwala has defined ‘movement’ through a feminist lens as an organised set of constituents (people) pursuing a common political agenda of change through collective action. Embedded in this definition are a lot of very important key concepts; for example, the idea that it is organised constituents, which is very different from a spontaneous uprising to protest against a power plant. The common political agenda of change is also critical, as opposed to a vague agenda of a better world for women. Movements have a very sharp, critical analysis and agendas of change.<sup>13</sup>

**Youth participation:** Youth have the best understanding of the realities of their own life, and as such, can offer much on agenda-setting, policy making and programme development. Youth participation encourages youth to become active members of democratic society, further enabling them to advocate for their rights.<sup>14</sup> However, youth participation has often been limited only at a superficial level; young people are often included in one-off discussions, where their contributions do not actually affect core structural policy decisions.<sup>15</sup> Moving forward with youth participation requires a collective effort and a general paradigm shift toward setting an

agenda from “for youth” to “with youth.”<sup>16</sup> The ICPD Plan of Action states the importance of youth participation in design, implementing, and evaluating programmes that affects their lives. In addition, according to Richard Curtain, a public policy analyst on youth in the social sector, youth participation is key in advancing public policy if the youth have a minimal set of competencies that enable them to meaningfully participate.<sup>17</sup> The UN Secretary General defines youth participation as enabling young people, especially those from developing countries, to take part in the work of their national delegations, including by highlighting how some Member States have enabled youth to participate in the intergovernmental processes at the United Nations.<sup>18</sup>



# IMPLEMENTING SEXUALITY EDUCATION IN ASIA AND THE PACIFIC: PROGRESS AND GAPS

## Notes and References

Governments committed in 1994 to address the sexual and reproductive health issues of adolescents, including that of sexually transmitted diseases, unwanted pregnancies and unsafe abortion by promoting responsible and healthy reproductive behaviour (International Conference on Population and Development Programme of Action, para 7.44.a). In 2012, at the 45th Session of the Committee on Population and Development, governments renewed and went beyond this commitment, and recognised the right of adolescents and youth, regardless of age and marital status, to “have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health.”<sup>1</sup>

Despite these commitments, adolescents and young people in Asia and the Pacific are not yet fully able to achieve their sexual and reproductive health and rights (SRHR). Access to and usage of contraception by sexually active married and unmarried girls in the region is negligible. Every year, there are an estimated 2.7 million unintended pregnancies among adolescent women in South Central and Southeast Asia.<sup>2</sup> It is estimated that young girls account for up to 15% of all abortions in Asia,<sup>3</sup> and that the majority of young abortion seekers in the region are unmarried, and therefore more likely to seek out clandestine abortions, which are more often than not, unsafe. While there is not enough data on the numbers of unplanned pregnancies in the Pacific islands, young women either travel out of their countries for services, or resort to self-induced abortion. Legal barriers, social stigma and a lack of accurate information are some of the main barriers for young women

in the Asia-Pacific region to access safe abortion services.<sup>3</sup> Young women and girls in low-income countries continue to face the risks of permanent disability and death due to pregnancy-related conditions.<sup>4</sup>

Access to services on sexual and reproductive health and sexuality is crucial in the realisation of young people’s SRHR. The other part that is critical is making available comprehensive sexuality education. This is not only imperative, but also the obligation of governments, as stated in the ICPD.<sup>5</sup>

Sex education is defined as the basic education about reproductive processes, puberty and sexual behavior. Sex education may include other information, for example about contraception, protection from sexually transmitted infections (STIs) and parenthood.<sup>6</sup> On the other hand, sexuality education is defined as education about all matters relating to sexuality and its expression. Sexuality education covers the same topics as sex education, but also includes issues, such as relationships, attitudes towards sexuality, sexual roles, gender relations and the social pressures to be sexually active, and it provides information about SRH services. It may also include training in communication and decision-making skills.<sup>7</sup>

