IPPF International Planned Parenthood Federation

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

Office of the High Commissioner for Human Rights: Study on Children's Right to Health

Submission by the International Planned Parenthood Federation (IPPF)

1 October 2012

The International Planned Parenthood Federation (IPPF) welcomes the opportunity to provide the Office of the High Commissioner for Human Rights with input for its study on *Children's Right to Health* pursuant to Human Rights Council resolution 19/37 adopted in March 2012. We applaud the commitment of the Human Rights Council to mainstreaming the rights of children into its work and, in particular, the Universal Periodic Review process.

IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights (SRHR) for all. We are a federated movement of national organizations working with and for communities in 172 countries worldwide. Over 40 per cent of IPPF's resources are dedicated to the advancement of young people's[i] sexual and reproductive health and rights through the provision of services, information, education and leadership development.

This submission will present recommendations that address and respond to the below-stated challenges and barriers that young people face in realizing the highest attainable standard of sexual and reproductive health (SRH). Further, attached are five expert papers commissioned by IPPF in 2011 that address young people's autonomy and decision-making in relation to SRH.

IPPF International Planned Parenthood Federation
4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

1. Recommendations

The following recommendations relate to the challenges and barriers relating to young people's right to sexual and reproductive health care that are elaborated upon in sections 2 and 3 of this submission.

- Ensure that all young people have access to comprehensive SRH services, including HIV treatment/care, contraception to avoid unwanted pregnancy and safe abortion services.
- Recognize both in practice and in law the evolving capacity of young people to consent to SRH treatment, services and care.
- Remove or refrain from implementing laws that directly restrict young people's access to SRH services, including parental or spousal consent laws.
- Ensure that where age of consent to sexual activity laws exist that young people can still access life-saving and life-enhancing SRH services and information.
- Ensure that all health professionals are adequately trained to provide SRH information and services to young people, including sexually active young people, in a non-judgmental manner.
- Refer only to scientifically sound evidence when formulating education policy and curricula on sexuality education and commit resources to strengthen the evidence-base on this.

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

- Provide opportunities for young people to obtain the knowledge and life skills they need to make informed decisions about their SRH, including through the provision of comprehensive sexuality education in schools.
- Address the practical and logistical barriers that young people face in accessing life-saving and life-enhancing services, including through the reduction of financial and geographical barriers.
- Respond to the SRH needs (both real and perceived) of LGBTI young people, as well as young people living with HIV and young people with disabilities.
- Address inequality of access to services amongst young people, particularly for those in rural areas.
- Ensure young people are meaningfully engaged in decision making and programming at local, national and international levels.
- Take steps to ascertain young people's real and perceived SRH needs, and include young people in identifying and addressing such needs.

2. Main (sexual and reproductive) health challenges relating to young people

Many young people initiate their sexual lives during their adolescent years. When young people are allowed the freedom to express their sexuality it has the potential to be a positive force in their lives. However, sexual initiation can also carry with it the potential for ill-health and physical or emotional harm if young people are denied access to the

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

information and services that they require to protect and preserve their health. This section highlights the most pressing SRH challenges facing young people in general.

STI and HIV rates of new infections

Young people between the ages of 15 to 24 account for 40 per cent of all new adult HIV infections. In 2011, 4.9 million young people in this age bracket were living with HIV, 75 per cent of whom live in sub-Saharan Africa. Further, around 890,000 young people aged 15 to 24 years old were newly infected with HIV last year – that is, 2,400 every day of 2011. Globally, infection rates in young women aged 15 to 24 years old are twice as high as among men of the same age.

Complications relating to pregnancy and child-birth

Pregnancy and child-birth related complications remain one of the leading causes of death for women between the ages of 15 and 19. It is estimated that over 13 million young women give birth each year[ii], of whom over 90 per cent live in developing countries without readily accessible ante-natal and maternal services. Many of these same young women are not afforded access to reliable methods of contraception in order to avoid unwanted pregnancy.

Unsafe abortion

Adolescent girls in developing countries undergo between 2.2 million and 4 million unsafe abortions each year.[iii] Further, young women under the age of 20 make up 70 per cent of all hospitalisations from unsafe abortion complications worldwide.[iv] Over 47,000 women die

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

from unsafe abortion complications[v] and, in 2003, young women accounted for 45 per cent of the estimated unsafe abortion-related deaths.

