

**THE POST-2015 DEVELOPMENT AGENDA AND YOUNG PEOPLE**

# Policy Briefs



**youth coalition**

working internationally for sexual  
and reproductive rights

## LEAD AUTHORS

Poverty brief: Sara Vida Coumans & Kokou Sename Djugadou  
Human Rights brief: Rachel Jacobson & Ivens Reis Reyner  
HIV brief: Ricardo Baruch  
ICPD brief: Sara Vida Coumans & Nur Hidayati Handayani  
Health brief: Clara Fok & Magnhild Bogseth  
Child Marriage brief: Babu Ram Pant

## PEER EDITORS

Poverty brief: Loes Keyzers, Lecturer Women, Gender and Generation in Population and Development at the International Institute of Social Studies  
Human Rights brief: Rebecca Reingold, JD + Rada Tzaneva and Sanhita Ambast - Policy Advisers, Amnesty International and Sarah Atkinson, Global Activism and Youth Strategist, Amnesty International.  
HIV brief: Juan Carlos Mendoza, MSc, UAM-Xochimilco  
ICPD brief: Rishita Nandagiri and anonymous reviewer  
Health brief: Theresa Mc-Govern, esq, professor Columbia mailman school of public health and Kjersti Koffeld, senior advocacy advisor, Save the Children Norway  
Child Marriage brief: Suzanne Petroni, PhD, Senior Director for Gender, Population and Development, International Center for Research on Women and Ann Warner, Senior Gender and Youth Specialist, International Center for Research on Women

## EDITING AND PROJECT COORDINATION

Ani Colekessian

## DESIGN

Kayla Robillard  
Jean Ketterling

A publication of:

Youth Coalition for Sexual and Reproductive Rights  
251 Bank St., 5th Floor  
Ottawa, Ontario K2P 1X3  
Canada

Tel +1 (613) 562-3522  
E-mail: [admin@youthcoalition.org](mailto:admin@youthcoalition.org)  
Website: [www.youthcoalition.org](http://www.youthcoalition.org)

ISBN 978-0-9921579-2-0

Copyright © 2014 Youth Coalition for Sexual and Reproductive Rights

The Youth Coalition for Sexual and Reproductive Rights aims to ensure that the sexual and reproductive rights of all young people are respected, guaranteed and promoted, and strives to secure the meaningful participation of young people in decision-making that affects their lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists with a focus on the regional and international levels.

This publication may be reproduced in whole or in part for educational or nonprofit purposes without special permission from the copyright holder, provided that acknowledgment of the source is made. The Youth Coalition for Sexual and Reproductive Rights would appreciate a copy of any document that uses this publication as a source.

No part of this publication may be used for commercial or resale purposes. The contents of this booklet solely represent the opinions of the authors and not necessarily the views or policies of its financial contributors.

---

# THE POST-2015 DEVELOPMENT AGENDA AND YOUNG PEOPLE

# Policy Briefs

---



**youth coalition**

working internationally for sexual  
and reproductive rights





## The Post-2015 Development Agenda and Young People

As the Millennium Development Goals (MDGs) approach their “deadline”, the world is gearing up for a new development framework – referred to as the Post-2015 Development Agenda. This framework is intended to build on the gains made by the MDGs and potentially deliver the transformative social change the world needs for ending poverty and delivering justice and equality.

The Post-2015 Development Agenda process has become an important platform to advocate for human rights. As young sexual and reproductive rights advocates, the Youth Coalition for Sexual and Reproductive Rights (YCSRR) aims to make clear the connections and importance of including youth and sexual and reproductive into the new agenda.

While young people have evolving capacities, and are playing key roles in their communities, they tend to be talked about as a homogenous group, with their rights projected into the future instead of seen in the now.

The Post-2015 Development Agenda will affect programs and policies related to young people and in this way, must to reflect their diverse needs and realities.

## About the Policy Briefs

While a vast body of literature is available on the linkages between sexual and reproductive health and rights (SRHR) and the Post-2015 Development Agenda, the YCSRR recognizes a lack of resources that capture the linkages between youth sexual and reproductive rights and Post-2015 specifically.

The publication is a compilation of six policy briefs launched over the past year. Each brief in the series Including Youth in the Post-2015 Development Agenda illuminates the connections between sexual and reproductive rights and development issues, all of these are central to youth and must be included in the Post-2015 Development Agenda. The briefs include important definitions, background information and recommendations.

Within this compiled publication, the following issues are included:

- Youth SRR & Poverty
- Youth SRR & Human Rights
- Youth SRR & HIV
- Youth SRR & ICPD
- Youth SRR & Health
- Youth SRR & Early, Child and Forced Marriage.

## Connecting SRHR and Development Issues

The connections between youth sexual and reproductive rights and core issues within the Post-2015 Development Agenda cannot be ignored or framed as “too controversial”.

In the Policy Brief on Youth SRR & Poverty we look at the complex connections between poverty and access to safe abortion, and we see that one of the reasons that young women delay an abortion is due to the high costs. These costs increase as gestational age increases (Boostrá 2007). Even though medical bills often exceed an individual’s or household income, expenses to access health services are often covered out of pocket given the lack of social protection offered by Government. This perpetuates the cycle of poverty (WHO 2013 b).

In the Policy Brief on Youth SRR & HIV, we look at the complex connections between HIV and the development frameworks on national level. Several countries continue to criminalize HIV transmission and almost 30 countries in the world continue to impose travel restrictions on people living with HIV (ICASO). Punitive laws, including laws that criminalize people’s HIV status, are seldom taken into consideration in the development field but often have significant human rights implications and must be taken seriously.

The biggest setback to the overall health of youth is the failure to recognize the linkages between sexual and reproductive rights and health. In the Policy Brief on Youth SRR & Health we discuss that when available, SRH services and programs are often heteronormative. This creates additional barriers to SRHR and healthcare in general for a large group of young people. In reality, most young people are sexually active and the denial of sexual and reproductive rights creates serious barriers to health for many.

The compilation intends to provide advocates with an accessible tool and reference. The connections laid out in the policy briefs, along with the recommendations can provide a basis for advocacy efforts in the Post-2015 process.

# INCLUDING YOUTH IN THE POST-2015 DEVELOPMENT AGENDA YOUTH SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH



youth coalition

working internationally for sexual  
and reproductive rights

Though some countries have made significant gains in reaching health-related targets set out in the Millennium Development Goals (MDGs), young people's sexual and reproductive health has been largely left out, missing a huge opportunity for achieving global health.

Health and young peoples' health in particular depends to a great extent on the promotion, protection and guarantee of sexual and reproductive rights (SRR). Without access to affordable and available programs and services, young people's health is at considerable risk. Sexual and reproductive rights (SRR) are vital for the health and well being of young people worldwide. The right to decide if, when and how many children, the right to access crucial health care services, the right to protect oneself from sexually transmittable infections (STIs), the right to contraception options including emergency

contraception (EC), the right to safe abortion, the right to live free of sexual violence, the right to choose whether to marry or not, and the right to post-natal care and services are just some of the rights governments must guarantee.

It is extremely worrying that in the run up to the Post-2015 development agenda, sexual and reproductive health and rights (SRHR) is still considered highly controversial by many governments, creating numerous barriers that prevent young people from accessing their SRR. We now face a critical opportunity to improve the overall situation of global health by placing SRHR, and especially SRHR for adolescents and youth, in the heart of the next global development agenda.

## DEFINITIONS

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with various responsibilities and challenges related to earning one's own livelihood and living one's own sexual and reproductive life. While the UN defines youth as persons between the age of 15 and 24, youth is more of a fluid category than a fixed age group. It is important to recognize that youth are not homogenous and that all young people, irrespective of their differences, have an increasing capacity to deal with the challenges of living their lives on their own terms, which also involves playing a key role in the development of their communities, claiming and accessing their rights and fulfilling their personal and civic potential.

**Health** is complete physical, mental and social well-being, not merely the absence of disease or infirmity (World Health Organization, Frequently Asked Questions) Both sexual and reproductive health are included within the definition of health.

**Sexual health** requires a positive and respectful approach to sexuality and sexual relationships as well as the freedom to enjoy pleasurable and safe sexual experiences that are free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (World Health Organization, Gender and Human Rights).

**Sexual rights**<sup>1</sup> protect all people's rights to fulfill and express their sexuality and enjoy sexual health and pleasure. Sexual rights are human rights and include the right to health, the right

to freedom of expression and the right to education, already recognized in other international human rights documents. All people have the right to fulfill their sexual rights, regardless of class, gender, race, ethnicity, age, disability status, sexual orientation and religion.

**Reproductive health** refers to the health of reproductive processes, functions and systems at all stages of life. It implies that people are free to enjoy a responsible, satisfying and safe sex life and the freedom to decide if, when and how often to reproduce. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, and affordable methods of fertility regulation of their choice, and the right of access health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition that all couples and individuals have the right to decide freely and responsibly whether or not to have children (including the number, spacing and timing), have the right to access the information and means to do so and have a right to the highest attainable standard of reproductive health. Reproductive rights also include the right of all people to make autonomous decisions about reproduction, free from discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.3).

## LINKAGES BETWEEN SRR, POST2015 AND HEALTH

The biggest setback to the overall health of youth is the failure to recognize the linkages between SRR and health. In reality, most young people are sexually active – whether consensual or coerced – and the denial of SRR creates serious barriers to health for many.

