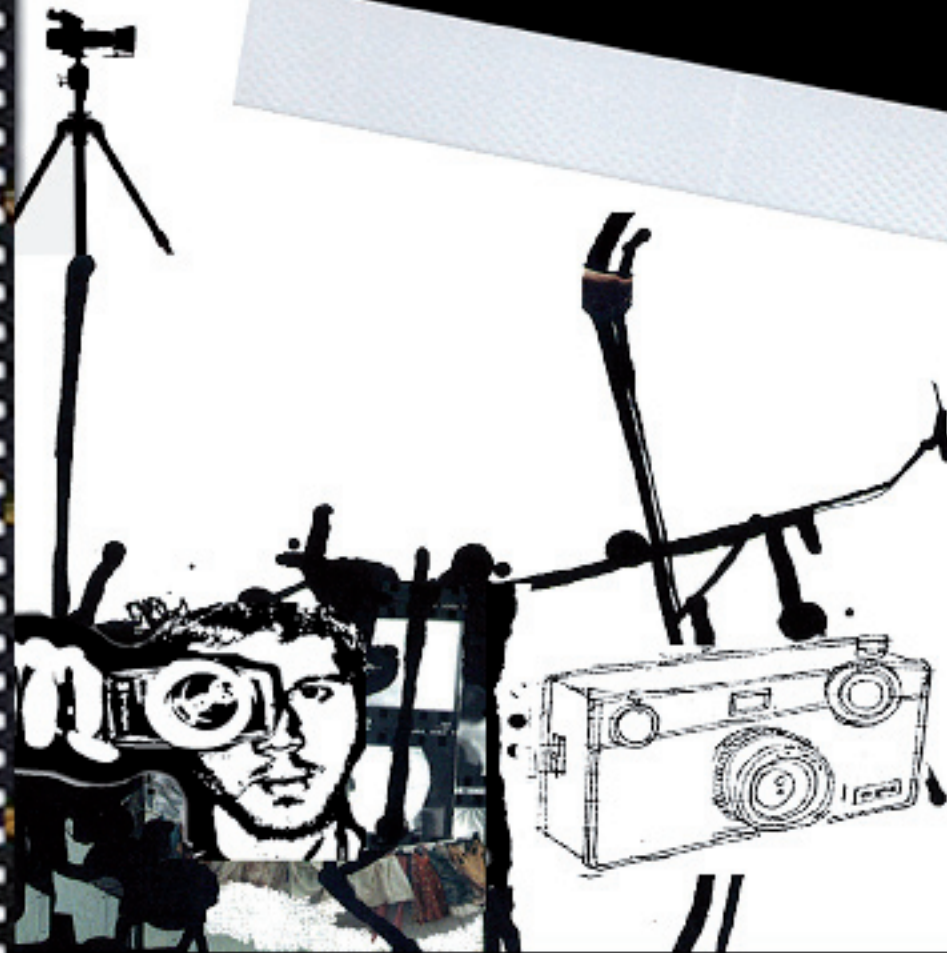


2. Fact Sheets





2.1.1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The official definition and explanation:

Sexual and reproductive health and rights (SRHR) is a term covering a very broad range of subjects and issues that effectively support the freedom of an individual to enjoy sexual health and the right to have children when and if they choose to. SRHR incorporates the following:

- Sexual health
- Sexual rights
- Reproductive health
- Reproductive rights

Sexual Health

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

www.who.int/reproductive-health/gender/sexual_health.html

Sexual Rights

Sexual rights are the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, being free from discrimination, coercion or violence in their sexual lives and in all sexual decisions and to expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships.

www.icw.org/files/SRHR-ICW%20fact%20sheet-06.doc

Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes.

Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

www.who.int/topics/reproductive_health/en/

Reproductive Rights

Reproductive rights is the right of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, to attain the highest standards of sexual and reproductive health and, make decisions about reproduction free of discrimination, coercion and violence.

www.icw.org/files/SRHR-ICW%20fact%20sheet-06.doc

The above definitions include the notion that reproductive health cannot be had without sexual health. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (World Health Organisation)

The simpler, more youth-friendly definition and explanation:

Sexual and reproductive health and rights can be more simply explained as follows:

You have the right to make decisions about your own body. Nobody should force you to do anything you don't want to do.

You have the right to information and education about sex and sexuality, so you can make your own decisions when it comes to issues such as whether or not to have sex, using contraceptives, protecting yourself from infection, and about your rights.

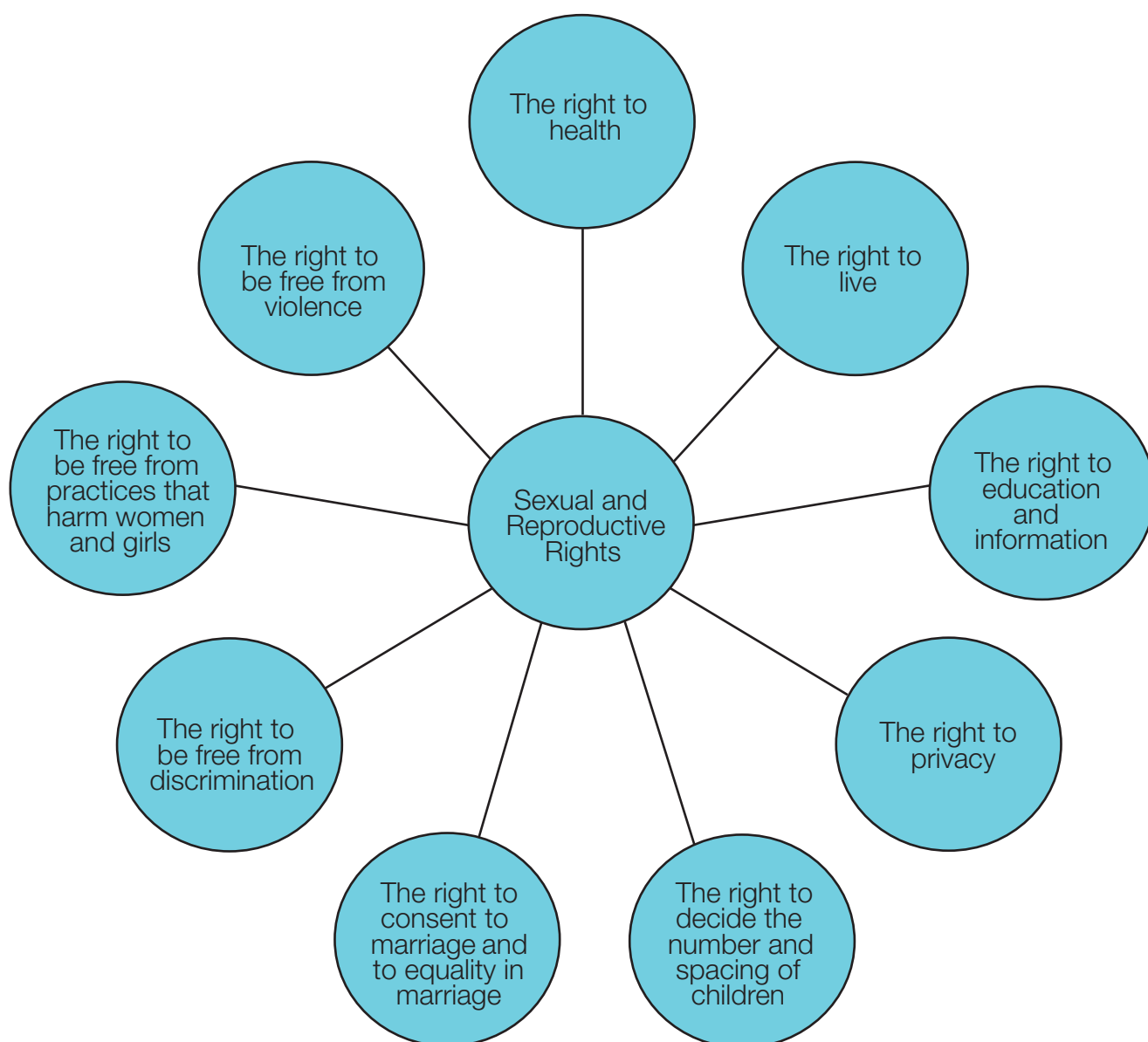
You have the right to equality and to be free from discrimination. Everybody is equal, whether you are a boy or a girl, married or unmarried, gay, bisexual or straight, etc, whatever your sexual persuasion - you all have the same rights.

