**Inputs to OHCHR Study on Human Rights Council Resolution 35/14 on youth and human rights**

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Young people face many challenges in realizing their right to health, especially with regards to their sexual and reproductive health. We would like to highlight three key issues for which there are major barriers that prevent young people from exercising their human rights:

**Contraception**

What is the relevance of this issue to young people’s human rights?

Every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant in developing regions.[[1]](#endnote-1),[[2]](#endnote-2) Adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities.2 Among adolescents aged 15 to 19, about half of pregnancies are unintended, and twenty-three million adolescents have an unmet need for modern contraception and are at risk of unintended pregnancy.1

Pregnancy and childbirth complications are the leading cause of death among 15 to 19 year-old girls globally, with low and middle-income countries accounting for 99% of global maternal deaths of women ages 15 to 49 years.[[3]](#endnote-3),[[4]](#endnote-4) Unmarried pregnant adolescents may face stigma or rejection by parents and peers and threats of violence. Similarly, girls who become pregnant before age 18 are more likely to experience violence within marriage or a partnership.[[5]](#endnote-5) Adolescent pregnancy may also jeopardize girls’ future education and employment opportunities.[[6]](#endnote-6)

Why does this problem exist?

Adolescents and youth face numerous barriers to access and use of a range of contraceptive methods, related to the following themes:[[7]](#endnote-7)

1. Desire to avoid, delay, space, or limit childbearing;
2. Desire to use contraceptives;
3. Agency to use contraceptives;
4. Access to contraceptive services;
5. Provision of quality, youth-friendly services.

Some girls are not aware of the benefits of contraception. Girls who are aware and wish to access contraception face restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents’ sexual health needs, and adolescents’ own inability to access contraceptives because of knowledge, transportation, and financial constraints.[[8]](#endnote-8) Even when adolescents are able to obtain and use contraceptives, they face barriers that prevent use and/or consistent and correct use of contraception, including pressure to have children, stigma surrounding non-marital sexual activity and/or contraceptive use, fear of side effects, lack of knowledge on correct use, and factors contributing to discontinuation.8

These barriers are compounded by gaps in our understanding of adolescent contraceptive need and use patterns, which have been categorized as measurement and reliability gaps, analysis and reporting gaps, and gaps in adolescent and youth data use.[[9]](#endnote-9)

While attention and some progress has been achieved in recent years on reducing the unmet need for contraception among adult women, there continues to be little if any attention to meeting the needs of adolescents in national family planning programs. In many places, decision makers do not see the need to address the specific contraceptive needs of adolescents. In others, they see the need but believe it is not important or too controversial. Only a handful of countries, such as Liberia and Mozambique, have shown real willingness to move ahead.

What must we do to allow young people to exercise their human rights?

As a result, there is a need to conduct advocacy to address adolescent pregnancy both as a public health and as a human rights issue in itself, implement and enforce policies that support adolescent access to contraception without mandatory parental or spousal authorization/notification, design strategies to address adolescent pregnancy that are based on a sound understanding of the local situation/context, and apply evidence-based approaches to adolescent pregnancy prevention.

**Menstruation**

What is the relevance of this issue to young people’s human rights?

Lack of attention to menarche, menstruation, menstrual hygiene and menstrual health is part of a broader neglect of girls’ needs. A 2017 review of knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries (LMICs) identified five key messages:[[10]](#endnote-10)

1. Girls are uninformed and unprepared for menstruation;
2. Mothers, other female relatives, and female peers are the main sources of information, but it is not adequate or timely;
3. Girls experience a variety of symptoms (e.g. pain, headaches, fatigue) and, when combined with taboos, they often cannot participate in household, school, or social activities;
4. Few girls seek health care when they experience menstrual problems, and may instead resort to household remedies;
5. Girls in rural and poor urban communities are less likely to obtain and use sanitary pads; they use materials made at home, and often lack access to clean water and functional toilets.

Why does this problem exist?

There has been a lack of attention to creating supportive environments that view menstruation as healthy and normal, working with parents to provide support for menstruation in the home, and improving adolescents’ access to and use of health services with competent and adolescent-friendly health workers who are proactively responsive to the needs of those transitioning through puberty and adolescence.

What must we do to allow young people to exercise their human rights?

We must take action to ensure that girls can grow up in a context where menstruation is seen as healthy and normal; be well educated about menstruation; have access to sanitary products, water, soap, safe, clean and easily accessible toilets and disposal methods; be cared for and supported during their menstrual periods; and be able to consult a competent and caring health worker when they have menstrual health problems.10

**Comprehensive Sexuality Education (CSE)**

What is the relevance of this issue to young people’s human rights?

As they transition from childhood to adulthood, adolescents undergo a number of physical, emotional, and social changes. They need knowledge and skills to make well-informed choices about their lives, learn how to avoid and deal with problems, and know where to seek help if necessary. Comprehensive education and information, including CSE, can help adolescents to develop accurate and age-appropriate knowledge; positive values including respect for human rights, gender equality and diversity; and attitudes and skills that contribute to safe, healthy, positive relationships.[[11]](#endnote-11)

Despite recognition of the need for CSE and growing acceptance that CSE is a right; availability of evidence of effectiveness and cost effectiveness; availability of tools to advocate, plan, monitor, and evaluate programs;[[12]](#endnote-12)-19 and inclusion of CSE in international declarations and regional/national plans of action,20-26 progress at implementation of CSE in some countries and geographical regions has been slow.

Why does this problem exist?

Across settings, a common challenge is moving from small-scale projects or weakly designed and executed programs with poor quality and limited coverage to large-scale, well-designed and well-conducted programs coordinated by Ministries of Education and included in national school education policies and programs. This transition faces barriers at multiple levels related to five factors: comfort, commitment, capacity, cash, and accountability. Additionally, programs face the challenge of preventing paralysis due to backlash during implementation and reviving progress if they become stalled by resistance.

What must we do to allow young people to exercise their human rights?

A small number of countries (i.e. Zambia, India, Pakistan, and Argentina) have scaled-up and sustained CSE, and can provide insights into effective strategies and investments. These recommendations include:

Placing CSE on the national agenda;

Planning the scale-up of CSE from the start;

Managing the scale-up of CSE effectively and efficiently;

Building support while anticipating and addressing opposition;

Promoting and safeguarding sustainability

Understanding potential barriers at different levels.

Efforts should also be made to ensure that curricula are scientifically accurate, incremental, age and developmentally appropriate, comprehensive, based on human rights and gender equality approaches, culturally relevant and context appropriate, and transformative.11

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