Submission for the OHCHR study on Children's Right to Health
Ipas, 25 September 2012

In this submission, we would like to focus in particular on aspects of children's sexual and reproductive health that receive insufficient attention, an area in which Ipas and its partners are working in Africa, Asia and Latin America.

Main health challenges and barriers in implementing children's right to health

The main challenges faced by children and adolescents in the areas of sexual and reproductive health include: inadequate preparation for dealing with sexuality, sexual violence, acquisition of sexually transmitted infections, too early pregnancies and unsafe abortions.

If children and adolescents are to be well prepared to take care of their sexual and reproductive health in accordance with their evolving capacity, it is vital that they receive comprehensive sexuality education based on a gender-sensitive and human rights perspective. Nevertheless, many in- and out-of-school youth lack access to such education; many teachers also lack the capacity and willingness to provide it as found in studies on adolescent health in Africa.[1] [2] This is partly due to opposition from social stakeholders who may cite "cultural" or "traditional" values as reasons for withholding such information from adolescents. Unfounded fears that comprehensive sexuality education will lead to increased adolescent sexual activity and higher rates of sexually transmitted infections (STIs) and pregnancies also play a role. Nevertheless, studies show that abstinence-only programs are correlated with higher rates of pregnancy,[3] while comprehensive curricula have been shown to contribute to delays in sexual debut and increased use of preventive measures.[4][5]

Considerable numbers of young people engage in sexual intercourse before their 18th year. In many cases, this is consensual sex with peers, but numerous instances of ***forced or coerced sex*** are experienced by adolescents in all regions. Research indicates that about 5–10% of men report having suffered sexual violence as children.[6] Almost 50% of all sexual assaults around the world are against girls 15 years old and younger,[7] while older girls (15-19 years) also experience this (e.g., 21% in Uganda[8]). In addition, child

---

[1] Marlene Abrahams et al. November 2011. *Situational and policy analysis of adolescent girls' and young women's realisation of their sexual and reproductive health and rights, and HIV prevention services in Southern and Eastern Africa*. Development Connectors for NORAD and Sida

[2] Brooke A. Levandowski et al. 2012 Investigating social consequences of unwanted pregnancy and unsafe abortion in Malawi: The role of stigma. *International Journal of Gynecology and Obstetrics*, 118, Supplement 2, S167–S171

[3] Kathrin F. Stanger-Hall and David W. Hall. 2011.Abstinence-only education and teen pregnancy rates: why we need comprehensive sex education in the U.S. *PLoS ONE*, 6(10): e24658, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/pdf/pone.0024658.pdf

[4] Heather D. Boonstra. Summer 2011 Advancing sexuality education in developing countries: evidence and Implications. *Guttmacher Policy Review*, 14/3: 17-23; http://www.guttmacher.org/pubs/gpr/14/3/gpr140317.pdf

[5] UNESCO. 2009. *The rationale for sexuality education. Volume 1. International Technical Guidance on Sexuality Education. An evidence-informed approach for schools, teachers and health educators.* Paris, UNESCO; http://unesdoc.unesco.org/images/0018/001832/183281e.pdf

[6] World Health Organization. September 2011. *Violence against women*. Fact sheet 239. Geneva, WHO; http://www.who.int/mediacentre/factsheets/fs239/en/index.html

[7] UNFPA. 2005. *Adolescents fact sheet. State of world population 2005*. New York, UNFPA; http://www.unfpa.org/swp/2005/presskit/factsheets/facts_adolescents.htm

[8] UNICEF. April 2012. *Progress for children. A report card on adolescents.* No. 10. New York, UNICEF; http://www.unicef.org/media/files/PFC2012_A_report_card_on_adolescents.pdf

marriage is still tolerated, placing young girls in a situation where they have no choice about sexual relations.[9] Worldwide, almost 25% of adolescent girls aged 15–19 are married or in a union[10] and they often have little say about pregnancy.

One consequence of unprotected sex for young girls and boys is the ***acquisition of sexually transmitted infections*** (STIs). In the United States, for example, almost 50% of the 19 million new STI infections each year are among youth aged 15–24 years.[11] The World Health Organization (WHO) reports that STIs disproportionately affect adolescent girls, with one in 20 acquiring a bacterial infection through sexual contact every year. WHO also notes that the age at which infections are acquired is becoming younger. [12] Another major barrier to implementing children's access to reproductive health lies in the absence of, or impeded access to, preventive measures, such as vaccination for the human papillomavirus (HPV), which is linked with cervical cancer, and information and access to modern contraceptive methods.