3. Main barriers in implementing children's right to health

Young people's legal and social status as individuals who, on one hand, lack the full autonomy of adults but who, on the other hand, are subjects of rights creates a unique dichotomy that many health professionals, youth workers, legislators, educators and parents find difficult to navigate. Nowhere is this dichotomy more pronounced than in relation to young people's access to sexual and reproductive health services and information. Due to their age, services are often withheld from young people, thereby exacerbating the vulnerabilities they face and violating the rights afforded to them under international human rights law.

This section explores the main barriers that young people face in accessing the services and information that they need in order to attain the highest standard of SRH.

3.1. Failure to take into account young people's evolving capacity and best interests

The pace at which young people develop capacities varies for each individual and is dependent on the life circumstances of each. In light of this, age is rarely – if ever – an effective indicator of a young person's capacity to make autonomous decisions. Despite this, age is often utilised as a short-hand for capacity in both the law and in practice.

Laws that require parental consent or notification to access SRH services are a manifestation of this presumption of incapacity. These laws persist, despite calls for States to remove legal barriers that prevent young people from accessing SRH

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

information and services. At the same time, the Committee on the Rights of the Child has made it clear that whilst adults – including health professionals – have a role to play in creating a safe environment within which young people can exercise their rights, the best interests of each individual young person must always be of utmost importance in the decision-making process. As the Committee has pointed out, this may mean allowing young people to provide informed consent if he/she is of sufficient maturity.[vi]

In both law and practice, health professionals and institutions must take into account young people's evolving capacities and their best interests and avoid adopting blanket laws, policies or protocols that ignore the diversity that exists amongst this age group.

3.2. Laws that impede young people's access to information and services and/or criminalize sexual behaviour

There is a need for this Study to examine how laws construct childhood, adolescence and young adulthood as distinct periods from adulthood and how this places children and young people in a position of vulnerability relative to adults. There is often a presumption in law-making that young people are 'naturally vulnerable', sexually and otherwise. However, we know that 'youth' is constructed very differently across time, place and culture.

The use of law to discourage or prohibit activities deemed 'inappropriate' for young people can have an adverse impact on their health, knowledge and general well-being. For example, legal, policy or institutional provisions that mandate parental involvement in the realm of SRH often deter young people from accessing services for fear that their

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

parents may discover that they are sexually active. Further, young people (legal minors) themselves have indicated that they do not believe that they should be forced to include their parents in their decision-making processes.[vii] To do so is contrary to young people's rights to privacy and confidentiality.

Lastly, although there should be zero tolerance towards any form of sexual abuse or exploitation, young people who face the prospect of prosecution for engaging in sexual activity are less likely to access the services that they need in order to avoid unwanted pregnancy, STIs and HIV as well as to receive information that will aid them in making informed, autonomous decisions about relationships and sex. Thus, if the best interests of young people are to remain at the heart of law-making in this area, laws relating to the age of consent to sexual activity should be complemented by health systems that allow young people access to the SRH services that they need to avoid ill-health or harm.

3.3. Socio-cultural norms that pervade service provision

Even in jurisdictions that uphold young people's right to access health services and information freely in law, traditional socio-cultural norms relating to their sexuality can act as significant barriers to accessing services. Such norms often dictate that young people should not engage in any sexual activity or contact with the opposite sex outside of marriage.

In the absence of clear protocols and guidelines at the national or institutional level, health professionals are left to interpret the legal framework in relation to young people's access to services based upon their own moral judgments and cultural

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

expectations. In the realm of SRH, this leads to the withholding of information from young people that would allow them to make informed decisions; it also leads to health professionals requiring parental involvement when it is neither mandated nor necessary.

Cultural practices that are considered harmful to young people in one context may actually afford them protection from stigma, discrimination, bullying and/or violence in another. [viii] To give an example, it may be socially acceptable in some cultures for young people to engage in dating or sexual relationships before marriage and, in others, the same practice may lead to abuse or violence from family members. Gender stereotypes may also have an impact on the value placed on virginity in any given culture; in some countries, girls and young women can be ostracized or even killed if their hymen is not intact on their wedding night. In many countries, the virginity of males goes unquestioned. These cultural norms should be borne in mind by legislators or policy-makers to ensure that laws aimed at protecting young people do not, in actuality, place them at an increased risk of harm, ill-health, abuse, exploitation or violence.