- You have the right to be free from sexual violence and sexual abuse
- You have the right to decide if you want to have children or not
- You have the right to choose if you want to get married or not
- You have the right to good quality health care
- You have the right to be involved on all levels when it comes to addressing these rights.



2.1.2 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AS HUMAN RIGHTS

Sexual and reproductive rights embrace certain human rights that are already recognised by national laws, international human rights documents and other consensus documents.





2.1 Key Issues

2.1.3 YOUNG PEOPLE WORLDWIDE

Population

- Nearly half of the world's population (almost three billion people) is under the age of 25; 1.2 billion people are between the ages of 10 and 19. About 87% of these adolescents live in developing countries.
www.unfpa.org/adolescents/facts.htm
- The largest population of 10-24 year olds is concentrated in Asia and the Pacific (60%); 15% is concentrated in Africa; 10% in Latin America and the Caribbean. The remaining 15% is concentrated in developed countries and regions
www.advocatesforyouth.org/publications/factsheet/fsstateworld.pdf

Poverty

- The number of young people aged 15-24 surviving on less than a dollar a day is an estimated 238 million, almost a quarter (22.5%) of the world's population.
- South Asia has the largest concentration of 10-24 year olds in extreme poverty (106 million), followed by Sub Saharan Africa (60 million), East Asia and the Pacific (51 million) and Latin America and the Caribbean (15 million).

Education

- An estimated 115 million children currently do not attend primary school. The majority - 57% - are girls.
- About 57 million young men and 96 million young women aged 15-24 in developing countries cannot read or write.
www.unfpa.org/adolescents/facts.htm



2.1.4 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF YOUNG PEOPLE

Sex plays an important part in young peoples' lives. Most of the world's young people are sexually active by the time they reach their 18th birthdays, if not before. To ensure any sexual activity is a healthy part of their lives, it is vital that young people have the information, education and services they need to make informed decisions about their actions. In fact, it is their human right.

Sexual activity among young people varies by region:

- Premarital sexual intercourse is common and appears to be on the rise in all regions of the world. Young people everywhere reach puberty earlier and marry later than in the past. As a result, youth are sexually mature for a longer period of time prior to marriage.
- Young people's degree of sexual experience varies across countries, but is generally consistent within regions. Studies of female youth suggest that two to 11% of Asian women have had sexual intercourse by age 18; 12-44% of Latin American women by age 16; and 45-52% of sub-Saharan African women by age 19. In developed countries, most young women have had sex prior to age 20: 67% in France, 79% in Great Britain, and 71% in the United States.
- Among male youth, studies suggest that up to 75% of Asian men have had sex by age 18; up to 66% of Latin American men by age 16; and up to 73% of sub-Saharan African men by age 17. In developed countries, most young men have had sex prior to age 20: 83% in France, 85% in Great Britain, and 81% in the United States.

www.advocatesforyouth.org/publications/factsheet/fsglobal.pdf

Yet, in many countries young people are not expected to ask about, need to know about, nor engage in sexual activity. This can create an environment where sexual activity among young people is seen as something negative that should be repressed. As a result, they face the biggest barriers in accessing accurate, comprehensive and non-judgmental sexual and reproductive health information, education and services. At the same time, early pregnancies, sexually transmitted infections including HIV/AIDS, and other sexual and reproductive health problems are a major threat to their personal development, health and lives.

www.youthcoalition.org/ (SRRGUIDE)

RESOURCES

Teenagers Sexual and Reproductive Health: Developed Countries
www.guttmacher.org/pubs/fb_teens.html

Barriers to Adolescent Sexual and Reproductive Health

- In many countries, adolescents face significant barriers to using contraception. Service-related barriers include incorrect or inadequate information, difficulty in travelling to and obtaining services, cost, and fear that their confidentiality will be violated.
- Gender imbalance in sexual decision making influences teenage girls' contraceptive use. In a study in Malawi, over 57% of adolescent girls said that it is easier to risk pregnancy than to ask a partner to use a condom.
- Personal barriers that particularly deter teenage girls from accessing and using contraception include fear that their parents will find out, difficulty negotiating condom use with male partners, fear of violence from their partner, and concerns about side effects.
- Social, cultural, and economic factors also greatly influence young people's ability to protect themselves from unwanted pregnancy and sexually transmitted infections. Mass media, materialism, migration and/or the move from rural areas to cities may increase both the desire and opportunity for sexual activity, and many young people feel strong peer pressure to have sex. Some cultures may promote early sexual activity by expecting women to marry and begin childbearing at an early age.

www.advocatesforyouth.org/publications/factsheet/fsglobal.pdf



2.1.5 SRHR AS A GLOBAL DEVELOPMENT ISSUE

Sexual and reproductive health and rights (SRHR) affects and is affected by the broader context of peoples' lives, especially young peoples' lives.

Health and Well-being

The right to information about sexuality and reproduction and access to contraceptives like condoms and good quality health care are crucial to health, especially women's health. It can prevent sexually transmitted infections including HIV/AIDS, unplanned pregnancies and complications during pregnancy and childbirth.