Additionally, the ARROW-initiated Women’s Health and Advocacy Partnership Southeast Asia (WHRAP SEA) programme endorses seven basic elements of comprehensive sexuality education (CSE), which must be covered by the curricula at all times, which are “gender, SRH and HIV, sexual citizenship rights, pleasure, freedom from violence, diversity and

- 1 Resolution 2012/1 Adolescents and Youth. [www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012\\_1\\_Adolescents%20and%20Youth.pdf](http://www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf)
- 2 The Guttmacher Institute. Facts on the sexual and reproductive health of adolescent women in the developing world. New York: The Guttmacher Institute; 2010.
- 3 The Asian-Pacific Resource & Research Centre for Women (ARROW). Young and vulnerable: The reality of unsafe abortion among adolescent and young women. ARROWs for Change, 2006;12(3):1-2.
- 4 World Health Organisation (WHO). Women and health: today’s evidence, tomorrow’s agenda. 2009. Available from: [http://whqlibdoc.who.int/publications/2009/9789241563857\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf)
- 5 ICPD PoA para 7.44 (a).
- 6 International Planned Parenthood (IPPF)/ Western Hemisphere Region. Glossary. 2009. Available from: [www.ippfwhr.org/en/resources/glossary#S#ixzzoRtBLHMT9](http://www.ippfwhr.org/en/resources/glossary#S#ixzzoRtBLHMT9)
- 7 International Planned Parenthood (IPPF). Glossary browser. 2009. Available from: <http://glossary.ippf.org/GlossaryBrowser.aspx>

**Table 1. Status of Sexuality Education Curricula in Asia and the Pacific****Notes and References**

8 Singh A, Singh N, Judhistari, RA. 2012. The essence of an innovative programme for young people in South East Asia: A position paper on Comprehensive Sexuality Education (including youth friendly services), meaningful youth participation and rights-based approaches in programming. Kuala Lumpur: ARROW; 2012.

9 As part of the Global South Project, ARROW monitored 21 countries in the region. These countries are: Afghanistan, Bangladesh, Bhutan, Burma, Cambodia, China, Fiji, India, Indonesia, Kiribati, Lao PDR, Malaysia, Maldives, Nepal, Pakistan, Papua New Guinea, the Philippines, Samoa, Sri Lanka, Thailand and Vietnam.

Country	National Curriculum: Primary	National Curriculum: Secondary	National Curriculum: Tertiary	Actions for Informal/Out-of-School Education on SRH & HIV	Teacher Training
Afghanistan	No	Yes		Yes	No
Bangladesh	Planned for 2011	Yes		Yes	Yes
Bhutan	Yes	Yes		Yes	Planned
Burma	Yes	Yes			Yes
Cambodia	Yes	Yes	No	Yes	Yes
China	No	Yes	Yes	Yes	Yes
Fiji	Yes	Yes	Yes	Yes	Yes
India	No	Yes		Yes	Yes
Indonesia	Yes	Yes	Yes	Yes	Yes
Kiribati					
Lao PDR	Yes	Yes		Yes	Yes
Malaysia	Yes	Yes		Yes	Yes
Maldives	No	Yes			Yes
Nepal	No	Yes		No	Yes
Pakistan	No	No		No	No
Papua New Guinea	Yes	Yes	No	Yes	Yes
Philippines	No	Yes		Yes	Yes
Samoa	No	Yes	Yes	Yes	No
Sri Lanka	No	Yes		Yes	Yes
Thailand	Yes	Yes	Yes	Yes	Yes
Vietnam	Yes	Yes	Limited	Yes	Yes

Source: Review of Policies and Strategies to Implement and Scale Up Sexuality Education in Asia and the Pacific. Bangkok: UNESCO; 2012.

relationships.”<sup>8</sup> Furthermore, it states that CSE should uphold the human rights of all people, with especial focus on adolescents and young people, in order to empower them to access their SRHR.<sup>8</sup>

A regional report on 21 countries in Asia and the Pacific by UNESCO Bangkok<sup>9</sup> found that some governments have already begun to address incorporating sexuality education into the general education curriculum (see Table 1).