Another consequence of unprotected sex with deleterious health effects for young girls is ***too early pregnancy***. WHO reports that 61% of young women in Africa are sexually active by the age of 18 years; 38% are in Latin America and the Caribbean. About 16 million girls aged 15-19 years and 2 million girls younger than 15 years give birth every year;[13] this is about 11% of all births around the world.[14] Worldwide, 20% of girls have given birth by the age of 18 years. In the poorest regions of the world, this figure is more than one in three girls.[15] Many young women and girls are malnourished, which hinders pelvic growth, leading to obstructed labor, maternal mortality and morbidity. Complications from pregnancy and childbirth are the leading cause of death for women aged 15-19 years in many countries,[16] with girls being twice as likely to die from childbirth as women in their 20s. The risk of maternal mortality is highest for adolescent girls younger than 15 years and about 50,000 adolescents die from pregnancy and childbirth complications each year.[17]

When adolescents do not wish to continue an unwanted pregnancy, they may seek an ***unsafe abortion*** since abortion is criminalized to some extent in all countries except Canada. According to the latest WHO estimates, as of 2008, 15% of unsafe abortions in developing countries were among young women aged 15–

---

[9] UNFPA. 2005. *Adolescents fact sheet. State of world population 2005*. New York, UNFPA; http://www.unfpa.org/swp/2005/presskit/factsheets/facts_adolescents.htm

[10] UNICEF. April 2012. *Progress for children. A report card on adolescents.* No. 10. New York, UNICEF; http://www.unicef.org/media/files/PFC2012_A_report_card_on_adolescents.pdf

[11] Centers for Disease Control and Prevention. 24 July 2012. *Sexual risk behavior: HIV, STD, & teen pregnancy prevention*. Atlanta, GA, CDC; http://www.cdc.gov/HealthyYouth/sexualbehaviors/

[12] World Health Organization. No date. *10 facts on sexually transmitted infections.* Geneva, WHO; http://www.who.int/features/factfiles/sexually_transmitted_diseases/en/

[13] World Health Organization. May 2012. *Adolescent pregnancy.* Geneva, WHO; http://www.who.int/mediacentre/factsheets/fs364/en/index.html

[14] UNICEF. April 2012. *Progress for children. A report card on adolescents.* No. 10. New York, UNICEF; http://www.unicef.org/media/files/PFC2012_A_report_card_on_adolescents.pdf

[15] World Health Organization. May 2012. *Adolescent pregnancy.* Geneva, WHO; http://www.who.int/mediacentre/factsheets/fs364/en/index.html

[16] World Health Organization. May 2012. *Adolescent pregnancy*. Geneva, WHO; http://www.who.int/mediacentre/factsheets/fs364/en/index.html

[17] Rawe, Kathryn. June 2012. *Every woman's right. How family planning saves children's lives*. London, Save the Children; http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/EVERY_WOMANS_RIGHT_REPORT_JUNE_2012.PDF

19 years.[18] Regionally, 22% of all unsafe abortions in Africa are among 15- to 19-year-olds; the percentage for this age group is 11% in Asia and 16% in Latin America and the Caribbean.[19] In various countries, young girls are criminally charged and imprisoned for having abortions. For example, the NGO GIRE found 22 cases of women criminalized for abortion in Mexico, the majority of whom were poor minors reported to the police by health-care providers.[20] The UN Special Rapporteur on health has advised governments to decriminalize abortion, in addition to ensuring access to comprehensive sexuality education and modern contraceptive methods, including emergency contraception.[21]

In some cases, girls have unsafe abortions because they have ***no knowledge of available legal services***. For example, interviews with community women conducted by the Namibian Women's Health Network reported multiple instances of injuries and deaths experienced by adolescents and young women due to unsafe abortions as they were not aware that abortion is legally permitted in cases of rape and to protect a woman's life and health.[22]

Regulations and policies mandating specific ages at which adolescents can access sexual and reproductive health services without ***parental consent*** form an important barrier to ensuring their health. A scan by Ipas of policies and regulations in Kenya, Mexico and the US state of North Carolina showed large discrepancies in legal stipulations regarding when young people can take their own decisions and assume responsibility for their sexual and reproductive health. For example, in Mexico, adolescents can access non-invasive methods of contraception from the age of 12 years, can engage in voluntary sexual relationships from the age of 15 and can marry at the age of 18 years. A girl of any age who is a mother can make medical decisions for her own child; however, adolescents wishing to terminate a pregnancy must have parental consent up to the age of 18 years. Regarding legal considerations of adolescents' ability to assume responsibility for their actions, it is of interest to note that children from the age of 12 years in Mexico can be charged with crimes.

