

WATCHDOG



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Katie Lau
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International Planned Parenthood Federation and the ICPD review Youth Leadership Working Group

The International Conference on Population and Development

The International Conference on Population and Development (ICPD) Programme of Action (PoA) agreed in 1994 was a truly landmark agreement. It was the first time Member States recognized the concept of 'reproductive rights' as human rights. Empowering people to be able to make choices and moving away from arbitrary population number targets.

In 2013, the International Planned Parenthood Federation (IPPF) worked with its regional networks and partners to convene civil society organisations for the twenty year anniversary of the ICPD PoA to mobilize civil society around the ICPD review process.

Communities influencing the ICPD agenda

Civil society groups from around the globe were able to participate in the process and have their voices heard on the issues that matters to them and their local communities. Issues ranging from comprehensive sexuality education in Asia- Pacific to violence against women and girls in Africa were reflected in regional outcome documents. IPPF mobilized civil society groups representing a broad spectrum of interests including law, women's rights, LGBTI, youth, indigenous people, ageing and health.

There were high levels of youth participation who ensured that the issues affecting young people were kept firmly on the agenda. The Youth Leadership Working Group, which grew out of the Bali Global Youth Forum, has been working closely with the United Nations Population Fund to guarantee meaningful youth participation throughout the ICPD Review including at the thematic conferences.

The future we want

The regional reviews celebrated the progress made, but also highlighted patchy progress and the challenges that remain.

Now we need to fulfil 'the unfinished business' of the ICPD PoA. We also need to tackle new and emerging issues to ensure universal access to sexual and reproductive health and rights (SRHR) including measures to eliminate all forms of discrimination and violence based on gender identity or sexual orientation.

We need to advocate strongly on the following issues:

- o Comprehensive Sexuality Education
- o Reducing unintended pregnancies including access to contraception and safe abortion
- o Adolescents' access to services
- o Elimination of Violence against women and girls and gender discrimination
- o HIV services including access to integrated services, treatment and care
- o Sexual rights as human rights

As SRHR and youth advocates we must not waver in our efforts. We must continue to build on the momentum of the strong outcomes from the ICPD regional reviews and ensure it translates into a robust outcome at the Commission on Population and Development (CPD), and eventually the post- 2015 development framework. This will make a big difference to people's lives, especially young people who make up nearly half of this world's population.

The ICPD is the theme of this year's CPD. Negotiations at CPD will directly impact the ICPD Index Report, which is to be adopted by Member States at the UN General Assembly Special Session in 2014. This can be a tool to mobilize governments to put SRHR issues firmly into the post- 2015 development framework and presents a golden opportunity to guarantee regional SRHR needs and priorities are reflected in international negotiations.

We applaud Brazil, South Africa and Norway for proposing the language in PP5 ter which acknowledges that the current generation of youth is the largest one ever, and affirms that the promotion of meaningful participation and the realization of young people's rights.

There are over **1.8 billion** young people in the world today, **90 %** of whom live in developing countries.

Mind the gap: Where is the data on young people's SRHR?

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27 | Malaysia

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The theme of the 47th CPD, "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development," offers a perfect setting to review the extent of commitments kept by governments over the past 20 years. There have been many tools used to measure these commitments, such as the Millennium Development Goals (MDGs), and this is the time we can take a step back and look at what we have accomplished. As we do that, there is one glaring gap that you might, and should, notice: where is the data on young people?

In the last 14 years the MDGs have been the only source of a monitoring framework around ICPD which somewhat touched on the key issues of maternal health, gender inequality, and poverty, among others. However, this database does not adequately capture data on young people's sexual and reproductive health and rights. It has consistently collected data on adolescent birth rate and several HIV and AIDS indicators for young people. Unfortunately, other critical aspects on young people's SRHR has been left behind, including access to contraception, safe abortion services, non-discriminatory youth-friendly health services, comprehensive sexuality education, and many more. Furthermore, the data that has been collected so far sees young people just as number, and hardly as a resource on their own.

The MDGs are not the only monitoring framework which failed to capture the needs of young people. An interesting example is when looking at contraceptive prevalence rate in the Demographic and Health Surveys for the countries in Asia. While there is quite thorough records of contraceptive use among women, as well as the types of

contraceptive used, the data is only collected among married women. This would exclude all unmarried young women. How do we know, then, how many young women, who are likely sexually active, have access to contraception? This is also a great example of the lack of disaggregated data on young people, including but not limited to marital status, age, gender, geographical region, and socio-economic status.

Another important instance is reflected in how little we know about the provision of Comprehensive Sexuality Education (CSE) across countries. The right to CSE has been long recognized as a human right, and it has been reiterated in important international documents, including the recent Bali Declaration of 2012, which included specific recommendations on CSE programmes and implementation. However, we still do not have globally cross-cutting data to inform us if governments have structured policies around the provision of CSE to adolescents and youths, or whether or not these policies have been implemented at the population level, or if CSE is reaching its target population adequately. Without monitoring these dimensions of CSE provision, how can we assess if governments are keeping their promises? This gap in our knowledge is also reflect in other struggles faced by youths, such as in assessing poverty and food security issues among young migrants, and how these issues intersect with their experience throughout their youth and beyond.