### Uninformed sexual and reproductive choices and the inability to negotiate safe and healthy sexual relationships

Young people's right to access accurate, comprehensive, youth-friendly and non-judgmental sexual and reproductive health information, education, and services allows young people to make informed choices about their bodies and their health. It means that they can negotiate safe and healthy sexual relationships and protect themselves from STIs (including HIV).

### Unwanted pregnancy and pregnancy-related complications

Complications in pregnancy and childbirth are leading causes of death among adolescent girls between 15–19 years in the developing world. Every year 70 000 adolescent girls die from complications from pregnancy and childbirth (UNFPA). Often, young people are unable to access contraception due to limited resources (i.e. money, transportation), cultural and religious opposition, limited choice of methods and legal barriers such as parental and/or spousal consent. About 19 per cent of young women in developing countries become pregnant before age 18 (UNFPA).

More than 200 million women in developing countries wish to delay or prevent pregnancy but do not have access to modern contraception (World Health Organization, Family Planning). When women are unable to decide if and when to have children, they are being denied their reproductive rights<sup>2</sup> and can risk pregnancy related complications. This is especially true of adolescent pregnancy; adolescents account for 11% of all births worldwide and 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth (World Health Organization, Adolescent Pregnancy).

<sup>1</sup> Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum (2012) and the UNECLAC and UNESCAP Regional Population Conferences on ICPD (2013), all which have been part of the ICPD+20 Operational Review

<sup>2</sup> Agreed UN language from the 1994 International Conference on Population and Development (ICPD) Programme of Action (PoA).

## Access to contraception that prevents the transmission of HIV and STIs

Each year, an estimated 333 million new cases of curable STIs occur worldwide with the highest rates among 20-24 year olds, followed by 15-19 year olds (World Health Organization, Sexually Transmitted Infections among Adolescents). In 2009, young people aged 15-24 accounted for 40% of all new HIV infections among adults (World Health Organization, Young People: Health Risks and Solutions) and as many as 2,000 young people contract HIV every day (United Nations).

## Unsafe abortions

Adolescent girls account for at least 2.2 to 4 million unsafe abortions each year in developing countries (UNFPA refers to 3.3 million unsafe abortions among adolescents each year, State of the World population 2013) (Ipas). There are a number of reasons for this, but it is largely the result of restrictive laws and the criminalization of abortion. In some countries, abortion is considered a crime even if the pregnancy is life threatening or has a negative health impact on the woman. When safe abortion is unavailable or inaccessible, it forces women to seek unsafe abortions that are often conducted by untrained providers and unsanitary conditions, which leads to injuries and maternal deaths (Abortion Worldwide).<sup>3</sup>

## Unmet SRH needs of young people related to their sexual orientation and/or gender identity

When available, SRH services and programs are often hetero-normative. This creates additional barriers to SRHR and healthcare in general for a large group of young people. In some cases, providers either deny care or provide inadequate or substandard care because of discrimination (United States Department of Health and Human Services) In other cases, these young people are simply unwilling to go to a doctor for fear of criminal penalty due to homophobic anti-LGBT laws and policies in some countries (United States Department of Health and Human Services). This form of discrimination can lead to severe psychological stress and significant health risks. This also makes it extremely difficult to assess the overall health of LGBT youth, which makes prevention and treatment almost impossible.

## Comprehensive Sexuality Education (CSE)

When scientifically accurate, culturally and age-appropriate, gender-sensitive and life skills-based, CSE can provide young people with the knowledge, skills and ability to make informed decisions about their sexuality and lifestyle (UNAIDS et al. 2-3). CSE does not increase rates of sexual activity but does increase the use of protection against unwanted pregnancy and STIs during sexual intercourse (UNAIDS et al. 3).

## RECOMMENDATIONS

1. The new development agenda must be rights-based and include young people's sexual and reproductive rights in health related targets.
2. Governments must provide CSE for adolescents and young people in formal and informal education institutions
3. The new development agenda should ensure that all people have equal access to sexual and reproductive health care services, including but not limited to safe abortion, contraceptives and emergency contraceptives, regardless of age, gender, sexual orientation and gender identity, race or ethnicity, economic status, HIV status, education level or other.
4. Governments must ensure that adolescents and young people meaningfully participate in all sexual and reproductive rights and health-related decision-making at the community, national and international levels in the lead up to and implementation of the post-2015 development agenda.
5. The new development agenda should ensure that the sexual and reproductive rights of all people are protected by law. Legal barriers related to sexual orientation, gender identity and age – including parental and spousal consent – must be removed.
6. Health related policies, services and programs must include all young people, regardless of sexual orientation and gender identity, age, sex, religion, HIV-status, education level or other.
7. Governments must commit to remove all social stigma and discrimination against people of diverse sexual orientations and gender identities, and other marginalized groups.

## REFERENCES FOR FURTHER READING & BIBLIOGRAPHY

### Bibliography

Abortion Worldwide. Dir. Guttmacher. *YouTube*. YouTube, 04 Oct. 2012. Web. 01 May 2014. <[http://www.youtube.com/watch?feature=player\\_embedded&v=YYJu61BKpkI](http://www.youtube.com/watch?feature=player_embedded&v=YYJu61BKpkI)>.

United Nations. "Ban Stresses Need for Reproductive Health Care for Young People." *UN News Center*. UN, 23 Apr. 2012. Web. 01 May 2014.

World Health Organization. "Frequently Asked Questions." *WHO*. N.p., n.d. Web. 30 Apr. 2014. <<http://www.who.int/suggestions/faq/en/>>.

World Health Organization. "Gender and Human Rights." *WHO*. N.p., n.d. Web. 01 May 2014. <[http://www.who.int/reproductivehealth/topics/gender\\_rights/sexual\\_health/en/](http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/)>.

United States Department of Health and Human Services. "Lesbian, Gay, Bisexual, and Transgender Health." *GlobalHealth.gov*. United States Department of Health and Human Services. Web. 01 May 2014. <<http://www.globalhealth.gov/global-health-topics/lgbt/index.html>>.

Ipas. "Youth." *Ipas*. N.p., n.d. Web. 01 May 2014. <<http://www.ipas.org/en/What-We-Do/Youth.aspx>>.

UNAIDS, UNFPA, UNICEF, and WHO. *International Technical Guidance on Sexuality Education*. Publication. Vol. 1. Paris: UNESCO, 2009. The Rationale for Sexuality Education. Web. <<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>>.

UNFPA. "Fact Sheet: Adolescent Girls' Sexual and Reproductive Health Needs." *UNFPA*.

UNFPA, 5 July 2012. Web. 30 Apr. 2014.

World Health Organization. "Adolescent Pregnancy." *WHO*. N.p., n.d. Web. 01 May 2014. <[http://www.who.int/maternal\\_child\\_adolescent/topics/maternal/adolescent\\_pregnancy/en/](http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/)>.

World Health Organization. "Family Planning." *WHO*. N.p., May 2013. Web. 01 May 2014. <<http://www.who.int/mediacentre/factsheets/fs351/en/>>.

World Health Organization. "Sexually Transmitted Infections among Adolescents." *WHO*. N.p., n.d. Web. 01 May 2014. <[http://www.who.int/maternal\\_child\\_adolescent/documents/9241562889/en/](http://www.who.int/maternal_child_adolescent/documents/9241562889/en/)>.

World Health Organization. "Young People: Health Risks and Solutions." *WHO*. N.p., n.d. Web. 01 May 2014. <<http://www.who.int/mediacentre/factsheets/fs345/en/index.html>>.

### Suggested further Reading

YCSRR. "MDG Factsheet Series." Youth Coalition. Youth Coalition for Sexual and Reproductive Rights (YCSRR), June 2010. Web. 20 May 2014.

YCSRR. "Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy." *Youth Coalition*. Youth Coalition for Sexual and Reproductive Rights (YCSRR), Oct. 2013. Web. 20 May 2014.

<sup>3</sup> For additional information, see Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy <http://www.youthcoalition.org/publication/freedom-of-choice-2ed>

# INCLUDING YOUTH IN THE POST-2015 DEVELOPMENT AGENDA YOUTH SEXUAL AND REPRODUCTIVE RIGHTS AND THE ICPD



2014 marks the target year of the International Conference on Population and Development (ICPD) Programme of Action (PoA), followed by the 2015 Millennium Development Goals (MDGs). While progress has been made, these ambitious and forward-looking objectives remain unfinished. Political will and financial investments by governments have not been sufficient in guaranteeing the sexual and reproductive health and rights of adolescents and youth globally.

Both the ICPD PoA and the MDGs provide opportunities to integrate issues and adopt a comprehensive human rights approach into their development and implementation.

However, the work on both processes has been done largely in silos with insufficient discussion around combining issues into both agendas alongside a human rights-based approach to development.

While the General Assembly resolution A/65/234 indefinitely extended the ICPD PoA, governments are heading into negotiations on the Post-2015 development agenda and without integration, the ICPD principles risk being overshadowed.

## DEFINITIONS

**Sexual rights** protect all people's rights to fulfill and express their sexuality and enjoy sexual health and pleasure. Sexual rights are human rights and include the right to health, the right to freedom of expression and the right to education, already recognized in other international human rights documents.<sup>1</sup> All people have the right to fulfill their sexual rights, regardless of class, gender, race, ethnicity, age, disability status, sexual orientation and religion.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition that all couples and individuals have the right to decide freely and responsibly whether or not to have children (including the number, spacing and timing), have the right to access the information and means to do so and have a right to the highest attainable standard of reproductive health. Reproductive rights also include the right of all people to make autonomous decisions about reproduction, free from discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.3).