However, there are still significant differences in the interpretation of what constitutes sexuality education. The scope and coverage of sexuality education curricula also differ significantly within the countries, with the emphasis being on biology rather than health and rights.

The UNESCO publication shows that Cambodia, China, Indonesia, Nepal, Papua New Guinea and Vietnam have included a

detailed discussion of sexuality education in national HIV laws and/or policies. However, documentation on the strategies and/or plans on the education sectors in Bangladesh, Bhutan, Malaysia, Samoa and Thailand do not include a specific reference to sexuality education.<sup>10</sup> Five out of 21 countries (Afghanistan, Bangladesh, Indonesia, Nepal and Thailand)<sup>10</sup> have national population and reproductive health strategies or plans that make direct reference to the education sector, and there are additional population and reproductive health strategies and/or plans that include activities that are education-related.

Although the need and demand for comprehensive sexuality education (CSE) is great, sex and sexuality education have proven to be controversial issues in the region, notably in the countries where religious fundamentalist and/or conservative parties are in positions of power in the national parliament. In countries that have initiated sex education, the comprehensiveness of the curriculum remains lacking and the increased acceptance in the countries for sex education is attributed to combating the HIV epidemic rather than providing sex education to adolescents.

This situation has had implications on policy implementation. For example, Indonesia, Malaysia, Pakistan, Bangladesh, Bhutan, the Philippines and Samoa have not started providing sex education in schools as part of the school curriculum. In both Malaysia and Pakistan, any form of sex education has not been integrated into the school curriculum, although the demand for sex education among adolescents has been documented by NGOs. In Vietnam, Afghanistan, India and Nepal, there are attempts to introduce sex education but there are limitations,<sup>11</sup> while in Bangladesh, sex education is not taught by teachers in schools, although some basic reproductive health topics are included in the school curriculum. Adolescent reproductive health (ARH) education is mostly community-based in the Philippines.<sup>12</sup> Papua New Guinea shows consistent mainstreaming of sexuality and HIV and AIDS education in policy documents.<sup>10</sup>

Despite challenges, NGOs in the region, including youth-led organisations and networks such as the YP Foundation, have been working on creating and raising awareness about the need for sexuality education. In countries like Thailand and Vietnam, mostly NGO-led programmes have reconceptualised sex education as sexuality education, which incorporates not just safe sex, but also sexual expression, negotiation and communication. As we move closer to the target dates set for achieving the ICPD PoA and the Millennium Development Goals (MDG), it is especially important that national policies are reviewed, amended, strengthened and implemented to provide comprehensive sexuality education in the national curricula in both formal and non-formal settings.

Of critical importance too is access to SRH services, and to make sure that this access includes quality and affordable contraception, information services, safe abortion services, maternity care and HIV/STI services, amongst others.

These policies need to be clear on the measures taken against any form of discrimination and stigma aimed towards adolescents and young people accessing these education, information and services. Such policies need to consider adolescent and young people's diversity in terms of their sexuality, their gender identities, socio-economic status amongst other intersecting identities. These also need to use a rights-based framework, which includes the participation of adolescents and youth in designing and evaluating programmes and policy; the removal of social, cultural, economic, legal and administrative barriers and measures to achieve gender equality, including legislation, education, empowerment, reparations and accountability. All these need to be also be seriously considered and taken into account when reviewing existing policies, and implementing new ones in order to fully achieve the universality of rights.

#### Notes and References

- 10 UNESCO. Review of policies and strategies to implement and scale up sexuality education in Asia and the Pacific. Bangkok: UNESCO; 2012. Available at: <http://unesdoc.unesco.org/images/0021/002150/215091e.pdf>
- 11 Save the Children US and MOET. A qualitative study on the education reproductive health and HIV/AIDS prevention within school system in Vietnam. Hanoi: SC US; 2005.
- 12 World Health Organisation. Sexual and reproductive health of adolescents and youth in the Philippines: A review of literature and projects. 1995-2003. Manila: WHO; 2005.

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