ADOLESCENTS

As children enter adolescence, as their bodies change and as many of them begin exploring their sexuality, access to sexual and reproductive health services and information becomes critical to their enjoyment of human rights, their health and wellbeing.

Adolescents account for a significant proportion of the population (around 16 per cent),[1] yet their sexual and reproductive health needs and rights remain mostly unmet. According to the United Nations Special Rapporteur on the right to health, "adolescents are one of the groups that the existing health services serve least well"[2] as they often face discrimination and barriers to access sexual and reproductive health information, goods and services. Some of the barriers stem from age restrictions on access to such services, while others are generated by social norms and stigma that hinder, in particular, young women's ability to seek information about their sexuality and their sexual and reproductive health.

These barriers can deter adolescents from seeking health care assistance or information at the moment in their lives when they begin to become sexually active and thus require such information for their own protection. In developing countries, 12 million girls aged 15 to 19 years[3] and 2.5 million girls under 16 years give birth each year.[4] In addition, some 3.9 million girls aged 15 to 19 undergo unsafe abortions.[5] Indeed, complications during pregnancy and childbirth are a leading cause of death for 15 to 19 year old girls globally.[6]

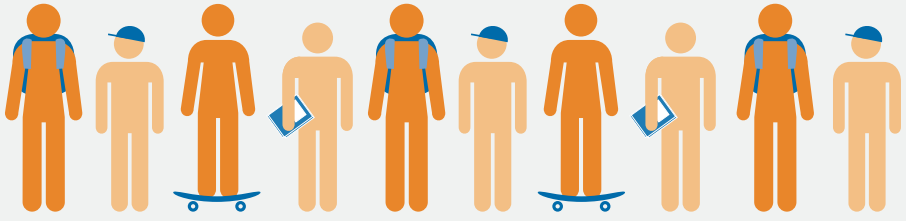
Adolescent girls, whether married or not, face significant difficulties in accessing contraception.[7] Without access to evidence-based information and services about sexual and reproductive health, these adolescents are at higher risk of unwanted pregnancies and an increased risk of contracting sexually transmitted infections (STIs), including HIV and HPV. Adolescents are the only age group in which death due to AIDS is increasing, with adolescent girls being disproportionality affected.[8]

The Convention on the Rights of the Child recognizes "the right of the child to the enjoyment of the highest attainable standard of health"[9] as well as the "evolving capacities"[10] of adolescents to make their own decisions. The Committee on the Rights of the Child has called on States to "ensure that health systems and services are able to meet the specific sexual and reproductive health needs of adolescents."[11]

Human rights bodies have requested States to remove all barriers to access information and services, including those related to marital status, parental or guardian consent and providers' objections.[12]

The Programme of Action of the International Conference on Population and Development, recognizes that the reproductive health needs of adolescents had been largely ignored. The Programme of Action established that "information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility."[13]

In 2012, the Commission on Population and Development urged governments to protect the human rights of adolescents *"to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health."*[14]