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with responsibilities and challenges to earn one's own livelihood and live one's own sexual and reproductive life. While the United Nations defines adolescents as persons between the age of 10 and 19, and youth as persons between the age of 15 and 24, youth is more of a fluid concept than a fixed age group. It is important to recognize that youth are not homogenous and that all youth, irrespective of their differences, have an increasing capacity to deal with the challenges to live their life on their own terms.

**ICPD** is an acronym that refers to the 1994 Programme of Action (PoA) of the International Conference on Population and Development (ICPD). The ICPD reflected a historical consensus reached by 179 countries recognizing that "increasing social, economic and political equality, including a comprehensive definition of sexual and reproductive health and rights that reinforced women's and girls' human rights, was and remains the basis for individual well-being, lower population growth, sustained economic growth and sustainable development" (UNFPA 2014: 9).

## LINKAGES BETWEEN SRR, POST-2015 AND THE ICPD

Understanding the important role it has had in advancing the global development agenda, the MDGs tried to incorporate the population and development goals identified in the ICPD PoA, including halving extreme poverty, reducing maternal and infant mortality, halting the spread of HIV/AIDS and providing universal primary education.

While the MDGs have been successful tools for rallying the political will of governments through ownership of development issues, the MDGs have simultaneously been criticized for their simplistic and reductionist approach to goals and indicators. This reductionist approach has also led to the watering down of key principles and values of the ICPD PoA: to applaud, protect and promote human rights elements in the area of development.

Recognizing that the Post-2015 Agenda will play a key role in defining the next global development framework and that significant advances have been made in the last 15 years of the ICPD PoA, it is crucial that the Post-2015 Development Agenda resonates and advances the emerging thematic priorities and agreements coming out of the ICPD+20 review.

### ICPD from 1994 to 2014

The ICPD 1994 conference in Cairo was historical in many ways, but what stands out most is the paradigm shift that it facilitated in moving the development discourse into a people centered approach based on human rights and especially, women's rights. Three principles of the ICPD PoA are particularly significant for youth sexual and reproductive rights:

1. everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights (UDHR) without any kind of discrimination;
2. the human rights of women and the girl child are inalienable, integral and

indivisible parts of human rights; and

3. everyone has the right to enjoy the highest attainable standard of physical and mental health (ICPD PoA 1994: 11-14).

"Safeguarding the rights of young people and investing in their quality education, decent employment opportunities, effective livelihood skills, and access to sexual and reproductive health and comprehensive sexuality education strengthen young people's individual resilience and create the conditions under which they can achieve their full potential" – ICPD Beyond 2014 Global Report

Mandated by the General Assembly resolution A/65/234, an ICPD Beyond 2014 Global Survey was conducted by 176 member states and 7 territories and areas, representing all regions. Based on the Global Survey and the mandated thematic and regional meetings, the findings have been compiled into the ICPD Beyond 2014 Global Report. We welcome this forward-looking evidence-based report.

"The evidence presented by the review overwhelmingly supports the ICPD consensus that the respect, protection, promotion and fulfilment of human rights are necessary preconditions to improving the development, dignity and well-being of all people; and that sexual and reproductive health and rights, and an understanding of the implications of population dynamics are critical foundations for sustainable development." – Report of the Secretary General: Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014.

The YCSRR especially applauds the report's emphasis on adolescents and youth and the recognition of young people's sexual and reproductive health and rights.



Unfortunately, several arguments made in the report are rooted in a demographic approach to population. This is a concerning trend as we move into the Post-2015 development framework and away from the ICPD people centered approach to a reductionist approach of valuing the rights of youth and adolescent. Human rights principles – not demographic numbers – should be the core foundation of the new development framework.

## ICPD Beyond 2014 & Emerging Issues

Building on the last twenty years of the ICPD PoA, governments must recognize emerging issues in the Post-2015 Development Framework. The

following three issues are crucial for moving forward:

1. The recognition of sexual rights, which reaffirm and protect everyone's right to fulfill and express their sexuality, sexual orientation and gender identity and to have a responsible, pleasurable and healthy sex life. While sexual rights were not recognized at the ICPD, we strongly applaud the Report of the Secretary General (E/CN.9/2014/4), the Addis Ababa Declaration (pg 7:35), the Montevideo Consensus (p. 15:34), the Asia and Pacific Declaration (pg 14-15) and the Bali Declaration (United Nations, pg. 10, sec. 3.3) in recognizing sexual rights. A sustainable Post-2015 Development Agenda must ensure that all people have control over their own bodies and lives; sexual rights are crucial toward this end

Abortion rights are particularly important to youth. Adolescent girls and young women aged 15-24 account for 40% of all unsafe abortions worldwide and three million unsafe abortions occur every year among this age group (Women's Refugee Commission et al. 2012). It is crucial for the well being of young people that the Post-2015 Development Agenda focus on the removal of unnecessary restrictions on abortion in all countries.

2. In 1994, the language of the ICPD was structured in a binary way: male versus female and husband *versus* wife. Labeling someone as male or female is a social construct through which strict gender divisions are maintained (Sterling 2000). The Montevideo Consensus and Global Youth Forum Bali Declaration are important steps toward the elimination of binary gender divisions that exclude key populations and the increased recognition of diverse sexual orientations and gender identities. To ensure that the Post-2015 Development Agenda will be the basis of a dignified life for all that is free of all forms of discrimination, governments need to move away from a binary understanding of gender and recognize, accept and embrace the diversity of sexual orientation and gender identities. It is evident that using heteronormativity as the basis for crafting policy and programs have failed the essence of the ICPD PoA (NAZ Foundation).

3. In 1994, the ICPD was compromised when stating that measures related to safe abortion access were subject to national legislative processes. Such national-level restrictions limit the ability of women and girls to fully exercise their reproductive rights. Providing access to on-demand safe abortion services is a matter of

"These are the most intimate and fundamental of human rights, as they relate to making informed decisions about basic aspects of life – one's body, sexuality, health, relationships, marriage and having children. Achieving poverty eradication, educational, health, economic and sustainable development objectives hinge on the fulfillment of these rights for all women, men and young people." – High Level Taskforce for ICPD (2013)

safeguarding the lives of women and girls and a matter of human rights respect (ICPD Beyond 2014: 96).

## Challenges and Opportunities of ICPD Beyond 2014 and the Post-2015 Development Agenda

As part of the preparations for the discussions on Post-2015, the High Level Panel of Eminent Persons (HLPEP) released its report, *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development* in May 2013.

This report illustrates the overall trend in discussions on Post-2015, which fail to address growing inequalities and to critique the current neo-liberal economic structures that implicitly prioritize the benefit of corporations over the interest of people's human rights (Bello 2013: 100).

As mentioned above, both the ICPD PoA targets and MDGs remain unattained, failing to be the transformative agendas governments once aspired them to be. A key challenge is that many governments translate policy and programs on poverty eradication, health, education, economic growth and environmental sustainability as separate from human rights, especially sexual and reproductive rights.

Sexual and reproductive health and rights are at the root of development and need to be respected, protected and promoted by governments as agreed 20 years ago. The discussions on ICPD Beyond 2014 and Post-2015 provide governments with an opportunity to create a transformative agenda that addresses systematic inequalities and builds upon the intersectionality of human rights, sexual and reproductive health and rights and development.

## RECOMMENDATIONS

1. We call on governments to work in equal partnership with young people, especially youth-led organizations, in the development of goals, targets and indicators for the ICPD Beyond 2014 and the Post-2015 Development Framework. Partnership with young people is the catalyst of a transformative agenda.
2. We call on governments to endorse the ICPD Beyond 2014 Global Report, organize national consultations to discuss its findings, implement the recommendations, and take the report forward into discussions on the Post-2015 Development framework.
3. We call on governments to develop targets and indicators that fill the gaps identified in the ICPD Beyond 2014 Global Report, especially those related to young people's sexual and reproductive health and rights.
4. We urge governments to build on the commitments of the ICPD PoA by utilizing a human rights-based approach as the foundation of the Post-2015 development agenda that recognizes youth and adolescent sexual and reproductive rights.
5. We call on governments to reiterate the progressive outcomes of the ICPD+20 thematic and regional review within the Post-2015 Development Framework discussion, including the recognition of sexual and reproductive health and rights as integral to development.
6. We call on governments to address the emerging issues emphasized in the ICPD Beyond 2014 Global Report with specific targets and indicators, especially on those related to access and provision of safe and legal abortion, comprehensive sexuality education and youth-friendly health services.
7. We call on governments to recognize and promote the rights of young people with diverse sexual orientation and gender identity within the Post-2015 Development Framework debates. The particular challenges that young people of diverse sexual orientations and gender identities face, including violence, discrimination and limited access to sexual and reproductive health information and services are unacceptable.
8. We call on governments to improve accountability mechanisms that safeguard the sexual and reproductive health and rights of all people, including young people, within the ICPD PoA and ensure the protection and promotion of youth and adolescent sexual and reproductive health and rights at the national level beyond 2014.
9. We call on governments to prioritize public investment for the ICPD Beyond 2014 agenda and recommendations given its strategic niche on addressing systematic inequalities and its emphasize on the promotion of youth and adolescent well-being.