Population Issues

The right to choose your own partner, the right to choose if you want to have children or not, the right to have information about sex and reproduction and access to contraceptives all determine the number of children a woman or a couple have. Where sexual and reproductive rights are observed, unplanned pregnancies can be prevented and young girls will not become pregnant before they are physically and mentally ready. It also means the number and spacing of children can be controlled, so there is less risk of women or couples having children for whom they can't afford to care for.

Economic Development

Access to good quality sexual and reproductive health services and information has a huge impact on the economic development of a country. For example, half of all new HIV infections in South Africa occur among young people. In the coming years, if these people don't receive the right medicine and support, many will end up not able to work full time, which will have an impact on the country's economic development. Alternatively, if a young girl in the developing world becomes accidentally pregnant, she often cannot continue her education as she has to take care of her child. This has consequences for her employment and her ability to earn a living. Besides this, in countries where there is a high prevalence of sexually transmitted infections, HIV/AIDS and unplanned pregnancies, there are also huge health care costs.

Poverty

Poor reproductive health is both the result of poverty and can be the cause of poverty. As a result it can make it extremely hard for those suffering from poor reproductive health to escape from this cycle of poverty. If a woman suffers poor health, for example, from bearing too many children too close together, she may be unable to care for her existing children properly. Poor reproductive health reduces productivity and earnings, prevents investments in children and leads to untold private suffering. Poverty also aggravates poor reproductive health, sometimes contributing to risky behaviour, such as unsafe sex for survival. This, in turn, can fuel the spread of HIV and other sexually transmitted infections.

www.worldbank.org – Poverty and Reproductive Health

Improving SRHR is crucial for peoples' lives and health, their education and employment, the economic development of their country and poverty reduction. Nearly all aspects of development tie in directly with the health and wellbeing of the people concerned. If we accept that at the very root of this wellbeing is the ability for people to have access, (without fear of discrimination), to the information and services they need to enjoy safe, responsible sexual activity when they can control their fertility and keep themselves free from infection, then it is up the developed world to provide whatever support it can to ensure this information and these services are made available.

RESOURCES

www.youthcoalition.org/ (SRRGUIDE)



2.2.1 KNOWLEDGE AND INFORMATION

Sexual Awakening

Adolescence is a time of sexual awakening. Young people's bodies, coupled with their thoughts and emotions, are changing rapidly during this period. Curiosity with regards to matters of a sexual nature is high, particularly for boys. Girls' bodies develop and as a result, they may notice a sudden increase in male attention.

Sexuality is a vital aspect of teenagers' lives. Mature sexual desire usually begins to appear with the onset of puberty. The sexual behaviour of adolescents is influenced by their culture, their own personal sexual preference, and the issues of social control such as age of consent laws.

Sexual expression can take many forms, from masturbation to actual sex with a partner. Sexual preferences can develop during this period, and may lead to experimentation and often confusion and despair as teenagers either embrace their sexual preference or conform to something others want them to be or how they think they should be. Sexual activity is associated with a number of risks about which young people need to be educated, including sexually transmitted diseases, emotional distress, and pregnancy through failure or non-use of birth control (see section on **RISKS AND RESPONSIBILITIES**)

REFERENCES

www.troubledwith.com/ParentingTeens/SexualActivity.cfm
en.wikipedia.org/wiki/Adolescent_sexuality

Sex and Puberty

Many young people find it extremely difficult to talk about sex and puberty, especially with older people such as their parents or teachers. They are often embarrassed or just feel that the older generations won't understand or approve.

In Europe, however, we are lucky to have a number of helplines and websites which young people can turn to if they wish. Youth focused television shows and magazines also tend to explore sexual issues, and sex education is also a very important part of the school curriculum. That said, media distortion of the ideal body image can cause even greater anxiety for young people who feel they do not conform.

In developing countries, young people can feel extremely isolated without the support network which we enjoy. They are frequently concerned about the changes to their bodies and growing sexual awareness but may not have anyone to turn to. This can have devastating results.

Young people have the right to information about sex and reproduction. Knowledge and information about these issues is crucial to allow them to make their own decisions

about their own sexuality and sex life. Unfortunately young people frequently don't have access to this information and in many countries it's not part of the school curriculum. The information they can access may also be influenced by religion and/or cultural values, so all too often, young people base their interpretation of these issues around myths and misinformation.

Myths and Misinformation

Myths and misinformation about sex and body changes are rife in all societies, particularly among young people. Again, without recourse to resources and information, there is a greater danger that these myths will perpetuate inappropriate behaviour and put young people at increased risk. In the developing world, myths and misinformation can be even more potentially dangerous as they are frequently fuelled by adults.

Common myths in Western culture include:

1. Masturbation causes hairy palms and blindness.
2. You can't get pregnant your first time.
3. You can't get pregnant during your period.
4. You can get AIDS from toilet seats, saliva, and sharing utensils.
5. Having sex while standing up or jumping up and down after sex will prevent pregnancy.
6. There's something wrong with a guy who hasn't had sex by the time he's 18.
7. Condoms don't really work.
8. The pill provides protection from sexually transmitted infections.

Common myths in some developing countries include:

1. Having sex with a virgin cures you of HIV/AIDS.
2. Using modern family planning methods will make you infertile.
3. Condoms cause sexually transmitted infections.
4. Masturbation will make you infertile later in life.
5. Male masturbation reduces your life force and makes you weak.

(For more information about puberty see fact sheet on **SELF ESTEEM**)

RESOURCES

www.likeitis.org

www.realsexedfacts.com

www.youth2youth.co.uk (a website and help-line run by young people)



2.2.2 SELF ESTEEM

Going through **puberty** is a problematic time for nearly every teenager. Their bodies are physically changing and their hormones are all over the place. Self esteem is often at its lowest ebb.

Of course everyone has to go through it, but puberty takes place at different times for different people. For those who experience puberty early it can be isolating for the young people concerned and cause amusement or bewilderment among their peers, while those who undergo puberty late may be left feeling inadequate.

Of course this is the stage when the differences between boys and girls become more marked. Girls suddenly have breasts which everyone can notice – girls might compare sizes, boys may want to admire them. They also have periods which can be emotionally traumatic, physically painful and sometimes totally unexpected. Boys' voices break and they start having wet dreams – which can be very embarrassing and something they may feel the need to hide.

In the face of all these changes, young people need information which they tend to gather from various sources – their parents, doctors, teachers, websites, books, television, magazines and, of course, their friends.

In the developing world, however, with little or no sex education, with virtually no access to the internet and other media forms, and parents who are frequently unwilling or unable to talk things through, body changes and the emotional confusion that often goes with puberty can be downright terrifying and something which many young people feel anxious and ashamed about.