In recent history, the voices of young people have emerged, asking that their rights be fulfilled, and that they be recognised as a powerful demographic group in their own right. While this is accepted, and while there has been increased hype among key players that young people are focal in population and development, the movement to assess the extent of the issues faced by young people, especially in the Global South region of the world, remains slow-paced. Twenty years since the Cairo agenda, there still isn't much comprehensive, cross-comparable data that can help paint the picture and hold governments accountable for their commitments to young people.

Aptly themed, this CPD provides an opportunity for us to not only recognize, but also to take action to ensure that the commitments made to young people are monitored, and that this important aspect is not left out of the Post-2015 agenda and in the framing of the new development goals.

¹ United Nations Millennium Development Goals. <http://www.un.org/millenniumgoals/>

² The Bali Global Youth Declaration. http://icpdbeyond2014.org/uploads/browser/files/bali_global_youth_forum_declaration.pdf

Making Pleasure a Priority: Advancing Young Women and Girls' Holistic Sexual and Reproductive Rights

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29 | Canada/Philippines

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Sexual desire and pleasure are difficult to study and define. Why? Because they both vary so widely for each individual and among cultures. Sexual desire can be directed at a specific gender, body type, body part, personality trait or a million other aspects of our individual selves.

Sexual pleasure has few restrictions with one glaring exception – consent. Consent should be the most pleasurable part of sex – knowing that you and your partner(s) are willingly engaging in sexual activities together and expressing your sexuality in a mutually pleasurable way – The Kinsey Institute

While often marginalized and contentious, sexual and reproductive rights are slowly but increasingly acknowledged as integral to realizing other human rights, and achieving sustainable development. Yet one basic component of sexual and reproductive health and rights (SRHR) seems to continuously fall off the radar, even among activists themselves: namely, the right to pleasure, especially for young women and girls.

In 1994, the groundbreaking ICPD Programme of Action upheld that the full enjoyment of reproductive health implies that “people are able to have a satisfying and safe sex life.” As such, it reinforced a holistic understanding of individuals’ sexual and reproductive wellbeing, accounting not only for the right to be free from abuse, but the right to experience one’s sexuality in a fulfilling, satisfying, and in turn pleasurable way (implicit in which, of course, is the right to comprehensive sexual and reproductive health information, programmes, and services). Prevailing social norms and taboos, however, entail that the sexuality of young women and girls is often marginalized on two counts: because they are female, and because they are young. As such, discussions around the rights of young women and girls tend to narrowly focus on protecting them from abuses, while overlooking their right to experience fulfillment, satisfaction and pleasure in their sexual lives. Make no mistake: young women and girls are particularly vulnerable to multiple and intersecting forms of violence and discrimination, especially when it comes to their reproductive and sexual health.

These deplorable acts violate women and girls’ human rights, degrade their personhood, and are an affront to humanity as a whole. Enhancing young women and girls’ health, however, is not just about shielding them from abuses; it is about ensuring their holistic wellbeing.

When it comes to the Post-2015 development framework, a growing number of proponents agree that in order to address the root causes of inequality and injustice, we need to think big. In terms of SRHR, we currently have the opportunity to reinforce and advance the paradigmatic shift sparked at Cairo twenty years ago: namely from a limited and predominantly negative understanding of sexuality, to one that is positive, inclusive, and recognizes the potential of sexuality to be an enriching life force. With this shift, we can broaden our focus from solely protecting young women and girls from SRHR abuses, to ensuring their human right to positively, consensually, and in turn pleurably experience their sexuality, in a manner consistent with their evolving capacities.

Reframing sexuality from an affirmative standpoint is not going to be easy: in light of persistent ideological barriers, as well as the rise of religious and conservative fundamentalisms, it will be an uphill battle. But if we want to create the conditions through which the sexual and reproductive rights of young women and girls can be fully realized, we need to account for their right to pleasure and fulfillment in their sexual and reproductive lives.

As advanced at the ICPD, reproductive health is not merely the absence of disease or infirmity, but a state of “complete physical, mental and social wellbeing.” From this standpoint, the right to experience pleasure inherently accounts for the protection of young women and girls from rights abuses, as it necessitates that young women and girls have the ability to exercise meaningful and informed decision-making power over all aspects of their sexual and reproductive lives. With this in mind, it becomes increasingly clear that the right to pleasure is not a superfluous add-on to the Post-2015 Development Agenda, but an integral requirement for the full realization of SRHR. So what are we waiting for?