3.4. Lack of access to comprehensive sexuality education

Parents, guardians, teachers, health professionals and other adults who work with and for young people have a responsibility to support young people and provide them with learning opportunities so that they can build their capacity and transition from reliance to independence.

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

Primary and secondary school education represent crucial opportunities for reaching young people with information and life skills relating to sex, health, and relationships whilst providing a platform for challenging harmful gender or other norms that perpetuate sexual and reproductive ill-health. Despite this, scientifically-unfounded objections asserting that the provision of such information will encourage sexual activity dominate discourse in many regions. Further, educators are often not adequately trained or comfortable imparting SRHR information to young people.

Comprehensive sexuality education (CSE) is an essential intervention to ensure that all young people are aware of their sexual and reproductive rights, are empowered to make informed choices and decisions and are able to act on these decisions. CSE is more than providing information about health and sexuality; it also aims to develop critical-thinking skills, confidence, communication skills, decision-making capacities, gender equity and rights-based civic participation.

3.5. Practical or logistical barriers to access

Many young people also experience 'access barriers', which relate to the practical or logistical means by which they access SRH services. Young people, particularly young adolescents, are less mobile and, therefore, experience difficulty in accessing service and information outlets. Financial barriers also exist if measures are not put in place to allow young people access services at a discounted cost. Opening times of service delivery points may also be a barrier, if they coincide with school or working hours. Providing

4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

SRH services at times and in places where young people frequent is a way to increase access.

3.6. Discrimination against LGBTI young people

Lesbian, gay, bisexual, transgender and intersex (LGBTI) young people also face a variety of barriers in exercising the right to health. The criminalization of same-sex sexual conduct affects the right to health by preventing individuals from accessing health care out of fear that they may reveal potentially criminal conduct and because it encourages medical professionals to deny services. In addition, the criminalization of sexual conduct means that the specific health needs of LGBTI communities are not met.

An approach that recognizes, respects and celebrates diversity in law and practice must be adopted in order to ensure access for all under-served young people, including LGBTI young people, young people living with HIV and young people with disabilities. Health professionals and institutions must be aware of both the internal and external factors that impact upon a young person's access to health services and be capable of responding to them in a meaningful way.[ix]

---

[i] IPPF uses the term 'young people' to refer to those aged 10 to 24 and the term 'adolescent' to refer to those aged 10 to 19.

[ii] Maternal Death is 'Tip of Iceberg', UNFPA Executive Director Warns, 2 April 2007, At http://www.unfpa.org/news/news.cfm?ID=951 [accessed 24 September 2012].

[iii] World Health Organisation. 2007. *Unsafe abortion: Global and regional estimate of the incidence of unsafe abortion and associated mortality in 2003*, 5th edition. Geneva: World Health Organisation.

[iv] Plan. 2007. *Because I am a Girl: The State of the World's Girls 2007.* London: Plan.

[v] Shah, Iqbal and Elisabeth Ahman. 2010. Unsafe abortion in 2008: Global and regional levels and trends. *Reproductive Health Matters*, 18 (36): 90 – 101.

International Planned Parenthood Federation
4 Newhams Row, London SE1 3UZ United Kingdom
T +44 (0)20 7939 8200 F +44 (0)20 7939 8300
www.ippf.org info@ippf.org

[vi] Committee on the Rights of the Child, 'General Comment No 4 (2003): Adolescent health and development in the context of the Convention on the Rights of the Child,' 1 July 2003, Access at http://tb.ohchr.org/default.aspx?Symbol=CRC/GC/2003/4, para 32.

[vii] Kavanagh, E et al. 'Abortion-seeking minors' views on the Illinois Parental Notification Law: A Qualitative Study,' *Perspectives on Sexual and Reproductive Health*, volume 44:3, p 159 – 165.

[viii] IPPF, 'Are Autonomy and Protection Opposing Concepts?' *Understanding Young People's Right to Decide*, London: IPPF, 2012.

[ix] IPPF, 'Keys to Youth-friendly Services: Celebrating Diversity,' *Keys to Youth-friendly Services*, London: IPPF, 2011.