1.2 BILLION ADOLESCENTS TODAY MAKE UP MORE THAN 16 PER CENT OF THE WORLD'S POPULATION

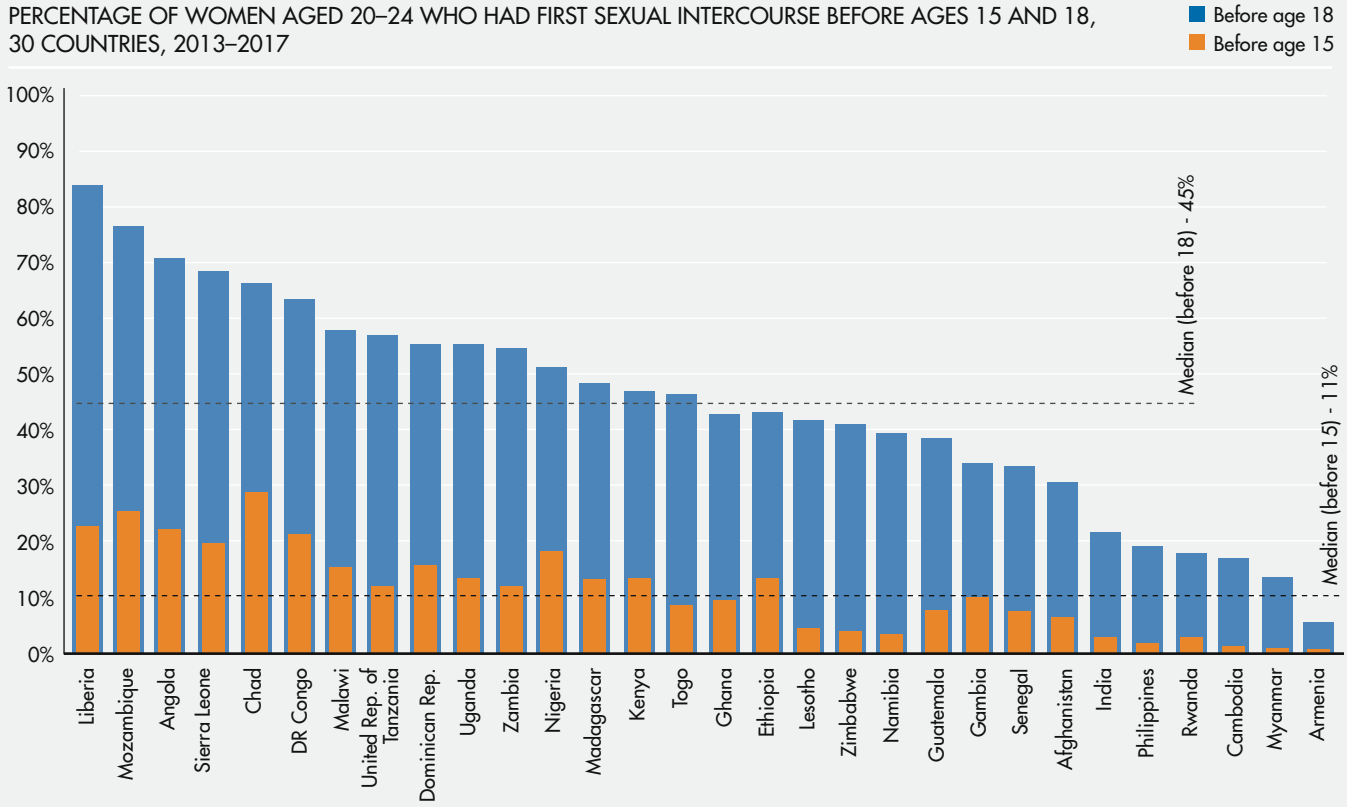
GIRLS 15–19 YEARS OLD ACCOUNT FOR 11 PER CENT OF ALL BIRTHS AND AROUND 14 PER CENT OF ALL MATERNAL DEATHS, WITH SOME **50,000 GIRLS DYING FROM MATERNAL CAUSES ANNUALLY**

1 IN 4 ADOLESCENT GIRLS AGED 15-19 HAVE AN UNMET NEED FOR CONTRACEPTION

EVERY YEAR ABOUT 3.9 MILLION GIRLS AGED 15-19 YEARS UNDERGO UNSAFE ABORTIONS WHICH CONTRIBUTES SUBSTANTIALLY TO INCREASED MATERNAL DEATHS AND LASTING HEALTH PROBLEMS

Sources: United Nations Population Fund, Universal Access to Reproductive Health: Progress and Challenge (2016); World Health Organization, Adolescent Pregnancy, Key Facts (2018).

PERCENTAGE OF WOMEN AGED 20–24 WHO HAD FIRST SEXUAL INTERCOURSE BEFORE AGES 15 AND 18, 30 COUNTRIES, 2013–2017



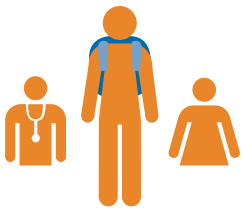
Note: Data were included if survey was conducted after 2012 and if data were published before 31 March 2018. Survey must have been nationally representative and denominator must be at least 25 unweighted cases. Surveys were included in this analysis if they included indicators on sexual debut before ages 15 and 18.
Source: UNICEF databases of population based surveys, including DHS, Multiple Indicator Cluster Surveys (MICS), Population-based HIV Impact Assessments (PHIA) and AIDS Indicator Surveys (AIS) conducted from 2013–2017.

KEY ISSUES

1 ADOLESCENTS FACE MULTIPLE BARRIERS TO ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION

Requirements of third-party consent for access to certain services are contrary to human rights.[15]

Adolescents are often confronted with the reality that they can only access sexual and reproductive health services and information with the agreement of their parents, guardian, spouse or doctor.



According to the Committee on the Rights of the Child "there should be no barriers to commodities, information and counseling on sexual and reproductive health and rights, such as requirements for third-party consent or authorization."[16] The Special Rapporteur on the right to health has characterized third-party authorizations as a barrier to health as they "make adolescents reluctant to access needed services so as to avoid seeking parental consent which may result in rejection, stigmatization, hostility or even violence."[17] States should also ensure that adolescents are not deprived of any sexual and reproductive health information or services due to providers' conscientious objection.[18]

States should establish a legal presumption of capacity for sexual and reproductive health commodities and services.