Peer Pressure

Peer pressure to have sex is a universal problem for young people undergoing puberty. Some are desperate to lose their virginity so that they don't feel left out, while others feel obliged to have sex before they are ready when they may still be mentally and physically immature. Often teenagers bow to pressure from their peers and then feel ashamed or frightened. Others suffer physically and psychologically, which can be exacerbated if they haven't used adequate protection.

Frequently it can feel like there is no right answer with regards to the issue of peer pressure. Some feel inadequate for not having sex whilst others feel inadequate because they have had sex.

In the developing world, peer pressure is just as prevalent. Young people may feel obliged to conform just as teenagers in Europe do. The context may change (e.g. boys in cultures where girls are kept separate may find themselves pushed to experience first sex with prostitute or even, in some cases, with each other), but the pressure remains the same.

Abstinence

Because of the focus of some international funders on this issue and because of the high prevalence of HIV/AIDS, abstinence has become an important component of sexual health education in the developing world. While there is no doubt abstinence is the ultimate defence against HIV transmission through sex or unplanned pregnancy, there is some doubt over whether abstinence only focused education has been successful in preventing sex before marriage (which for many educators is the main aim). A recent Guttmacher report (November 2007) states: 'At present, there does not exist any strong evidence that any abstinence programme delays the initiation of sex, hastens the return to abstinence, or reduces the number of sexual partners.' In fact some abstinence programmes had no impact at all on teen sexual behaviour in any environment.

www.guttmacher.org/media/evidencecheck/2007.

It is also important to emphasise that abstinence is only one of the choices that young people can make. Therefore, it is essential to ensure that it forms part of a holistic information programme which provides details about all possible choices. Only in this way can we ensure that those who choose to have sex, are equipped with all the necessary information about safe sex and contraception.

(For more information, see the section on **Promiscuity** in **RISKS AND RESPONSIBILITIES**.)

RESOURCES

www.likeitis.org/puberty
www.coolnurse.com/puberty
www.puberty101.com
www.kidshealth.org
www.teenpuberty.com
www.ruthinking.co.uk

2.2.3 SERVICES AND SUPPLIES

It's one thing for young people to understand what their sexual and reproductive health



2.2.3 SERVICES AND SUPPLIES

It's one thing for young people to understand what their sexual and reproductive health needs are, but it's another for them to then be able to do something about these needs. Assuming they have overcome any shyness or embarrassment, young people in Europe should have access to any number of outlets to provide them with further information and to cater to their needs: doctors, health clinics, family planning clinics, school nurses, etc. These outlets are usually well-equipped to provide supplies such as contraceptives and medicines, or issue professional and, hopefully, non-judgemental information and advice. It would certainly be very likely that anyone in Europe could get condoms or contraceptive pills, for example, if they wanted to.

This is very often not the case in the developing world. Reproductive health services are frequently non-existent or many miles travel away. Even where they do exist they may not always have supplies of modern medicines or contraceptives. Supplies may be dependent on under-resourced government departments, faulty supply chains and the support of donors (some international donors supply contraceptives to developing countries, but these supplies are by no means guaranteed). This can mean there is no certainty for a girl or woman that the next batch of contraceptive pills will be available when she needs them. Condoms may also be hard to find and are often kept in poor storage conditions or are issued after their use-by date.

To make matters worse, many sexual health service providers are not geared towards providing services for young people. At best they may be judged and made to feel embarrassed or ashamed; at worst they are simply refused the service. In some communities, there is a cultural taboo about young people being sexually active prior to marriage, so services available often reflect that taboo.

This means that many young people resort to non-professional providers or 'quacks' for services and information. This could be anything from the local 'wise woman' giving out misinformation and superstitious advice, to quacks offering services such as unsafe abortion.

RESOURCES

www.populationaction.org/Publications/Reports/Condoms_Count/Summary.shtml

www.populationaction.org/Publications/Reports/Meeting_the_Challenge/Summary.shtml



2.2.4 RISKS AND RESPONSIBILITIES

Young People and Sex

Adolescence is a period of rapid emotional growth and development. Some adolescents become sexually active early; in many countries, unmarried girls and boys have sex before the age of 15. However, this often takes place without the necessary information, skills or services for these young people to protect themselves from HIV/AIDS, sexually transmitted diseases or unwanted pregnancy.

In many developing countries, a significant proportion of girls are married by the age of 15, as is part of their custom. (See section on **GENDER AND EQUALITY** for more information on early marriage.) The myth persists that sexual health education promotes early and irresponsible sexual activity among young people and as a result, some countries forbid sex education in schools. But, in fact, numerous studies have shown that people exposed to appropriate information about sex tend to postpone sexual interaction or, if they do have sex, they know how to protect themselves.

Children and adolescents everywhere need to know how to negotiate safe sex, cope with peer pressure and deal with threatening situations. Learning with and from peers is by far the best way of achieving this. Many young people in developing countries do not go to school, so they need to be reached through community programmes. Parents should talk openly about sex and sexuality with their children. Most young people don't have access to sexual health advice, condoms and other forms of contraception, voluntary counselling or testing services. This is not just due to neglect. Too often, young people are deliberately deprived of these life-saving services and information because adults deny that sexuality is a normal and healthy aspect of growing up.

REFERENCES

UNAIDS 'HIV/AIDS and Young People – Hope for Tomorrow'
www.data.unaids.org/Publications/IRC-pub06/JC785-YoungPeople_en.pdf
www.who.int/reproductive-health/publications/RHR_01_8/index.html

Virginity

It is difficult for young people when they feel inexperienced compared to their friends. They may even be bullied or made to feel inadequate, which in turn can make some feel they can only resolve the problem by having sex. This may mean having sex before they are ready or before they find someone they really want to have a relationship with.

Research has shown that the earlier young people start having sex the less likely they are to use contraception. And the more likely they are to have many casual partners, the more susceptible they are to sexually transmitted infections and having unwanted pregnancies. In addition, they are less likely to do well at school.

According to a survey of sexually active young people ages 12 to 17:

- 63% of sexually active adolescents reported wishing they had waited longer before becoming sexually active.
- 78% of all adolescents surveyed believed adolescents should not be sexually active.
- 89% of those surveyed would advise their own brother, sister or friend not to have sex until at least after finishing secondary school.
(www.bbc.co.uk – see link below)

REFERENCES

www.bbc.co.uk/onelife/sex_relationships/sex/virginity/

www.channel4.com/health/microsites/0-9/4health/sex/sar_virginity.html

Safe Sex

In most parts of Europe, **sexually transmitted infections** (STIs) are discussed through school programmes and are even featured in the media and advertising. Also awareness of condoms – male and female – as means of protection from HIV transmission is already well known in many countries in the developing world. However, there are still a large number of countries where knowledge of safe sex and contraception use is lacking. While no form of contraception is 100% safe, it is important for young people to know how to protect themselves from STIs and unwanted pregnancy, but also to be aware that only condoms will protect against the transmission of STIs, including HIV.