Zuch et al. in analyzing consent issues in South Africa, note that: "An adolescent's ability to provide informed consent can depend on individual emotional maturity level, their perceived or actual ability to make decisions in their day-to-day lives (which can be dependent on cultural and/or familial norms), reasoning skills, memory and language." [23] Dellinger and Davis, in analyzing decisional capacity, note that: "There is no specific age at which adolescents become capable of understanding these matters, and selecting an age arbitrarily seems especially problematic when the health issue is pregnancy."[24] The

---

[18] Iqbal H. Shah and Elisabeth Åhman. 2012. Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women. *Reproductive Health Matters*, 20/39:169–173

[19] Shah, Iqbal H. and Elisabeth Åhman. 2012. Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women. *Reproductive Health Matters*, 20/39:169–173

[20] GIRE. 2012. *GIRE identifica a 22 mujeres criminalizadas por aborto.* Mexico City, GIRE; http://hosted-po.vresp.com/1024559/439d2d676f/ARCHIVE

[21] UN General Assembly. 3 August 2011. *Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. A/66/254. New York, UN; http://www.un.org/ga/search/view_doc.asp?symbol=A/66/254

[22] ARASA/NAPPA/NWHN/SAfAIDS/Women's Solidarity Namibia. 2011. *"I was afraid that people might read it from my face." Information and women's testimonies about unwanted pregnancies and abortion in Namibia.* Windhoek, Namibian Women's Health Network; http://www.salamandertrust.net/resources/NWHNstorybooklet2011.pdf

[23] Melanie Zuch et al. 2012. Changes to the law on consent in South Africa: implications for school-based adolescent sexual and reproductive health research. *BMC International Health and Human Rights,* 12:3; http://www.biomedcentral.com/1472-698X/12/3

[24] Dellinger, Anne and Arlene Davis. 2001. *Health care for pregnant adolescents: a legal guide for healthcare providers.* Chapel Hill, NC, Institute of Government; http://www.sog.unc.edu/sites/www.sog.unc.edu/files/HCP91901.pdf

Convention on the Rights of the Child stipulates that children must be accorded rights in accordance with their evolving capacities (Article 5). While it recognizes parental responsibilities in caring for children, it emphasizes that the child's best interests are paramount and children's own views must be taken into account (Articles 12.1 and 18.1). The Committee on the Rights of the Child has further stated that: "States parties need to introduce legislation or regulations to ensure that children have access to confidential medical counselling and advice without parental consent, irrespective of the child's age, where this is needed for the child's safety or well-being."[25] They also recommended that "States parties ensure that, where a younger child [than the legal age at which the right to consent transfers to the child] can demonstrate capacity to express an informed view on her or his treatment, this view is given due weight."[26]

Examples of initiatives to promote adolescent girls' right to reproductive health care

Youth-led programs can be effective sources of information on sexual and reproductive health. In Ghana, the NGO "Children and Youth in Broadcasting – Curious Minds" offers six different radio programs — in English and two local languages — that give information to different groups on issues such as violence against women, HIV/AIDS and abortion. Results seen thus far include increased knowledge among youth on national policies and pressing issues, and prompt actions by local governments to address youth challenges discussed on the programs.[27]

Spurred through an initiative by the First Lady of Rwanda, that country has initiated a program to vaccinate girls against HPV. The third round of vaccinations reached girls in- and out-of-school with 93% coverage. A nationwide communications campaign and partnership between the Ministries of Health and Education contributed to the program's success.[28]

Efforts are needed to harmonize laws and policies to ensure that adolescents can access sexual and reproductive health services according to their need and evolving capacities. In the interim, measures can be put in place to ensure that health-care providers can offer services appropriately. For example, while the US state of Maryland in principle requires parental consent for abortions in minors, the law also includes a waiver of notice, when in the provider's professional judgment:[29]

- Notice to the parent or guardian may lead to physical or emotional abuse of the minor
- The minor is mature and capable of giving informed consent to an abortion
- Notification would not be in the minor's best interests
- The minor does not live with her parent or guardian
- A reasonable effort to give notice to a parent or guardian was unsuccessful.