## Bibliography

- Bello, Walden. "Post-2015 Development Assessment: Proposed Goals and Indicators\*." *Development* 56.1 (2013): 93-102. Print.
- Fausto-Sterling, Anne. "Dueling Dualisms." *Sexing the Body: Gender Politics and the Construction of Sexuality*. New York, NY: Basic, 2000. 1-29. Print.
- High Level Taskforce for ICPD. *Policy Recommendations for the ICPD Beyond 2014: Sexual and Reproductive Health & Rights for All*. Publication. High Level Taskforce for ICPD, 2013. Web. 26 Mar. 2014.
- ICPD Beyond 2014 Global Report. Publication. ICPD Beyond 2014, 7 Mar. 2014. Web. 26 Mar. 2014.
- NAZ Foundation International. *Sex, Gender and Development: Challenging Heteronormativity*. Publication. Institute of Development Studies, Sexuality and Development Programme, 2013. Web. 26 Mar. 2014.
- United Nations. ECLAC. *Montevideo Consensus*. UNFPA, 15 Aug. 2013. Web. 26 Mar. 2014.
- United Nations. ECOSOC. *Report of the Secretary-General: Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014*. By UN Secretary General. ICPD Beyond 2014,

- 20 Jan. 2014. Web. 26 Mar. 2014.
- United Nations. ESCAP. *Draft Asian and Pacific Declaration on Population and Development*. UNFPA, 18 Sept. 2013. Web. 26 Mar. 2014.
- United Nations. UNECA, UNFPA, African Union. *Addis Ababa Declaration on Population and Development in Africa beyond 2014*. UNECA, 4 Oct. 2013. Web. 26 Mar. 2014.
- United Nations. UNFPA. *Bali Global Youth Forum Declaration*. ICPD Beyond 2014, 10 Apr. 2013. Web. 12 Mar. 2014.
- United Nations. UNFPA. *International Conference on Population and Development Program of Action*. By UNFPA. UNFPA, 1995. UNFPA. UNFPA. Web. 26 Mar. 2014.
- Women's Refugee Commission, Save the Children, UNHCR, and UNFPA. *Adolescent Sexual and Reproductive Health Programs in Humanitarian Settings: An In-depth Look at Family Planning Services*. Publication. Women's Refugee Commission, Dec. 2012. Web. 26 Mar. 2014.

## Recommended Reading

- YCSRR. "MDG Factsheet Series." *Youth Coalition*. Youth Coalition for Sexual and Reproductive Rights, June 2010. Web. 26 Mar. 2014.

---

<sup>1</sup> Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum (2012) and the UNECLAC and UNESCAP Regional Population Conferences on ICPD (2013), all which have been part of the ICPD+20 Operational Review.

# INCLUDING YOUTH IN THE POST-2015 DEVELOPMENT AGENDA YOUTH SEXUAL AND REPRODUCTIVE RIGHTS & POVERTY



youth coalition

working internationally for sexual  
and reproductive rights

In this globalized world, inequalities are rising quickly and poverty eradication is likely to become the central focus of the Post-2015 Development Framework, as it was for the Millennium Development Goals.

Poverty is caused by sexual and reproductive rights (SRR) violations and its consequences. Poverty strikes youth much harder than adults, as youth, and especially young women, do not benefit equally within a household due to the male-dominated and adult-centered structures of society (Saith 2005: 4607). The denial of sexual rights and lack of protection against unwanted, unplanned or coerced teenage pregnancies, contributes to poverty through social and economic exclusions

among others (Jolly 2010).

Youth living with HIV and AIDS, young women, young sex workers, young lesbian, gay, bisexual, trans\*, intersex and queer (LGBT\*IQ) people, as well as other marginalized youth, face family pressure, bullying, sexual violence and discrimination. This can lead to limited access to health services, rejection by employers and stigma that can negatively affect youth opportunities and livelihoods.

The YCSRR argues that violations of youth SRR exacerbate poverty and that the poorest youth experience higher rates of violations of their SRR.

## DEFINITIONS

**Sexual rights** protect all people's rights to fulfill and express their sexuality and enjoy sexual health and pleasure. Sexual rights are human rights and include the right to health, the right to freedom of expression and the right to education, already recognized in other international human rights documents.<sup>1</sup> All people have the right to fulfill their sexual rights, regardless of one's class, gender, race, ethnicity, age and religion.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights for all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to the highest attainable standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.3).

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with responsibilities and challenges to earn one's own livelihood and live one's own sexual and reproductive life. While the United Nations defines youth as persons between the age of 15 and 24, youth is more of a fluid category than a fixed age group. It is important to recognize that youth are not homogenous and that all youth, irrespective of their differences, all have an increasing capacity to deal with the challenges to live their life on their own terms.

**Poverty** is multidimensional, complex and not well captured through structural poverty thresholds (such as living on \$1 a day). Poverty results in structural exclusion from creating or earning one's livelihood, which can include economic and non-economic aspects, such as SRR. Moreover, the validation of productive work over reproductive work often leads to gender-based exclusion in society. Due to greater reliance on others, youth experience poverty both in terms of access to monetary income and/or social exclusion, differently than adults.

## LINKAGES BETWEEN SRR, POST-2015 AND POVERTY

### Access to health services for Adolescents and Youth: Poverty & Abortion

Many young women and girls throughout the world experience unwanted, unplanned or coerced pregnancies that they want to terminate. Poverty both increases the likelihood of unwanted and unplanned pregnancies and increases the risk of suffering from complications from unsafe abortion.

In many countries, such as Guatemala, Mexico, Pakistan and Uganda, the risk of complications in unsafe abortion is 45–75% higher for poor women (Singh et al. 2009:28). Estimates suggest that in the above mentioned countries a greater percentage of poor women (42–67%) experience such health complications, compared to women who are better off (28–38%) (Singh et al. 2009:28).

- One of the reasons that young women delay an abortion is due to the high costs; these costs increase as gestational age increases (Boostr 2007). When medical bills exceed an individual's or household income, expenses to access health services will be covered out of pocket given the lack of social protection offered by Government, which perpetuates the cycle of poverty (WHO 2013 b).
- Many girls who become pregnant have to leave school and are likely to lose years of their life due to complications. This will affect their status in society and economic empowerment, perpetuating the cycle of denied SRR and poverty.
- Discrimination based on age, sexual orientation, gender identity, or marital status limits youth access to health care (Lambda Legal, 2010). Because of such denial of services, individuals refrain from healthcare facilities and may develop complications, which affect them in the short to long-term. Ill health affects productivity and may require a cost of treatment that may be unaffordable.

In Uganda, 97% of the population live on less than two dollars a day, the price of an abortion from a professional source ranges from \$6–\$58 (Cohen 2009).

### Respecting Sexual Orientations and Gender Identities: Poverty & LGBT\*IQ Rights

Most economic systems are heteronormative: structured around a model that privileges heterosexual relationships and family formations, and ignores or even rejects deviants from this model (Myers & Raymond 2010). Youth who live day-to-day lives alternative to the conventional, can face a vicious cycle of discrimination and impoverishment.

- Employment discrimination based on sexual orientation and gender identity, race, gender, age, etc., contributes to poverty through smaller salaries, absence of social protection schemes, hazardous work environments and even job loss.
- Bullying in schools based on real or perceived sexual orientation or gender identity may cause youth to miss or leave school entirely, which in turn limits educational opportunities and the transition to decent employment, which affect the possible economic empowerment of youth.

### HIV and the Threat of AIDS Mortality: Poverty & Positive Living

The cyclical relationship between HIV and AIDS and poverty is well established. Poverty may place youth, especially young women, at increased risk of contracting HIV. In some places, HIV treatment may be too expensive for people to access, especially for youth, leading to poorer health and/or requiring that more resources be devoted to healthcare costs.

## RECOMMENDATIONS

- 1 Data on poverty levels based on the household as a unit of analysis hide the distribution within the household due to power relations (Saith 2005: 4607). Therefore, data collection on poverty must be disaggregated and move beyond the household level and basic needs approach (Wong 2012). When designing the Post-2015 Development Framework on national levels, policy makers should engage proactively and directly with youth in the process of (critical) analysis on how youth are affected by poverty in their country especially in the creation of policies and programs addressing poverty.
- 2 In order to tackle poverty, governments must take firm steps to fully eliminate stigma and discrimination against LGBT\*IQ people in all spaces, including in the workplace. In addition, all legal barriers to youth accessing healthcare, such as parental and spousal consent laws, must be eliminated. The Post-2015 Development Framework should include explicit indicators on the legal framework and discrimination against youth and all marginalized communities.
- 3 Programs and policies to address poverty must be based on a human rights approach and move beyond the basic needs approach which is modeled on scientific bodily requirements and to include the non-food components of poverty, especially its social dimension such as access to health, education, social and political participation. The human rights approach will enable a gender analysis to address inequality and wellbeing with advancing qualitative indicators on resource and opportunity distribution.
- 4 Poverty often restricts youth from accessing health services, including youth-friendly health services. Governments must ensure that youth have equal and equitable access to high quality, non-discriminative, affordable, and youth friendly sexual and reproductive health and rights, including information and services, irrespective of their financial status.
- 5 The programs in line with the Post-2015 Development Framework should address the policy gap within the Poverty Reduction Strategy Papers (PRSPs).
- 6 In the process of designing programs on national levels in line with the Post-2015 Development Framework, policymakers should proactively and directly engage with youth in the diagnosis and the design of policy solutions to achieve a meaningful and effective approach to poverty alleviation.