However, as with all infections of this nature, many are often too embarrassed to know what to do if they are affected. It is not easy for young people, who may feel they cannot discuss their concerns with their family, friends or doctor. It is important however that teenagers understand that help is usually at hand and that they can go to a family planning clinic or doctor to get the help and advice they need. In the developing world it can be even more problematic as many young people who are affected by STIs end up not only feeling ashamed and afraid, but isolated and without any clinics or doctors to turn to for help.

(For more information on **contraception**, or **abortion** see **PLANNING AND PREGNANCY**.)

RESOURCES

www.brook.org.uk/content/M2_4_sti.asp

www.condomessentialwear.co.uk/infections/hiv-staying-safe

Promiscuity

For many young people, peer pressure plays a large part in their decision-making processes. At this time in their lives, young people's bodies and desires are maturing in ways that encourage sexual awakening. When peer pressure is combined with these developments, many teenagers may find themselves more willing to engage in risky behaviour that may put their physical and psychological health at risk. Without understanding the full consequences of their behaviour, some young people may engage in sexual experimentation and promiscuity.

While sexual awakening is completely natural, a disregard for the responsibilities that come along with sexual activity can lead to STIs, unplanned pregnancies, as well as psychological and social repercussions. For this reason, it is extremely important that young people are equipped with information on the risks and responsibilities that are associated with sexual activity.

In the developing world, many of these information resources are not as easily accessible as they are in Europe and other developed countries. Cultural traditions may also affect teenage sexual expectations and behaviour. In addition, poverty may lead to risky sexual behaviour where the potential consequences could be outweighed by urgent physical and economic needs, such as food and shelter.

HIV/AIDS

One serious risk of unsafe sex is the possibility that you become infected with HIV (Human Immunodeficiency Virus), which can lead to AIDS (Acquired Immunodeficiency Syndrome). The most common means of transfer is through unprotected sexual contact. HIV is most commonly transferred through unprotected sex and sharing devices involved in drug use. These risks apply similarly among developed countries and developing countries.

However, currently there is an increased risk of contracting HIV/AIDS in some developing areas including many African countries where it has become an epidemic. This is in part due to a lack of sex education and contraceptive resources, coupled with cultural restraints.

For more information on **HIV/AIDS** see section on **STIGMA AND DISCRIMINATION**

RESOURCES

www.unfpa.org/hiv/index.htm

www.who.int/hiv/en/

www.ruthinking.co.uk



2.2.5 EMPOWERMENT

Adolescence is a period fraught with many decisive moments, like saying yes or no to sexual activity, drugs and/or peer pressure. Parents and teachers have many opportunities to prepare young people, but all too often these opportunities are missed.

Being prepared to make responsible decisions as an individual begins with being involved in decision-making in the family and community. For this to happen, adults need to take the views of young people seriously. Teachers sometimes have to change the way they teach in order to educate adolescents about contraception, health care, anatomy and physiology.

Parents should take a supportive role and encourage young people to express their own views and opinions, explore new ideas, and let them express their individuality as they develop into adults. By providing information, support, and the means to communicate openly, young people can be prepared for and embrace the physical, emotional and intellectual changes they face during this turbulent period.

Young people are empowered when they feel that they can freely make their own choices in life, are aware of what those choices can mean, can take actions based on those decisions and accept responsibility for the consequences of such actions. It is their right to be able to understand and make these choices.

Empowering young people also means creating and supporting the conditions where they can act on their own behalf and on their own terms, rather than at the direction of others. Young people who feel they lack control of their lives and are powerless to make changes often feel dejected and antagonistic.

Such conditions can be difficult to find even in some of the most developed countries and almost impossible to find in developing countries. Young people who lack the ability to control and make decisions about their own sexual and reproductive health are at even greater risk of causing themselves harm through ignorance, inappropriate action and through being unable to protect themselves.

(For more information on young people and sexual and reproductive health and rights, please see the **Key Issue: Sexual and Reproductive Health and Rights of Young People**.)

RESOURCES

www.worldbank.org (Youth Participation and Empowerment)



2.2.6 STIGMA AND DISCRIMINATION

Stigma and discrimination often starts early – such as name-calling and bullying among children – nearly always affecting those who are seen as different in some way. When it comes to stigma and discrimination in relation to sexual and reproductive health issues, it can be just as insidious, as adolescents struggle with their own sexual development. For example, young people can be victimised for being virgins or equally for being known to have had sex. They can, for example, be targeted for being or perceived as being homosexual, for having a sexually transmitted infection (if it is known), or for being pregnant or a teenage parent. Some of the most common causes of discrimination are covered below.

Homosexuality

Many gay and lesbian adults say that they began to identify themselves as ‘different’ in their secondary school years. During this period, a lack of support, understanding, acceptance and/or information was sometimes a source of distress and often magnified their anxieties. Boys and girls who do not align with the stereotypes of male and female roles (that boys should be good at sports, or that girls are sensitive and emotional) can be subject to bullying and isolation in school.

Many societies contribute to the spread of HIV/AIDS by stigmatizing, and often outlawing, homosexual behaviour. Such attitudes particularly affect youth experimenting with or coming to terms with being bisexual or gay - leading to sex in a climate of secrecy or shame.

Educating all people about **sexual orientation** and homosexuality is likely to reduce anti-gay prejudice. Young people need to be provided with information not just concerning safe sex, but also about the different sexual preferences that exist (homosexual, bisexual or heterosexual) as they are first discovering and seeking to understand their own sexuality. It is important to understand that everyone has the right to choose his/her own partner without fear of being judged for that choice. Information of this kind will help diminish ignorance and increase the understanding and acceptance of others.

REFERENCES

www.avert.org/hsexu3.htm

Population Reports ‘Youth and HIV/AIDS - Can We Avoid Catastrophe?’

www.infoforhealth.org/pr/112/112chap3_3.shtml

HIV/AIDS

People with HIV often suffer terribly from the stigma associated with their condition, that they are somehow unclean, or have brought it on themselves by immoral practices. They can experience many forms of discrimination, with regards to housing, medical care and employment. These experiences can be extremely distressing for HIV positive people and can also lead to people being reluctant to be tested for HIV.

Stigma and discrimination towards people living with HIV is bred from ignorance about the disease and intolerance of those who are different. One of the key means of HIV prevention is education – teaching people about HIV: what it is, what it does, and how people can protect themselves. Adolescence is a time when teenagers experiment with sex and drugs – therefore they need to be aware of the dangers of sharing needles and bodily fluids; about safe sex and protecting themselves against sexually transmitted diseases. HIV/AIDS education in school can help to prevent this, halting stigma and discrimination before it has an opportunity to grow, as a new generation of teenagers develop into well-informed adults.