The Committee on the Rights of the Child has recommended that States should consider establishing "a legal presumption that adolescents are competent to seek and have access to preventive or time-sensitive sexual and reproductive health commodities and services."[19] This builds on previous guidance from the Committee which urged States to allow adolescents to consent to certain medical treatments and interventions without parental consent, "such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion."[20]

Health services must also be consistent with the rights to privacy and confidentiality.[21]

Privacy and confidentiality are essential to promoting the health and development of adolescents. If they are not respected,

adolescents may be reticent to seek counseling or to access certain services, or risk facing stigma or discrimination when they do seek services. The Committee on the Rights of the Child has established that "health-care providers have an obligation to keep confidential medical information concerning adolescents."[22] The right to privacy also entitles adolescents to have access to their health care records.[23]

2 ADOLESCENTS NEED SERVICES THAT RESPOND TO THEIR UNIQUE SEXUAL AND REPRODUCTIVE HEALTH NEEDS

Sexual and reproductive health for adolescents should include services to prevent unwanted pregnancies, to support pregnant girls and adolescent parents and to reduce the risk of sexually transmitted infections (STIs).

The Committee on the Rights of the Child has held that all adolescents should have access to "free, confidential, adolescent-responsive and non-discriminatory sexual and reproductive health services, information and education, available both online and in person, including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, pre-conception care, maternal health services and menstrual hygiene."[24] Further, the Committee has urged States to "decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services."[25] Human rights mechanisms have also specifically called for "equal access to health care and access to gender affirming treatment for those who seek" with respect to trans and gender diverse children and adolescents.[26]

Adolescents with disabilities face particular risks of being denied their human rights with respect to their sexual and reproductive health and rights.

Adolescents with disabilities are widely denied access to information and services, and may be subject to forced sterilization or contraception.[27] For example, the United Nations Special Rapporteur on the rights of persons with disabilities has noted that, "contraception is often used to control menstruation at the request of health professionals or parents" on girls and young women with disabilities without their free and informed consent contrary to human rights law.[28] Under human rights standards, adolescents with disabilities should be provided with opportunities for supported decision-making in order to facilitate their active participation in all matters concerning their sexual and reproductive health.[29]

The Committee on the Rights of the Child has urged States to:

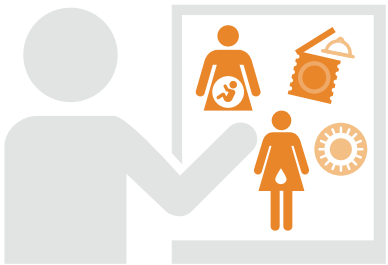
A to **ensure** that short-term contraceptive methods such as condoms, hormonal methods and emergency contraception are easily and readily available to sexually active adolescents, as well as long-term contraceptive methods, and provision of safe abortion and post-abortion care services, with a view to guaranteeing the best interests of pregnant adolescents and ensuring that their views are always heard and respected in abortion-related decisions;[30]

B to **foster positive and supportive attitudes** towards adolescent parenthood for their mothers and fathers; and

C to **develop policies** that will allow adolescent mothers to continue their education.[31]

3 ACCESS TO EDUCATION AND INFORMATION IS A CRITICAL PART OF THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF ADOLESCENTS

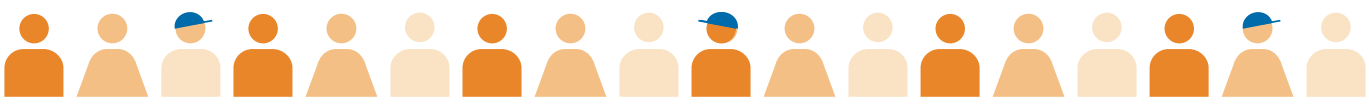
The right to health encompasses access to education and information on sexual and reproductive health.[32]



The Committee on the Rights of the Child has recognized that States parties should provide adolescents with access to sexual and reproductive health information which should include information on family planning and contraceptives, the dangers of early pregnancy and marriage, the prevention of HIV/AIDS and the prevention and treatment of STIs.[33]

Comprehensive sexuality education (CSE) is an important component of ensuring adolescents access to information, and "should be part of the mandatory school curriculum and reach out-of-school adolescents."[34]

To find appropriate means of providing information and education, the Committee on the Rights of the Child has encouraged States to involve adolescents "in the design and dissemination of information through a variety of channels beyond the school, including youth organizations, religious, community and other groups and the media."[35]