Ipas has developed a number of resource materials to assist in the development of abortion care services that meet the needs of young girls facing unwanted pregnancies. A situation assessment guide discusses

---

[25] Committee on the Rights of the Child. 2009. *General Comment 12. The right of the child to be heard*. Paragraph 101. United Nations; http://www2.ohchr.org/english/bodies/crc/comments.htm

[26] Committee on the Rights of the Child. 2009. *General Comment 12. The right of the child to be heard*. Paragraph 102. United Nations; http://www2.ohchr.org/english/bodies/crc/comments.htm

[27] Ipas. Spring 2012. Ghana. Through radio, young people's voices reach a diverse audience. *Because,* p. 12; http://www.ipas.org/~/media/Files/Ipas%20Publications/BECVOL6E12.ashx

[28] Agnes Binagwaho et al. 2012. Achieving high coverage in Rwanda's national human papillomavirus vaccination programme. *Bulletin of the World Health Organization,* 90: 623-628; http://www.who.int/bulletin/volumes/90/8/11-097253/en/

[29] Youth Health Law. 2010. *Parental knowledge or consent.* The People's Law Library of Maryland; http://www.peoples-law.org/node/426

ways to plan, implement and use findings from assessments of how young women and their communities relate to abortion, through locally relevant, community and/or youth-led processes that can inform program design and support meaningful youth participation therein. The guide can be used by community groups, youth groups, peer educators, trainers, administrators, program managers and technical advisors of abortion care programs.

A second resource is a toolkit to provide information and guidance on delivering and ensuring access to appropriate induced abortion care for young women aged 10-24 years. It provides background information, materials, and instructions necessary to effectively facilitate training sessions. Additional materials form a resource for administrators and technical advisors of abortion care programs and can be used to engage young people, policymakers, community groups, donors, advocates and other stakeholders in advocacy for and implementation of safe abortion care for adolescents. A third resource supplements the toolkit by providing descriptions of the existing materials and practices employed globally by Ipas staff and partners to train health professionals on abortion care for young women. Finally, a booklet describes Ipas's work with youth to promote their sexual and reproductive health and rights. Using illustrative stories from Nepal, South Africa and Ecuador, the booklet highlights the challenges young people face and the opportunities for them to become leaders and work with adults to design policies and health services that are youth appropriate.

Decriminalization of abortion can reduce maternal morbidity and mortality among adolescents. In 2007, the Mexico City Federal District reformed its Penal Code to permit legal abortion in the first trimester of pregnancy. Whereas previously adolescent and adult women had sought expensive clandestine abortions in the District, today public hospitals and clinics provide women residing in the District with free and safe legal abortion care; women from other parts of the country can also receive services according to a sliding payment scale. Ipas Mexico works with several community allies to publish and distribute subway maps that indicate stops near hospitals and other facilities where safe abortions can be obtained.[30] On the flip side of the maps, information about the law is clearly spelled out: "In Mexico City you can choose to have an abortion within the first 12 weeks of pregnancy. There's no longer a need to keep it clandestine. The law is now on your side." Between 24 April 2007 and 29 September 2011, 67,200 women had legally terminated unwanted pregnancies in the District; 4.67% were younger than 18 years of age and less than 1% had had more than one abortion in that time period.[31]

Concluding remark

While respect for religious, traditional and cultural values and beliefs is a fundamental tenet of human rights, reference to such values and beliefs must not obstruct or prevent the implementation of all other human rights, including children's rights to sexual and reproductive health information and services. National and lower-level policies, plans and programs should incorporate the guidance provided by the Committee on the Rights of the Child and by leading international and national agencies to ensure that adolescents are able to make decisions about their sexual and reproductive health, access preventive measures and use services that meet their needs.

---

[30] Niki Msipa-Ndebele and Jennifer Daw Holloway, eds. 2011. *Community voices: strategies to address unsafe abortion.* Chapel Hill, NC, Ipas; http://www.ipas.org/Resources/Ipas%20Publications/Community-Voices--Strategies-to-address-unsafe-abortion.aspx

[31] Sonia B. Fernández Cantón, Gonzalo Gutiérrez Trujillo2 and Ricardo Viguri Uribe. 2012. Maternal mortality and abortion in Mexico. *Bol Med Hosp Infant Mex,* 69(1): 73-76; http://www.nietoeditores.com.mx/download/bol_med_HIM/2012/ENERO-FEBRERO/Boletin%20Ing.%201-2012/Bol%20Hosp%20Inf%201%20ingles%201.12%20Maternal.pdf