Stigma and discrimination in the developing world is particularly problematic as HIV/AIDS is often both more common and less understood. Superstitions and cultural practices can make the condition unbearable for some of those affected, who can be driven from their communities or forced to live in isolation. Young people are particularly affected as they are frequently left coping with sick parents or guardians and younger siblings – or are left to look after themselves or siblings alone if their parents die or leave due to the disease. This is a huge problem particularly in certain parts of Africa.

Infection rates among children are also very high in the developing world. 'Every minute of every day, a child under the age of 15 becomes infected with HIV. In most cases, the virus is transmitted by the HIV-infected mother; transmission can occur in the womb, during birth or through breastfeeding. Ninety percent of the more than five million children who have been infected were born in Africa.' www.unaids.org

REFERENCES AND RESOURCES

www.avert.org/aidsyoun.htm

www.id21.org/education/e5mt1g1.html

www.unaids.org/en/GetStarted/YoungPeople.asp

www.ovcsupport.net/sw3085.asp

(For more information on **virginity**, see section on **RISKS AND RESPONSIBILITIES**
For more information on **teenage pregnancy**, see section on **PLANNING AND PREGNANCY** and **SEX AND POWER**)



2.2.7 LOVE AND RELATIONSHIPS

Adolescence is a time of one's first kiss, first dance, first job, first date, first crush and first 'love'. Young people do not look extensively to the future and although they can perceive a future it is often identical to the present. Therefore, if they are in love, they will be in love forever; their friends will be friends for a lifetime; if their heart is broken, this is how they will always feel. They may not completely understand that these intense feelings will pass over time, and as this is the first time for these intense feelings, they may not have the skills and emotional maturity to deal with them. There is desperation to engage in the behaviours other adolescents are enjoying: they emulate their peer group in an attempt to be part of it, they are jealous of what other young people have (e.g. material items), and they often-submerge themselves in relationships because they want to feel accepted.

Adults need to understand that adolescents are convinced that no one has ever loved as they have, or been hurt as deeply, or felt the same exhilaration or depth of anxiety. The ability to understand the euphoria experienced by a teenager in love is difficult however, as an adult perspective is much more long range and they realise that deep emotional pain is temporary. Patience and supportiveness is critical to the development of the emotional state of a teenager.

These feelings are similar for young people all over the world, although the stark reality of poverty may impose overarching reality checks on some young people in developing countries. They may be more pragmatic when it comes to love and relationships. Love may not even be considered an option when the culture for some demands arranged or early marriage, for example. The focus on day to day survival can dampen natural adolescent emotional development and relationship building, leaving some young people having to deal with more extreme circumstances (see section on **SEX AND POWER**).

REFERENCES AND RESOURCES

There's a First Time for Everything: Understanding Adolescence, Siegel, Janna & Shaughnessy, Michael F., 1995.

www.pathfind.org - *Reaching Young Men with Reproductive Health Programmes*



2.2.8 SEX AND POWER

Very little research looks at the social context of adolescent sexual activity - particularly the influence that gender relations and power imbalances have on whether and when young people have sex. The power of what people think about you or what you want them to think about you – whether they are your peers, your partner or your parents – can have an enormous effect on you when you are a teenager. Such pressure can push young people to behave in ways they might rather not. This can affect boys as much as girls.

The power imbalance is easily observed in many developing countries, particularly among young girls and wives. In these cases, young girls – especially those with older partners - may face greater risks than older women because they have less power, and generally cannot negotiate for safer sex. In sub-Saharan Africa, women are limited in their ability to control sexual interactions because of their low economic and social status. Women's economic vulnerability and their dependence on men increases the weakness of their position by constraining their ability to negotiate the use of a condom, discuss fidelity with their partners, or leave risky relationships. The power imbalance between males and females also means women's access to information about their bodies and about sex is restricted, which in turn contributes to their inability to protect themselves from unplanned pregnancy and infection.

REFERENCES

www.guttmacher.org/pubs/journals/3018204.html
www.bmj.com/cgi/content/full/324/7331/183?eaf
Sex Power and Dependency: The Politics of Adolescent Sexuality
www.springerlink.com/content/vm017p776184714k/

Sexual Exploitation

Sexual exploitation of young people is at the more extreme end of the sex and power mix and can take a number of forms. It is usually the result of them being pushed by social structures and individual agents into situations in which adults can take advantage of their vulnerability.

Girls are most likely to encounter sexual exploitation, particularly in developing countries where they can be sold by their families, or married to sometimes much older men in return for some small financial benefit, or simply to reduce the number of mouths the family has to feed. In Western societies, drug addiction, homelessness and poverty are often reasons why young people turn to prostitution – another form of sexual exploitation when it is not entered into willingly or with the power to negotiate the arrangement.

It is, unfortunately, relatively common for young people in poverty to find themselves having sex in return for some reward – which may be anything from food to protection. There are many reasons why young people end up having sex for favours:

- There is always a ready market for sex and the large numbers of unskilled young people without economic security and without much family support has led to large numbers of adolescents entering prostitution.
- The phenomenon of ‘sugar daddies’ in Africa is a variation of prostitution, although the young women do not necessarily view it as such. Poor girls are particularly vulnerable to the interests and lures of older men who trade economic and social favours for sex.
- In Bangladesh, Brazil, Nepal, the Philippines and Thailand, girls are lured into prostitution by recruiters who promise jobs in restaurants or as domestic workers. Instead the girls are frequently sold to brothel owners and treated as virtual slaves. In Nepal and Thailand, some poor parents sell their daughters into prostitution as a source of family income.
- Young people also engage in prostitution, however, when they exchange sex outside these environments and in return not only for basic needs such as accommodation, food, clothing, or safety, but also for extra pocket money for desired consumer goods otherwise out of their reach. There is a subculture of “pocket money prostitution” in many consumer societies, whereby girls and boys under 18 rent out their sexual services for cash or expensive gifts, or to save up for cars, motorcycles, even college tuition. In Japan it’s called Enjo kosai (sponsored dating), in Germany it is called Schulmädchen-Strich/Strichjunge (schoolgirl street prostitute/boy hooker).

REFERENCES

en.wikipedia.org/wiki/Sexual_slavery
UNFPA ‘Adolescence and the Transition into Adulthood’
www.unfpa.org/intercenter/cycle/adolescence.htm

Pornography

Adolescent curiosity about sexuality is a normal and healthy aspect of development. Many people believe that looking at pornography is a regular outlet for teens especially for those who aren’t ready to take on the emotional and physical responsibility of sex with a partner, those who can’t find partners, or those who don’t wish to engage in sex at the time. Today, young people can access pornography fairly easily through the media and the internet. However, pornography can also have potentially negative consequences such as addiction, escalation, desensitisation and act-out.