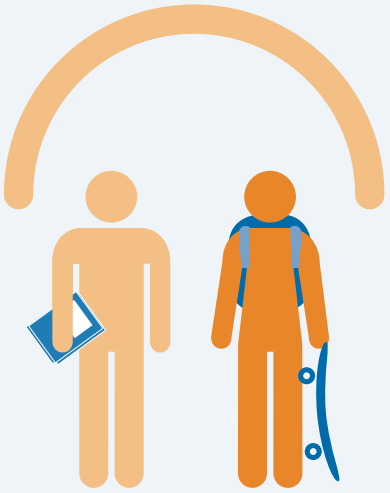


STATES HAVE OBLIGATIONS TO RESPECT, PROTECT AND FULFIL THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF ADOLESCENTS

RESPECT States should refrain from interfering directly or indirectly with the enjoyment of the right of adolescents to access sexual and reproductive health information, goods and services. For example, States should not require the authorization of husbands, partners or parents of adolescents seeking counselling on contraceptives.

PROTECT The obligation to protect requires States to prevent violations by third parties. Thus, for instance, States are required to ensure that adolescents are not deprived of sexual and reproductive health information, goods and services, such as contraceptives and family planning, due to health providers' conscientious objection.

FULFILL The obligation to fulfil requires States to take appropriate legislative, administrative, budgetary, judicial and other measures to achieve adolescents' rights to sexual and reproductive health information and services. For example, States need to create an enabling environment for adolescents to exercise their sexual and reproductive health and rights including through the provision of comprehensive sexuality education.



NOTES

1 Universal Access to Reproductive Health: Progress and Challenges (2016), p. 5.
2 A/HRC/32/32 (2016), para. 3.
3 Jacqueline E. Darroch et al., Guttmacher Institute, Adding it UP: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents (2016), p. 6.
4 World Health Organization, Adolescent Pregnancy, Key Facts (2018).
5 Ibid.
6 Ibid.
7 United Nations Population Fund, State of the World's Population Report (2012), By Choice, Not by Chance: Family Planning, Human Rights and Development, p. 31.
8 Committee on the Rights of the Child, General Comment 20 (2016) on the implementation of the rights of the child during adolescence, para. 62.
9 Article 24(1).
10 Article 5.
11 General Comment 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, para. 56.
12 Committee on the Rights of the Child, General Comment 20, para. 60. See also Committee on Economic, Social and Cultural Rights, General Comment 22 (2016) on the right to sexual and reproductive health, para. 41.
13 International Conference on Population and Development, Programme of Action (1994), para. 7.41.
14 Commission on Population and Development, Resolution 2012/1, Adolescents and youth, para. 7.
15 Committee on the Rights of the Child, General Comment 15, para. 31; Committee on the Elimination of Discrimination against Women, General Recommendation 24 (1999) on women and health, para. 14; Concluding Observations on Indonesia, CEDAW/C/IDN/CO/5 (2007), para. 16; Turkey, A/52/38/Rev.1 (1997), para. 196.
16 General Comment 20, para. 60. See also Committee on Economic, Social and Cultural Rights, General Comment 22 (2016) on the right to sexual and reproductive health, para. 41.
17 A/HRC/32/32, para. 59.
18 Committee on the Rights of the Child, General Comment 15, para. 69.
19 General Comment 20, para. 39.
20 General Comment 15, para. 31.
21 Committee on the Elimination of Discrimination against Women, General Recommendation 24, para. 31(e).
22 General Comment 4 (2003) on adolescent health and development, para. 11.
23 General Comment 20, para. 46.
24 Ibid., para. 59; Concluding Observations, Sri Lanka, CRC/C/LKA/CO/5-6 (2018), paras. 32 (a) - (b); Argentina, CRC/C/ARG/CO/5-6 (2018), para. 32 (b) - (c).
25 General Comment 20, para. 60. See also Concluding Observations on Bhutan, CRC/C/BTN/CO/3-5 (2017), para. 35 (c); Human Rights Committee, General Comment 36 (2018) on the right to life, para. 8; A/HRC/32/32, para. 92.
26 Embrace diversity and protect trans and gender diverse children and adolescents, 17 May 2017, (https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=21622)
27 United Nations Office of the High Commissioner for Human Rights, Committee on the Rights of the Child, General Comment 20, para. 31.
28 A/72/133 (2017), para. 31.
29 Ibid., para. 62 (k).
30 General Comment 20, para. 60; General Comment 15, para. 70.
31 General Comment 4, para. 31.
32 Committee on Economic, Social and Cultural Rights, General Comment 14 (2000) on the right to the highest attainable standard of health, para. 11; General Comment 22, para. 7.
33 General Comment 4, para. 28. See also Committee on Economic, Social and Cultural Rights, General Comment 22, para. 44.
34 Committee on the Rights of the Child, General Comment 20, para. 61; Committee on Economic, Social and Cultural Rights, General Comment 22, para. 28.
35 General Comment 4, para. 28.