## REFERENCES FOR FURTHER READING & BIBLIOGRAPHY

### Bibliography

- Armas, H. (2007) 'Whose Sexuality Counts? Poverty, Participation and Sexual Rights', *IDS working paper*, (294), Institute of Development Studies, UK. Accessed URL: <http://www.ids.ac.uk/idspublication/whose-sexuality-counts-poverty-participation-and-sexual-rights-research-summary>
- Boostra, H.D. (2007) 'The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States', *Guttmacher Institute*. Accessed URL: <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html>
- Cohen, S.A. (2009) 'Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide', *Guttmacher Institute*. Accessed URL: <http://www.guttmacher.org/pubs/gpr/12/4/gpr120402.html>
- Greco, D. and Dawgert, S. (2007), 'Poverty and Sexual Violence: Building Prevention and Intervention Responses', *Pennsylvania Coalition Against Rape*. Accessed URL: [www.pcar.org/sites/default/files/file/poverty.pdf](http://www.pcar.org/sites/default/files/file/poverty.pdf)
- Jolly, S. (2010) 'Poverty and Sexuality: What are the connections? Overview and Literature Review', *Department for Empowerment SIDA*. Accessed URL: <http://www.sxpoltics.org/wp-content/uploads/2011/05/sida-study-of-poverty-and-sexuality1.pdf>
- Lambda Legal, (2010) 'When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV', New York, Accessed URL: [http://data.lambdalegal.org/publications/downloads/whcic-report\\_when-health-care-isnt-caring.pdf](http://data.lambdalegal.org/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf)
- Myers, K. & Raymond, L. (2010) 'Elementary School Girls and Heteronormativity: The Girl Project', *Gender & Society* 24(2): 167-188.
- Saith, A. (2005) 'Poverty Lines versus the Poor: Method versus Meaning', *Economic and Political Weekly*, 40(43): 4601 – 4610
- Singh, S. et al. (2009) 'Abortion Worldwide: a decade of uneven progress'. *Guttmacher Institute*. Accessed URL: [www.guttmacher.org/pubs/Abortion-Worldwide.pdf](http://www.guttmacher.org/pubs/Abortion-Worldwide.pdf)

- WHO a (2013) 'Adolescent Pregnancy', *World Health Organisation Website*. Accessed URL: [http://www.who.int/maternal\\_child\\_adolescent/topics/maternal\\_adolescent\\_pregnancy/en/](http://www.who.int/maternal_child_adolescent/topics/maternal_adolescent_pregnancy/en/)
- WHO b (2013) 'Coping with out-of-pocket health payments: empirical evidence from 15 African countries', *World Health Organisation Website*. Accessed URL: <http://www.who.int/bulletin/volumes/86/11/07-049403/en/>
- Wong, S. Y. (2012) 'Understanding Poverty: Comparing Basic Needs Approach and Capability Approach', University of Bristol - School for Policy Studies; *The Chinese University of Hong Kong (CUHK)*. Accessed URL: [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2066179](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2066179)

### Recommended Reading

- Chhachhi, A. and T. Truong. (2009) 'Gender, Poverty And Social Justice' ISS Working Paper 482 (Read pages 1-8).
- Raghuram, S. (2012) 'Thematic Studies Series 5: Poverty, Food Security, Sexual and Reproductive Health and Rights - Integrating and Reinforcing State Responsibilities, Integrating Societal Action', *Asia-Pacific Resource & Research Centre for Women, Malaysia*. Accessed URL: [http://www.arrow.org.my/publications/ICPD+15Country&ThematicCaseStudies/Poverty\\_FoodSecurity\\_SRHR.pdf](http://www.arrow.org.my/publications/ICPD+15Country&ThematicCaseStudies/Poverty_FoodSecurity_SRHR.pdf)
- Sumner, A. (2010) 'Child Poverty, Well-being and Agency: What does a '3-D Well-being' Approach Contribute?', *Journal of International Development*, 22: 1064 –1075.
- YCSRR (2010) 'MDG Factsheets series' Youth Coalition for Sexual and Reproductive Rights Website. Accessed URL: [http://youthcoalition.org/html/index.php?id\\_art=286&id\\_cat=7](http://youthcoalition.org/html/index.php?id_art=286&id_cat=7)
- Peer-reviewer  
Loes Keyser, Children & Youth Studies lecturer at the International Institute of Social Studies

<sup>1</sup> Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum 2012, UNECLAC and UNESCAP Regional Population Conference 2013 which have been a part of ICPD Operational Review.

# INCLUDING YOUTH IN THE POST-2015 DEVELOPMENT AGENDA YOUTH SEXUAL AND REPRODUCTIVE RIGHTS AND HIV



youth coalition

working internationally for sexual  
and reproductive rights

One of the main health issues that the Millennium Development Goals (MDG) addressed was the HIV and AIDS epidemic. Despite many efforts by governments, donors and civil society organizations, the number of new infections remains concerning. Access to treatment varies within and across countries and regions (UNAIDS, 46), leaving large populations living with HIV without treatment, and stigma and discrimination continue to cause harm to millions of people all over the world living with HIV.

Young people continue to be one of the groups most affected by HIV. Since the onset of the epidemic and even today, people aged 15-24 years account for almost 40% of new infections worldwide (UNFPA, 1). Lack of access to comprehensive sexuality education

(CSE), to male and female condoms

and voluntary and confidential testing are only some of the key barriers that adolescents and young people face in preventing HIV. Many additional obstacles prevent young people from key populations (see definitions) from accessing critical information and services.

The Post-2015 development agenda presents an important opportunity to re-commit and strengthen the global response to HIV with a human rights approach that takes into consideration the specific needs, experiences and diversities of young people.

## DEFINITIONS

**Sexual rights** protect all people's rights to fulfill and express their sexuality and enjoy sexual health and pleasure. Sexual rights are human rights and include the right to health, the right to freedom of expression and the right to education, already recognized in other international human rights documents.<sup>1</sup> All people have the right to fulfill their sexual rights, regardless of class, gender, race, ethnicity, age, disability status, sexual orientation and religion.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition that all couples and individuals have the right to decide freely and responsibly whether or not to have children (including the number, spacing and timing), have the right to access the information and means to do so and have a right to the highest attainable standard of reproductive health. They also include the right of all people to make autonomous decisions about reproduction, free from discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.3).

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with responsibilities and challenges to earn one's own livelihood and live one's own sexual and reproductive life. While the United Nations defines youth as persons between the age of 15 and 24, youth is more of a fluid concept than a fixed age group. It is important to recognize that youth are not homogenous and that all youth, irrespective of their differences, have an increasing capacity to deal with the challenges to live their life on their own terms.

**Key populations (KP)** are populations most likely to be living with HIV or those disproportionately affected by HIV when compared to the general public. A group's classification as a key population depends on social dynamics experienced through the lens of the HIV epidemic. KPs can include – but are not limited to – men who have sex with men (MSM), transgender people, sex workers and injected drug users. Young people who belong to those KPs experience a double or even triple vulnerability in cases where they are already living with HIV.

## LINKAGES BETWEEN SRR, POST-2015 AND HIV

### Comprehensive Sexuality Education (CSE)

Lack of recognition of young people's sexuality and sexual rights is one of the main barriers that limit young people's access to information that can help prevent HIV. One of the indicators of success for MDG 6 – to Combat HIV/AIDS, Malaria and Other Diseases – is: *the proportion of the population between 15-24 years with comprehensive correct knowledge of HIV/AIDS*. The new development agenda should go beyond access to HIV information by demanding the universal provision of CSE that takes into account the social determinants of the epidemic and teaches relevant skills related to, among other things, sexuality, challenging traditional gender roles and power dynamics within relationships. CSE is not only relevant for the health sector but also for the education sector; education-related goals or indicators should also be connected to this topic to further guarantee access to CSE (YCSRR).

### Sexual and Reproductive Rights (SRR) of Young People Living with HIV

The sexual and reproductive rights of young people living with HIV have been violated since the onset of the epidemic: the right to privacy, the right to pleasure, the right to live free from discrimination, the right to decide freely the number, spacing, and timing of children and to the information and means to do so, are examples of the human rights of young people living with HIV that are routinely violated. These rights must be globally recognized and upheld in the Post-2015 development agenda.

### Young Women living with HIV

Young women living with HIV who want to get pregnant are often denied that right or are

not given antiretroviral drugs to prevent mother-to-child transmission of HIV (PMTCT). Moreover, there have been several cases of forced sterilization of young women who are living with HIV and AIDS which is a clear violation of these women's human rights. At the same time, many young women living with HIV who choose to terminate their pregnancies may not have access to safe abortions due to legal barriers such as parental and/or spousal consent, and socio-economical obstacles such as limited resources, stigma and discrimination against women who have abortions.

### Young People, Gender Equality & HIV

It is evident that the issues of HIV and AIDS are related to gender equality. Several studies showcase the correlation between sexual and gender based violence with HIV infection—the exposure to violence increases the risk to be infected (Fustos, par. 3). Furthermore, people with diverse sexual orientation and gender identity, including LGBTIQ people, often face multiple forms of discrimination that impede access to HIV-related information, testing, treatment, and support (Haikitis).