One appropriate way to address the issue of pornography with young people is to put it into its appropriate context. It should be spoken about as being fantasy, rather than being

anything realistic. Young people should also be aware that pornography can be used to generate fantasies, but it should not be used as a way of increasing understanding of sex or as a form of sex education.

REFERENCES

www.learning-with-me.blogspot.com/2006/09/speech.html

Sexual Abuse

Sexual abuse and violence is a serious problem that affects millions of people every year. Adolescent women are at a higher risk of sexual violence than any other age group. Part of the reason for this is the large number of date/acquaintance rapes which occur at this age. This is coupled with the fact that many adolescents are victims of sexual abuse and incest.

Teenagers who have experienced or continue to experience sexual abuse are more likely than their non-abused peers to participate in risky behaviour. This can result in school problems, conflict with authority, and/or early sexual behaviour. Such behaviours may be a psychological or emotional distraction for the teen or they could serve as a cry for help. Additionally, adolescent girls who have been abused often have difficulty differentiating between sex and affection and have a higher incidence of teenage pregnancy and sexually transmitted infections than their non-abused peers do.

REFERENCES

Shanler, Heise, Stewart, Weiss, 1998 - *Sexual Abuse & Young Adult Reproductive Health*
www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/InFOCUS/sexabuse.htm

Rape

Teenagers and young adults are at greatest risk of rape - especially acquaintance rape. About 50% of rape victims are under 18 years of age and 12-17 year olds are two to three times more likely to be sexually assaulted than adults. Most teenagers who are raped or sexually assaulted know the person who assaulted them.

Sexual violence against women is more common in some parts of the world than in others; although it can and does occur everywhere. In many countries – especially in less developed regions - there is a greater likelihood of young women's first sex being in some way coerced. Rape can be a devastating experience for any woman, but in some parts of the world it can also carry a high risk of HIV infection. South Africa, for example, has one of the highest rates of sexual violence, coupled with a huge HIV prevalence. In some parts of Africa there is a belief that having sex with a virgin can 'cure' HIV infection - leading to the rape of young women and children by HIV positive men.

REFERENCES

www.avert.org - Women, HIV and AIDS

Trafficking

Estimates of the number of women and children trafficked each year into the sex trade (often through coercion or abduction) and labour enslavement vary widely, ranging between 700,000 and four million. Extreme poverty, the low status of women and girls, lax border checks, and the collusion of law enforcement all contribute to the expansion.

Girls as young as 13 are trafficked as “mail-order brides” in Asia and Eastern Europe. In India, an estimated two in five sex workers are below age 18. In Sri Lanka, a majority of child sex workers are boys. According to one regional estimation, between 1-2 million men and women are trafficked annually, the majority in Asia. Over 225,000 originate in South East Asia, and an additional 150,000 in South Asia. Unfortunately, the justice system in many countries is more likely to jail or expel the young women than to punish the traffickers.

Young sex workers, both female and male, are at high risk of HIV infection. They have little or no negotiating power to insist on condom use and are often targets of coerced or forced sex, which can increase the chances of HIV transmission.

Some countries have begun to challenge the trafficking trade, often in alliance with community leaders. Thailand’s government, for example, made assisting youth at risk of entering the sex industry, a high priority in the early 1990s. Teachers are trained to identify girls at high risk of being sold, and to work with their families to keep them in school and to earn money locally.

REFERENCES

UNFPA State of World Population 2003
www.unfpa.org/swp/2003/english/ch2/page4.htm



2.2.9 GENDER AND EQUALITY

In many countries (especially in the developing world), young people find that gender-based expectations increase as they grow older. As a result, women and girls are often given less responsibility or autonomy within society. Once they start to experience puberty, many young women encounter social bias, which may encourage them to drop out of school. They are also more likely to face sexual violence and child marriage than boys in their communities. Boys' freedoms and opportunities, on the other hand, are often increased as they grow into being recognised as adults in the community. During this period of adolescence, girls are overwhelmingly expected to become good wives and mothers while boys are pressured to provide for future families. While girls are typically expected to be compliant and silent, boys are often encouraged to only project strength and control despite their feelings or circumstances. As a result of these social influences, boys may be more likely to engage in aggressive or excessively risky behaviour with harmful effects for themselves and others.

Family members, friends, schools, communities and the media strongly influence how adolescents perceive their own value and potential. Parents and other adults in the communities can provide supportive guidance to foster inter-generational understanding as young people grow and face new challenges in their lives. Young girls and boys who are raised to respect one another, to aspire equally to educational and work opportunities, and to expect fair treatment in relationships and marriage, (regardless of their gender), helps build strong families and positive development goals.

REFERENCES

www.unfpa.org/swp/2005/english/ch5/index.htm - *State of World Population 2005*
www.id21.org/education/e5mt1g1.html
www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsgender.htm

Female Circumcision

Female circumcision, the partial or total cutting away of the external female genitalia, has been practiced for centuries in parts of Africa. It usually forms a part of some rite of passage preparing young girls for womanhood and marriage. It is often performed without anaesthetic under septic conditions by people with little or no knowledge of human anatomy or medicine. Not only is it incredibly painful, but it can cause death or permanent health problems through infection. Some opponents of female genital cutting consider female circumcision a ritualised form of child abuse and violence against women; a violation of human rights. It is not easy to prevent, however, as it continues to be perceived as an integral part of the culture and ethnic identity of those communities that practice it, in some cases even with religious overtones.

REFERENCES

REFERENCES

Althaus, Frances A. *Female Circumcision: Rite of Passage or Violation of Rights?*
www.guttmacher.org/pubs/journals/2313097.html

Arranged Marriage

'In most countries, the minimum legal consenting age for marriage is 18. But parental consent and cultural traditions or customs may override these laws, especially in developing countries. Despite the sanctions on child marriage, more than 100 million girls are expected to marry in the next decade. While child marriage has decreased globally over the last 30 years, the practice is still fairly common among poor and rural communities. Where young girls are perceived as economic liabilities, their families are more likely to arrange marriages for economic or financial aid. More than two-thirds of adolescent girls are married in Bangladesh, Niger and the Democratic Republic of Congo. In six west African countries, about 44% of women marry before the age of 15.'
(www.unfpa.org)

For many girls, the prospect of marriage is terrifying. The decision is made for them and some may not even be told until it is nearly their wedding day. It is also fairly common that girls don't even meet their prospective husband prior to marriage. After the ceremony, married girls usually move to their husbands' homes, sometimes in another village, far away from family and familiar surroundings. It may also be the first time they have sex and many young brides in these situations have described the first marital sexual experience as unpleasant or painful and frequently forced.

