# OHCHR Intersessional Dialogue on Youth, CHOICE transcript

My name is Poppy Stanbury, and I am an Advocacy Coordinator at CHOICE for Youth and Sexuality. CHOICE is a youth-led organisation based in the Netherlands, focusing on and advocating for sexual and reproductive health and rights for all young people. I am very excited to be here today representing my organisation, and we are looking forward to working more with UN agencies and departments to open up the spaces to young people. My presentation will focus on sexual and reproductive health and rights (henceforth SRHR) and the barriers youth face in accessing it.

It is important to recognise that for young people to realise their SRHR they must have at least three things; access to education and information, access to services and an enabling environment.

Young people and adolescents need to have access to youth-friendly SRH services for the safety of their wellbeing. There are around 2.2-4 million unsafe abortions every year among girls aged 10-19 in developing countries, and young women account for almost 50% of annual deaths related to unsafe abortion. Worldwide, nearly half of all HIV infections and 70% of new STIs occur among people aged 15-24, and in hyper-epidemic countries in southern Africa HIV prevalence is four times higher among young women aged 15-24 than for young men of the same age. This information highlights how young people *must* have access to youth-friendly health services, and that services must use an intersectional approach as different issues affect various demographics of people differently.

There are three main barriers to young people accessing SRH services;

1. Barriers at the level of health services: negative attitudes and stigma from healthcare workers prevent youth from accessing services, as they are afraid they will be judged or their confidentiality is not secure. In countries where there are stricter laws for certain people, such as those in the LGBTI community, youth often worry they are not safe with the health workers. Moreover, health services are often not available at all, or young people do not have the economic means to access them.
2. Discriminatory laws and practices: Young people can be afraid and reluctant to utilise services that require parental consent as required by law or tradition, and instead are forced to risk their wellbeing. In countries where laws and policies are ambiguous, health workers may be unwilling to provide particular services based on their personal beliefs, for example, abortion or HIV testing services to young people.
3. Societal barriers: Cultural norms can hinder access to SRH services. These can include not being allowed contraceptives, or being seen as ‘too’ sexually active if making use of SRH services. Consequently, youth do not always seek sexual health services for fear of being stigmatised or discriminated against, and are therefore risking their health and wellbeing.

The COVID-19 pandemic has been particularly difficult for young people in accessing SRH services. Many have had to move or stay at home with parents or guardians who don’t know they are sexually active or their sexual orientation or gender identity. Youth have been forced to stop or hide necessary medical interventions, such as contraceptives or hormone replacement therapy, putting their health at risk.

One SRHR topic that I wish to highlight is safe abortion. With the news of the Global Gag rule being lifted, the pro-choice protests in Poland, and the legalisation of abortion in Argentina; abortion has been a significant topic with regards to human rights in the last year. COVID-19 has had a significant impact on accessing safe, and even legal, abortion for young people, with some countries having acted upon barriers to make access to abortion a priority, while other countries have not. Moreover, the continued postponement of the resolution on Maternal Morbidity and Mortality, a resolution which addresses abortion, shows how contested, and therefore critical, this discussion is.

Young people, especially women and girls and gender non-conforming people, are often denied access to abortion services and aftercare, due to stigma young people face with regards to their sexuality. In many countries around the world, the stigma against young people being sexually active is so strong that the risk of an unsafe abortion is chosen over the discrimination and shame that young women often face when trying to access abortion services. **Criminalizing abortion does not lead to fewer abortions, only to an increase in unsafe abortions.** Criminalizing abortion violates basic human rights, including rights to life, liberty, security, health, and freedom from torture. This is repeatedly reaffirmed and reiterated by various UN Treaty bodies, such as CEDAW, as well as by various UN Special rapporteurs, including the special rapporteur on Health. Moreover, criminal laws on abortion are enforced in a discriminatory way and disproportionately impact the most marginalized women and girls. Those who are poor, rural and lack education are at the highest risk of police investigations, arrest, prosecution, and imprisonment for unsafe abortions.

It is important to remember that cis women are not the only people needing abortions. It is critical to ensure that all abortion efforts are responsive to the needs of interested parties in all their diversity. It is also incredibly important to ensure an inclusive and intersectional approach to accessing safe abortion, as different groups of young women and people face intersecting forms of discrimination and varied levels of stigma and shame. Changing laws around accessing safe abortion is not a ‘one size fits all’ issue and should not be treated as such.

To create impactful and sustained change around safe abortion and SRHR, young people must be meaningful engaged in decision-making at every level of policy. Meaningful youth participation is the most important step in achieving a world where young people’s sexual and reproductive rights are fulfilled. Lack of change around SRHR in societal attitudes or changing laws is not due to a lack of young people willing to speak up on these issues, but a lack of decision-makers who are willing or available to listen. Therefore, we want a seat at the decision-making table to ensure that there is nothing about us, without us.

Thank you.