### Criminalization

Criminalization of same-sex relationships, sex work, drug use and HIV infection represents a significant barrier against the prevention, testing and treatment of HIV and AIDS. Several countries continue to criminalize HIV transmission and almost 30 countries in the world continue to impose travel restrictions on people living with HIV (ICASO). Punitive laws, including laws that criminalize people's HIV status, are seldom taken into consideration in the development field but often have significant human rights implications and must be taken seriously.



## Young People, Gender Equality & HIV

It is evident that the issues of HIV and AIDS are related to gender equality. Several studies showcase the correlation between sexual and gender based violence with HIV infection—the exposure to violence increases the risk to be infected (Fustos, par. 3). Furthermore, people with diverse sexual orientation and gender identity, including LGBTIQ people, often face multiple forms of discrimination that impede access to HIV-related information, testing, treatment, and support (Haikitis).

## Criminalization

Criminalization of same-sex relationships, sex work, drug use and HIV infection represents a significant barrier against the prevention, testing and treatment of HIV and AIDS. Several countries continue to criminalize HIV transmission and almost 30 countries in the world continue to impose travel restrictions on people living with HIV (ICASO). Punitive laws, including laws that criminalize people's HIV status, are seldom taken into consideration in the development field but often have significant human rights implications and must be taken seriously.

## RECOMMENDATIONS

- 1 Strengthening national health systems is key for improving the health of populations but governments must also address the social determinants related to health. As the new development agenda is crafted, there are many social determinants of the HIV epidemic that need to be taken into consideration, such as access to economic resources, decent employment, education, stigma and discrimination, gender dynamics and substantive equality. Foreign assistance also needs to support and align with national health systems that recognize social determinants.
- 2 Respecting the human rights of all young people, especially their sexual and reproductive rights, regardless of their HIV status, sexual orientation or gender identity needs to be central to the Post-2015 development framework. Inequalities that negatively affect young people's lives must be addressed by the new development agenda, including those related to HIV status.
- 3 Funding must continue for HIV-specific projects and projects that are designed, implemented, and evaluated by young people. Donors must prioritize evidence-based, effective interventions that recognize and respect the human rights of all young people. Supporting the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM), for example, is crucial for continuing the commitments made in 2000 and for reaching what was supposed to have been achieved by 2015.
- 4 New technologies to prevent and treat HIV must be available and accessible for all young people, regardless of whether they live in developed or developing countries, or in urban or rural areas. These technologies must respond to the unique biological realities of young people and the development of these technologies must include young people while respecting and protecting their human rights.
- 5 Politicians and decision-makers must ensure political will to address the HIV epidemic based on existing scientific evidence. HIV must continue to be a central part of the new development agenda.
- 6 Community systems must be strengthened in order to continue responding to the HIV epidemic from different fronts. Civil society organizations and community-based organizations should continue having a voice in decision-making and the implementation of strategies.

## REFERENCES FOR FURTHER READING & BIBLIOGRAPHY

### Bibliography

- Fustos, Kata. "Gender-Based Violence Increases Risk of HIV/AIDS for Women in Sub-Saharan Africa." [Http://www.prb.org](http://www.prb.org). Population Reference Bureau, Apr. 2011. Web. 11 Mar. 2014.
- Haikitis, Perry N. "Discrimination and Homophobia Fuel the HIV Epidemic in Gay and Bisexual Men." [Http://www.apa.org](http://www.apa.org). American Psychology Association, n.d. Web. 11 Mar. 2014.
- ICASO, and International Women's Health Coalition. *Advocacy Alert: HIV*. Publication. ICASO, June 2013. Web. 13 Mar. 2014.
- UNAIDS. "2013 UNAIDS Report on the Global AIDS Epidemic." [Http://www.unaids.org](http://www.unaids.org). UNAIDS, 2013. Web. 11 Mar. 2014.
- UNFPA. *HIV and Young People: The Greatest Hope for Turning the Tide*. Factsheet on HIV/AIDS. United Nations Population Fund, July 2010. Web. 13 Mar. 2014.
- YCSRR. *The Linkages between the MDGs and Comprehensive Sexuality Education for Young People*. MDG Factsheet Series. Youth Coalition for Sexual and Reproductive Rights, June 2010. Web. 13 Mar. 2014.

### Recommended Reading

- Ahumada, Claudia, Ariel González Galeano, Nadia Ribadeneira, Moises R. Usso, and Laura Villa Torres. *Making the Linkages: HIV/AIDS and Sexual and Reproductive Rights*. Publication. Youth Coalition for Sexual and Reproductive Rights, May 2006. Web. 11 Mar. 2014.

- Baruch, Ricardo. "La Respuesta a La Epidemia Del Vih En La Nueva Agenda Mundial Para El Desarrollo." *Revista Defensor*. Comisión De Derechos Humanos Del Distrito Federal, Feb. 2014. Web. 11 Mar. 2014.
- IPPF. "The Politics of AIDS." *HIV Update* 30 (2012): n. pag. IPPF. International Planned Parenthood Federation, 2012. Web. 13 Mar. 2014.
- UNAIDS. *UNAIDS Guidance for Partnerships with Civil Society, including People Living with HIV and Key Populations*. Guidance Document. Joint United Nations Programme on HIV/AIDS, Dec. 2011. Web. 13 Mar. 2014.
- Global Commission on HIV and the Law. *HIV and the Law: Risks, Rights & Health*. Report. Global Commission on HIV and the Law, July 2012. Web. 13 Mar. 2014.
- YCSRR. "The Linkages between the MDGs, Young People and HIV." [Http://www.youthcoalition.org](http://www.youthcoalition.org). Youth Coalition for Sexual and Reproductive Rights, June 2010. Web. 11 Mar. 2014.
- YCSRR. "Young People and HIV-related Stigma and Discrimination." [Http://www.youthcoalition.org](http://www.youthcoalition.org). Youth Coalition for Sexual and Reproductive Rights, July 2008. Web. 11 Mar. 2014.

<sup>1</sup> Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum (2012) and the UNECLAC and UNESCAP Regional Population Conferences on ICPD (2013), all which have been part of the ICPD+20 Operational Review.



Child, Early and Forced Marriage is an urgent human rights concern that needs to be addressed with due attention. One-third of girls in the developing world (excluding China) are married before their 18<sup>th</sup> birthday and 1 in 9 are married before the age of 15 (UNFPA). If this trend continues, by the next decade, 142 million girls will be married before age 18—which means around 39,000 girls under 18 will marry every day (UNFPA). Child marriage affects both boys and girls; however, it more significantly impacts girls.

While many international instruments like the Universal Declaration of Human Rights (UDHR), Convention on the Rights of Child (CRC), Convention on the Elimination of All forms of Discrimination against Women (CEDAW), International Covenant on Economic, Social and Cultural Rights (ICESCR), International Covenant on Civil and Political Rights (ICCPR), and International Conference on Population Development (ICPD) clearly prohibit child and forced marriage; there are not enough efforts at the international and national levels to curb the practice. This important human rights issue was ignored in

the Millennium Development Goals (MDGs). But it is clear that most of the MDGs cannot be achieved without ending child marriage because it perpetuates Poverty (MDG1) (Girls Not Brides; Svanemyr et al.); it robs children the opportunity of education (MDG2) (ICRW, UNFPA APRO, SAIEVAC; WHO, UNFPA); it reinforces inequality including gender inequality (MDG3) (Girls Not Brides); it is a major cause of high maternal deaths among adolescents (MDG5) (Svanemyr et al.); and it increases the risks of HIV and STI transmission (MDG6) (UNICEF) (Svanemyr et al.).

With the end of the MDGs, the post-2015 development framework must ensure that this issue is effectively addressed, which in addition to protecting human rights, will have positive catalytic effects on other development issues and goals at the macro level.

## DEFINITIONS

**Sexual rights** protect all people's rights to fulfill and express their sexuality and enjoy sexual health and pleasure. Sexual rights are human rights and include the right to health, the right to freedom of expression and the right to education, all of which are recognized in international human rights documents<sup>1</sup>. All people have the right to fulfill their sexual rights, regardless of class, gender, race, ethnicity, age, disability status, sexual orientation and religion.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to the highest attainable standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the [International Conference on Population and Development](#), Cairo, 5-13 September 1994, Para 7.3).

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with responsibilities and challenges to earn one's own livelihood

and live one's own sexual and reproductive life. While the United Nations defines youth as persons between the age of 15 and 24, youth is more a fluid category than a fixed age group. It is important to recognize that youth are not homogenous and that all youth, irrespective of their differences, have an increasing capacity to deal with the challenges to live their life on their own terms.

**Child Marriage** occurs when either one spouse is or both spouses are below the age of 18 (UNICEF) (UNFPA). **Forced Marriage** happens without the free and full consent of either one or both spouses involved; or when one spouse is or both spouses are unable to end or leave the marriage (OHCHR). Forced marriage can also happen under circumstances where free and full consent is undermined, such as through the use of physical, psychological, or financial coercion (Sexual Rights Initiative).

**Early Marriage** does not refer solely to age and may include other factors that would make a person unready to consent to marriage. Level of physical, emotional, sexual and psychosocial development, educational and other aspirations, and lack of information regarding the person's life options are included among such factors (Sexual Rights Initiative).