REFERENCES

[www.unfpa.org/UNFPA State of World Population 2005](http://www.unfpa.org/UNFPA_State_of_World_Population_2005)

Son Preference

Son preference by parents is common in many countries, particularly in low income countries in Asia. Sons are seen as beneficial to increasing the status of a family – especially economically - whereas daughters are often seen as a drain on already limited resources. The consequences of son preference can be anything from neglect of the girl child over her brother in terms of such essential needs as nutrition, basic health care and education, to foetal or female infanticide.

Son preference is particularly common where women are economically and socially dependent on men. In Bangladesh, for example, the birth of a daughter is seen as bringing neither benefit nor prestige to the family. The son preference is perhaps most well documented in China, where the one-child policy has made couples especially keen for that one child to be a boy.

Daughters are often considered as an economic liability because of the high cost of weddings. Once married, daughters become physically as well as psychologically isolated from their birth home and are seldom seen as making a significant contribution to their original family. Depending on specific cultural norms, parents view male and female children as having different roles and obligations towards them and this in turn reinforces their preference for the male child.

REFERENCES

www.id21.org/id21ext/h9fs1g7.html



2.2.10 PLANNING AND PREGNANCY

Teenage Pregnancy

Young people all over the world are often denied information about their own bodies and development into adulthood. Information about how our bodies physically work is extremely important to make sure that we know how to protect both our physical and mental health. One result of this lack of information has been a continual rise in unplanned pregnancies.

Teenage pregnancy is often seen as a social issue in developed countries that is tied to lower education levels and poverty. In developed and developing countries, some communities and cultures attach huge social stigma to teenage pregnancy when it occurs outside of marriage.

On the other hand, in some areas of the developing world, teenagers are expected to conceive while still in their adolescence years. For some of these young girls, pregnancy is simply a part of growing up.

RESOURCES

www.dh.gov.uk/en/ - Teenage pregnancy

www.guttmacher.org/sections/pregnancy.php

Contraception and Family Planning

In many parts of Europe, contraception is fairly easy to access and is considered to be a reliable source of family planning and in some cases, an effective defence against sexually transmitted infections (STIs). However, in the developing world, there is sometimes a social stigma associated with contraceptive use. In some cultures, contraception is seen as being contrary to social notions of masculinity. Women who suggest using contraception are also socially stigmatised as being promiscuous and overly demanding. Sometimes contraception is criticised in developing countries because it restricts reproduction, which is often a key element of societal culture and tradition. Yet, many areas in the developing world have started to appreciate how condoms can help restrict transmission of HIV/AIDS and other STIs, besides their value as family planning devices.

'Women especially need more control over their sexual and reproductive lives. Millions of women and men who want to limit their family size don't have access to contraceptives. More than a third of deaths related to pregnancy could be prevented if family planning services reached all women in developing countries.'

(www.dfid.gov.uk)

RESOURCES

www.nhsdirect.nhs.uk/encyclopaedia/subjects/?categoryId=138

www.dfid.gov.uk/pubs/files/talkinghealthsexpregnancy.pdf

www.brook.org.uk/content/M1_thefacts.asp

Unplanned Pregnancy and Abortion

Too many adolescents face the life-altering consequences of unplanned pregnancies. In Latin America and the Caribbean, for example, 35-52% of adolescent pregnancies are unplanned. The reasons vary. They include lack of knowledge about the basic facts of reproduction and lack of information about contraceptives, which contributes to contraceptive failure. Some unplanned pregnancies are a consequence of rape, sexual abuse and incest.

When a young woman finds herself pregnant, there are usually a few options. Of course, one option would be to follow through with the pregnancy. Another option would be to put the baby up for adoption. In some countries, termination of the pregnancy is also an option although restrictions vary depending on medical access and laws. There are often many elements that factor into deciding which option would be best for young people in their particular circumstances including emotional well-being, physical health conditions, personal, religious or ethical beliefs, and financial circumstances in the present and future.

In the developing world, there are often more complications influencing these delicate decisions associated with unplanned or unwanted pregnancies. Many countries have more restrictive policies on termination, which would make it much harder for young people to access safe and legal terminations. Because many young people who find themselves in this situation may not have the ability to get information about their bodies, they don't even realise that they are pregnant until later on in their term. In addition, cultural practices that encourage reproduction may stigmatise those choosing any option other than following through with the pregnancy and keeping the baby.

Unwanted pregnancies result in an estimated five million **unsafe abortions** among adolescents every year. In sub-Saharan Africa, where 40% of all unsafe abortions among adolescents in developing countries occur, data from seven countries revealed that 39-79% of those treated for abortion-related complications were adolescents. Half of the 10,000 Nigerian women who die from unsafe abortions each year are estimated to be adolescents. In Argentina and Chile, one third of maternal deaths of 15-19 year-olds were found to be abortion-related.

Like adult women, adolescent girls encounter gender-related obstacles to informed choice about reproductive health. They often hesitate to seek services because of stigma or mistrust until they are faced with an unintended pregnancy or life-threatening complications from an unsafe abortion. They also have little money to pay for services and transportation.

REFERENCES

www.guttmacher.org/media/nr/2007/07/09/index.html

www.unfpa.org/ - *UNFPA State of World Population 2005*

Abortion in Europe

Access to abortion is extremely varied throughout Europe, with some countries making it completely illegal for any reason and others allowing it without restriction.

UK

In the UK, abortion is legal to save a woman's life, to preserve her physical and/or mental health, when foetal impairment has occurred, and for economic or social reasons. The current law (2007) states that two official medical practitioners must give their approval before a termination may take place so long as it is within 24 weeks of the gestational period.

Latvia

In Latvia, abortion is legal to save a woman's life, to preserve her physical and/or mental health, in cases of rape or incest, when foetal impairment has occurred, and for economic or social reasons (2007). Abortion on request is considered a legal right in Latvia up to 12 weeks of gestation. After the first trimester (the first three months), special authorisation is required.

The Netherlands

In the Netherlands, abortion on request is a legal right within 13 weeks of gestation (2007). However, abortion may also be allowed after 13 weeks (up to 24 weeks) if a woman claims to be in a state of distress over the matter. A five-day waiting period is required between an initial consultation and the termination procedure. Since the mid-eighties, women in the Netherlands have been able to obtain abortions without charge under the national health insurance system.

GENERAL RESOURCES

For a European synopsis of abortion regulations and a coloured map:

www.news.bbc.co.uk/2/hi/europe/6235557.stm

World Health Organisation information on unsafe abortions:

www.wpro.who.int/sites/rph/data/abortion.htm

www.who.int/reproductive-health/unsafe_abortion/

www.un.org - 2007 Abortion Policies Wallchart