## LINKAGES BETWEEN SRR, POST-2015 AND EARLY FORCED MARRIAGE

### Right to Choose and Make Decisions

Child, early and forced marriage undermines the most fundamental aspect of life and sexual and reproductive rights—to make decisions on one's own life and body. Girls forced into child marriage often have no say whatsoever on the marriage, or whether or when they want to have children. In many cases, girls married as a result of the traditional and cultural practice of child marriage are pressurized by family and socio-cultural expectations to have children as soon as they marry. In most situations, child, early and forced marriage creates barriers for education and socio-economic opportunities, leaving girls and young women with limited opportunity for personal and economic development, further perpetuating poverty and gender inequalities (ICRW, UNFPA APRO, SAIEVAC).

### Early Pregnancy and Maternal death

Young girls and adolescents forced into early marriage have limited access to education and sexuality related information, which can lead to unwanted pregnancies and STI transmissions (UNICEF) (UNFPA). As girls engaged in child and forced marriage are often pressured to bear children immediately, they are at higher risk of complications from pregnancy, including death (ICRW, UNFPA APRO, SAIEVAC) (Svanemyr et al.).

Pregnancy related deaths are consistently among the leading causes of death of girls 15-19 years worldwide (WHO); girls younger than 20 are at significantly higher risk of dying in childbirth than women in their 20s (UNICEF). Studies reveal that physical immaturity along with poor socio-economic conditions and maternal health care are the reasons for the pregnancy related deaths of adolescents (UNICEF). Among several other health hazards, early marriage also leads to serious pregnancy related complications such as obstetric fistula and uterine prolapses, which can further perpetuate socio-cultural stigma and discrimination (Darshan) (UNICEF) (UNFPA).

### Access to Sexual and Reproductive Health Information, Services and Programs

Adolescents, especially girls, often do not have access to accurate information and knowledge on sexual and reproductive health and rights (UNICEF). As many girls are forced to drop out of school as a result of child marriage, they may not have reliable sources of information on sexual and reproductive health in the time they need it most. They often also face difficulties in accessing sexual and reproductive health services such as safe abortion and contraception (UNFPA) (UNICEF).

<sup>1</sup> Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum 2012, UNECLAC and UNESCAP Regional Population Conference 2013, which have been a part of ICPD Operational Review.

## Risk of HIV and other STIs

Child, early and forced marriage often prevents girls from attending school. (UNICEF) (Girls Not Brides). Among other consequences, this can mean they have little exposure to information on sexual and reproductive health related topics like HIV that they may have otherwise received through the formal schooling system.

"In general, women aged 20–24 who know how to prevent HIV infection are less likely to have been married by age 18 than those who do not" (UNICEF).

"Women who married younger are more likely to be beaten or threatened, and more likely to believe that a husband might sometimes be justified in beating his wife" (UNICEF, 2005).

Most importantly, girls, adolescents and young women often have little to no decision-making ability within their sexual-partnership, leaving them unable

"Young women are particularly vulnerable to coerced sex and are increasingly being infected with HIV/AIDS. Over half of new HIV infections worldwide are occurring among young people between the ages of 15 and 24, and more than 60 per cent of HIV-positive youth in this age bracket are female" (United Nations).

to negotiate the terms of sex (including contraceptive use) or refuse it altogether (UNICEF).

## Sexual and Gender Based Violence

There is significant evidence suggesting that child, early and forced marriage leads to domestic violence and sexual and gender based violence to child brides (ICRW, UNFPA APRO, SAIEVAC) (UNICEF). Because of illiteracy, lack of economic authority and disadvantaged power dynamics within the family, many girls are not in the state to resist or challenge such violence or exploitation. This further perpetuates discrimination and inequalities.

## RECOMMENDATIONS

1. Governments must **strengthen existing laws and take measures to enforce laws** on child, early and forced marriage that prohibit marriage without full and informed consent, including increasing awareness on laws and effective prosecution.
2. Governments must respect, protect and promote **choice and individual agency and decision-making**, ensuring full and informed consent to marriage and enabling individuals to make decisions on matters of their marriage and lives.
3. Governments must **ensure access to education for all**, including special attention to ensure access to quality secondary education for girls from disadvantaged backgrounds. Comprehensive and human rights based sexuality education<sup>2</sup> should be a key component, which builds knowledge on sexual and reproductive health and rights, gender discrimination, relationships, contraceptives and other life skills.
4. Governments must ensure **access to sexual and reproductive health services** for adolescents and young people irrespective of marital status, including information on and access to contraceptives and safe and legal abortion, which are confidential and non-judgmental.
5. Governments must create or ensure policies and programs which focus on **empowering and building leadership among adolescent girls**, coupled with education and economic empowerment.
6. Governments must take measures to **end gender based discrimination** and ensure gender equality by taking legal and policy measures to respect, protect and fulfill women's human rights and freedom, including the removal of structural and political barriers.
7. Programs to end child, early and forced marriage should emphasize **building enabling environments** and supportive networks to advocate at community level by mobilizing boys, parents, leaders and teachers at school.

## REFERENCES FOR FURTHER READING & BIBLIOGRAPHY

### Bibliography

- Darshan, A. *Prevalence of Uterine Prolapse amongst Gynecology OPD Patients in Tribhuvan University Teaching Hospital in Nepal and its Socio-Cultural Determinants*. Kuala Lumpur, Malaysia: The Asia Pacific Resource and Research Center for Women (ARROW), 2009.
- Girls Not Brides. *Ending Child Marriage: What Will It Take?* New York City: Girls Not Brides, 2013.
- ICRW, UNFPA APRO, SAIEVAC. *Child Marriage in South Asia: Realities, Responses and the Way Forward*. 2012.
- OHCHR. "Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the Secretary General." Human Rights Council Report. 2014. Document.
- Sexual Rights Initiative. *Analysis of the Language of Child, Early, and Forced Marriages*. August 2013.
- Svanemyr et al. "Preventing child marriages: first international day of the girl child "my life, my right, end child marriage"." *Reproductive Health Journal* (2012): 9:31.
- UNFPA. *Marrying too Young End Child Marriage*. New York City: United Nations Population Fund--UNFPA, 2012.
- . *Marrying Too Young, End Child Marriage*. New York: UNFPA, 2012.
- UNICEF. *Early Marriage: A Harmful Traditional Practice*. New York: UNICEF, 2005.
- . *Innocenti Digest*. Florence, Italy: UNICEF, 2001.
- . *State of the World Children 2011*. UNICEF, 2011.

United Nations. *Ending Violence Against Women and Girls*. n.d. 28 June 2014. <<http://www.un.org/en/globalissues/briefingpapers/endviol/>>.

WHO. *Adolescent Pregnancy Factsheet*. May 2012. 06 June 2014. <<http://www.who.int/mediacentre/factsheets/fs364/en/>>.

WHO, UNFPA. "Entre Nous." *Child Marriage*. Division of Noncommunicable Diseases and Health Promotion Sexual and Reproductive Health, WHO Regional office for Europe, 2012.

### Suggested further Reading

YCSRR (2010) 'MDG Factsheets series' Youth Coalition for Sexual and Reproductive Rights

Website. Accessed URL: <http://www.youthcoalition.org/publication/mdg-factsheet-series/>

Sexual Rights Initiative (SRI)'s analysis of the language of Child, Early and Forced Marriage,

August 2013. URL: [http://sexualrightsinitiative.com/wp-content/uploads/SRI-Analysis-of-the-](http://sexualrightsinitiative.com/wp-content/uploads/SRI-Analysis-of-the-Language-of-Child-Early-and-Forced-Marriages-Sep2013.pdf)

[Language-of-Child-Early-and-Forced-Marriages-Sep2013.pdf](http://sexualrightsinitiative.com/wp-content/uploads/SRI-Analysis-of-the-Language-of-Child-Early-and-Forced-Marriages-Sep2013.pdf)

Preventing and eliminating child, early and forced marriage: Report of the Office of the United

Nations High Commissioner for Human Rights. URL: [http://www.ohchr.org/EN/HRBodies/HRC/](http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session26/Documents/A-HRC-26-22_en.doc)

[RegularSessions/Session26/Documents/A-HRC-26-22\\_en.doc](http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session26/Documents/A-HRC-26-22_en.doc)

Marrying too Young: End Child Marriage, United Nations Population Fund (UNFPA) Publication.

URL: <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/>

[MarryingTooYoung.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/)

<sup>2</sup> For additional information see <http://www.unfpa.org/public/home/adolescents/pid/6483>



# INCLUDING YOUTH IN THE POST-2015 DEVELOPMENT AGENDA A HUMAN RIGHTS-BASED APPROACH



youth coalition

working internationally for sexual  
and reproductive rights

Civil society has spoken loudly and clearly: we want a human rights-based approach to the post-2015 development framework. The Secretary General of the UN acknowledged this in his recent report – A life of dignity for all – when he wrote that one of the emerging outlines of the new framework was that it will be “rights-based, with particular emphasis on women, young people and marginalized groups...” (16) [emphasis added].

Dismissing a rights-based approach led to some of the most significant lost opportunities within the MDGs. While the MDGs were able to make some truly astonishing achievements, most civil society activists and academics recognize that insufficient attention to inequalities diminished the MDGs’ potential. The focus on averages and aggregate data obscured the degrees to which different groups, especially

marginalized groups, benefited or did not benefit from the progress of the MDGs. The MDGs failed to recognize young people and the structural factors that affect their lives, ignoring the particular vulnerabilities, discrimination and violence they face. The focus on averages also obscured the serious inequalities within and between countries that affect young people’s lives. Adding to that, the lack of accountability mechanisms was also responsible for not reaching the MDGs and the marginalized groups most affected. The new development framework runs the risk of repeating this same mistake if it is not grounded in human rights, since a human rights basis requires not only a focus on the most marginalized groups, but their empowerment and active participation.

## DEFINITIONS

**Sexual rights** protect everyone’s rights to fulfill and express their sexuality and enjoy sexual health and pleasure. As recognized by the Montevideo Consensus, the Bali Declaration and other international human rights documents,<sup>1</sup> sexual rights are human rights and include the right to health, the right to freedom of expression and the right to education. As agreed in the Bali Declaration, sexual rights guarantee youth the right to a “safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and that guarantee the right to information and the means necessary for their sexual health and reproductive health” (D.34). All people have the right to fulfill their sexual rights, regardless of class, gender, race, ethnicity, age, disability status, sexual orientation and religion.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights for all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to the highest attainable standard

of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights consensus documents (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.3).

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with various responsibilities and challenges related to earning one’s own livelihood and living one’s own sexual and reproductive life. While the UN defines youth as persons between the age of 15 and 24, youth is more of a fluid category than a fixed age group. It is important to recognize that youth are not homogenous and that all young people, irrespective of their differences, have an increasing capacity to deal with the challenges of living their lives on their own terms, which also involves playing a key role in the development of their communities, claiming and accessing their rights and fulfilling their personal and civic potential.

## A RIGHTS-BASED APPROACH TO SRR AND THE POST-2015 FRAMEWORK<sup>2</sup>

A human rights-based approach, with its foundation of equality, participation, interdependence and universality, includes the principles below and would ensure that initiatives coming out of the post-2015 development agenda reach those most in need, including young people from marginalized groups, and that programs address the root causes of poverty, such as discrimination and inequality.<sup>3</sup>

### Principles of a Human Rights-Based Approach:<sup>4</sup>

1. **Non-discrimination and Equality:** While young people are not a homogenous group, all young people face and are affected by age discrimination, which intersects with other types of discrimination, such as gender, race, sexual orientation, etc., placing certain groups of young people at heightened risk of human rights violations compared to their youth and adult peers, such as young women, young people living with HIV/AIDS, young gender nonconforming people, young LGBT people,

Targets and indicators will need to take these overlapping forms of discrimination into account in order to ensure that development programs meet the needs of all young people and promote their right to equality.

young sex workers, young migrants or young people with disabilities.

2. **Participation and Empowerment:** Participation not only enhances the effectiveness of development programs, it is also a basic human right. No society can be fully developed if its youth are not empowered and actively engaged in the process. The active participation of young people is both an outcome and a precondition for the development of stable, prosperous and democratic societies that respect human rights for all.

<sup>1</sup> “Sexual rights” has been adopted as UN agreed language and included in the outcome of the Global Youth Forum 2012 and both the 2013 UNECLAC and UNESCAP Regional Population Conferences, which have been a part of ICPD Operational Review.

<sup>2</sup> A full review of the literature on human rights, development, and sexual and reproductive rights is beyond the scope of this brief. For more comprehensive information, please see the suggested further reading at the end of the document.

<sup>3</sup> For more information about the links between sexual and reproductive rights and poverty, please see Including Youth in the Post-2015 Development Agenda: Youth Sexual and Reproductive Rights & Poverty. Available at [www.youthcoalition.org](http://www.youthcoalition.org).

<sup>4</sup> For more information on a human rights-based approach please see: <http://hrbportal.org>.

Young people have a right to be involved meaningfully in the planning, implementation, evaluation, and monitoring of the development programs that affect their lives.

3. **Accountability:** Effective political agreements require mechanisms that ensure governments are accountable in all of the different areas of implementation. These mechanisms should be broad and include the accountability of non-state actors such as donors, financial institutions and health care provider, among others.

An explicit human rights basis for the post-2015 development agenda would enable the existing human rights system, such as the Human Rights Council, to monitor countries' progress and hold governments accountable when their policies or programs violate human rights, including young people's rights.

4. **Interdependence and Indivisibility:** Human rights mutually reinforce each other: fulfilling one right will enhance another, while denying one right will inevitably diminish the fulfillment of another right. And no one right is more important than another. Moreover, no hierarchy of human rights exists in which civil and political rights are more important than economic, social, or cultural rights.

Young people's right to health is indivisible from the full range of human rights, especially the right to education, including comprehensive sexuality education, the right to water and sanitation, especially for girls, the right to food and the right to work. Fulfilling young people's right to health will require progress on the realization of these rights too.

## RECOMMENDATIONS

1. The post-2015 agenda should be developed in line with existing **international human rights standards**, including the Convention on the Rights of the Child (CRC), which recognizes the evolving capacity of children and young people to make decisions affecting their lives, including health-related decisions, and the third Optional Protocol, which enables individual petitions under the CRC.
2. The new development framework should include explicit indicators on national laws and policies related to its agenda and call for the **removal of laws that violate young people's human rights**, such as parental and spousal consent laws for accessing health care or laws criminalizing same-sex sexual activity, transmission of HIV and safe abortion, as well as the inclusion of legislation that protect young people's human rights.
3. **Specific qualitative and quantitative indicators related to young people, including those from marginalized groups**, should be included in the new framework for all relevant targets. For example, a health goal could include a target on youth-friendly health services that has explicit indicators related to the health needs of young people living with

HIV/AIDS, young women and girls and young LGBT people. Without explicit indicators, the unique health needs of these populations would be obscured and they would not benefit as fully as their peers. Indicators to measure the participation of young people in planning and decision-making processes should also be included.

4. All programs in the new development framework should be developed using a **human rights assessment** that involves all members of the affected community, including young people, especially those from marginalized groups. In the human rights assessments, the assessment team must ask: How can we ensure that this program addresses the root cause(s) for the non-realization of human rights?<sup>5</sup>
5. In order to assess the human rights impact of a given program, governments must collect **disaggregated data** along all relevant lines, including age, gender, disability status, race/ethnicity, geographical location, wealth quintile, HIV status, and other relevant characteristics. In particular, there is a need to gather data for **adolescents aged 10-14**, especially with regard to their sexual and reproductive health and rights, as programs frequently fail to address the needs of young adolescents.

## REFERENCES FOR FURTHER READING & BIBLIOGRAPHY

Amnesty International. Human Rights and the Post-2015 Agenda: 'Time to Deliver'. Rep. no. ACT 35/021/2013. Amnesty International, 19 Sept. 2013. Web. 2 Dec. 2013. <<http://www.amnesty.org/en/library/asset/ACT35/021/2013/en/d96715bc-ac53-49f4-956d-c79f0bb5eabe/act350212013en.pdf>>.

Human Rights Watch. *Rights Should Be Central to Post-2015 Development Agenda*. Rep. Human Rights Watch, 2013. Web. 2 Dec. 2013. <[http://www.hrw.org/sites/default/files/related\\_material/MDG\\_brochure0913\\_LOWRES\\_SPREADS.pdf](http://www.hrw.org/sites/default/files/related_material/MDG_brochure0913_LOWRES_SPREADS.pdf)>.

UN Secretary-General (UNSG). A Life of Dignity for All: *Accelerating Progress towards the Millennium Development Goals and Advancing the United Nations Development Agenda beyond 2015*. Rep. no. A/68/202. N.p.: United Nations, n.d. United Nations, 26 July 2013. Web. 2 Dec. 2013. <http://www.un.org/millenniumgoals/pdf/A%20Life%20of%20Dignity%20for%20All.pdf>

UNDP. *Indicators for Human Rights Based Approaches to Development in UNDP Programming: A Users' Guide*. New York: UNDP, 2006. UNDG, Mar. 2006. Web. 2 Dec. 2013. <<http://www.undg.org/docs/11652/HRBA-Indicators-%282006%29.pdf>>.

Youth Coalition for Sexual and Reproductive Rights. *Including Youth in the Post-2015 Development Agenda: Youth Sexual and Reproductive Rights & Poverty*. Rep. Youth

Coalition for Sexual and Reproductive Rights, 10 Oct. 2013. Web. 2 Dec. 2013. <[http://youthcoalition.org/html/index.php?id\\_art=395&id\\_cat=7](http://youthcoalition.org/html/index.php?id_art=395&id_cat=7)>.

### Suggested Further Reading

Alston, Philip, and Mary Robinson. *Human Rights and Development: Towards Mutual Reinforcement*. Oxford: Oxford UP, 2005. Print.

Youth Coalition for Sexual and Reproductive Rights. *MDG Factsheets Series*, 2010. <http://youthcoalition.org/>

Office of the High Commissioner on Human Rights. *Human Rights Indicators: A Guide to Measurement and Implementation*, 2012. [http://www.ohchr.org/Documents/Publications/Human\\_rights\\_indicators\\_en.pdf](http://www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf)

World We Want 2015, Synthesis Report on the Global Thematic Consultation on Addressing Inequalities, 2013. <http://www.worldwewant2015.org/node/299198>

Special Rapporteur on extreme poverty and human rights: <http://www.ohchr.org/EN/ISSUES/POVERTY/Pages/SRExtremePovertyIndex.aspx>

Special Rapporteur on the right to health: <http://www.ohchr.org/EN/Issues/Health/Pages/SRRightHealthIndex.aspx>

<sup>5</sup> For more information on human rights assessments, please see *Indicators for Human Rights Based Approaches to Development in UNDP Programming: A User's Guide*. New York: UNDP, March 2006.



**youth coalition**

---

working internationally for sexual  
and reproductive rights