The post-2015 development framework: an opportunity to promote emergency contraception

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29 | Australia

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Improving the SRHR of all people of reproductive age, and in particular women and adolescents, must be a key goal of the post-2015 development framework. Access to affordable, quality family planning is essential to achieving improved SRHR globally. International and regional human rights agreements affirm the universal right to contraceptive information and services for women and adolescents. Access to contraceptive information and services is integral to: SRHR; the right to determine the number and spacing of children; rights to equality and non-discrimination; the rights to privacy; the rights to life and health; the rights to information and education; the right to enjoy the benefits of scientific progress; and the right to be free from torture or cruel, inhuman, or degrading treatment (1).

Progress towards MDG 5 ('improving maternal health') has been insufficient in most regions globally, and targets cannot be met if current trends continue (2). Unmet need for family planning is experienced by more than 222 million women globally. Failure to meet women's need for contraception undermines their reproductive health and can be life-threatening, especially for women in the developing world. Unsafe abortion is one of the consequences of unmet need. Each year 22 million unsafe abortions occur globally, and 98% of these occur in developing countries.

Emergency contraception, or EC, is a safe and effective contraceptive method that holds great potential to improve the quality family planning services, to enable women and adolescents to gain greater control over their SRH, and to reduce the incidence of unsafe abortion. In January 2013 the WHO Executive Board adopted resolution EB132.R4, calling for increased EC access and use, among 12 other low-cost health technologies that can save the lives of women and children. WHO member countries were urged to improve the quality, supply and use of EC by increasing demand for it, addressing financial barriers to access, and ensuring competency among health care providers.

Emergency contraception is the use of hormonal medication (called emergency contraceptive pills or ECPs) or the insertion of a copper intrauterine

device up to 5 days after an act of unprotected sex (including rape) or contraceptive failure, to prevent unplanned pregnancy. The most widely available ECP, levonorgestrel EC or LNG-EC, is registered in 147 countries and is the only ECP listed on the WHO's Essential Medicines List. LNG-EC works by delaying ovulation – thus it is not an abortion pill or a form of medical abortion (3–5). It is safe for all women of reproductive age to use LNG-EC, and it can be used multiple times, even within the same menstrual cycle. EC is unique because it is the only contraceptive that can be used after sex. Its inclusion in family planning programs thus improves quality of care by expanding the options available to include a method that can be used as a 'back-up' after sex. Access to EC can also enhance the reproductive autonomy and protects reproductive rights of women. In situations where a woman cannot choose whether contraception is used before or during sex, due to relationship or social factors or in the case of rape, EC provides the only chance to avoid an unwanted pregnancy. Advocates of EC argue that the safe use of EC is always a better outcome than an unintended pregnancy, which often results in induced abortion, many of which are unsafe in developing countries (6). Using EC to prevent an unplanned pregnancy is always a safer option than undergoing an abortion. Yet the path from EB132.R4, to policy change and program implementation, to increased EC demand and use, will be a significant undertaking for many countries. Currently there are 47 nations globally that do not have any ECP registered (7).

In Indonesia, where I am conducting fieldwork later this year, an LNG-EC product called Postinor-2 has been legally available with a prescription to married women for more than a decade. However EC has not been integrated into the national family planning program, nor has its use been widely promoted. The 2007 Indonesian Demographic and Health Survey indicates that only 11% of women and 6.9% of married men have ever heard of EC, while just 0.3% of ever married women have used EC. The available evidence suggests many doctors in Indonesia have low to moderate knowledge about EC, and concerns related to morality may prevent some from prescribing EC, even to women who are rape survivors (8). Yet there is great

potential for EC to be more widely used in Indonesia, helping to improve the SRHR of Indonesian women. The country has one of the highest maternal mortality ratios in Asia, with an estimated 359 maternal deaths occurring for every 100,000 live births among women aged 15 to 49 years (9). It is estimated that one to three million pregnancies among Indonesian women result in abortion each year, accounting for 70% of all abortions in Southeast Asia, and many of these are unsafe (10,11).

There is great reason to be optimistic about the post-2015 development framework, as it provides an opportunity to reinforce the objectives of the ICPD PoA, and to reinvigorate the conversations that will be critical to achieving improved SRHR for women of reproductive age. EC is just one aspect of the family planning picture, but holds great potential to promote women's reproductive health and rights.



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We applaud the twenty two countries who call for universal access to safe abortion in OP5. However, we urge governments to remove the clause on 'where such services are permitted by national law'.

Adolescent girls account for an estimate **2,5 million of the 19 million unsafe abortion that occur annually in the developing world**. Legal restrictions form barriers for adolescents accessing these services and lead to human rights violations.

Investment in Sexual and Reproductive Health

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29 | Cameroon

Women for a Change Cameroon

CAMEROON, Keep the Promise

20 years ago in Cairo at the International Conference on Population and Development (ICPD), Cameroon agreed to commit to ensure that the rights of women are respected and protected. But can one comfortably say - Cameroon kept the promise in achieving the goals related to ICPD Programme of Action (PoA), particularly women's reproduction?

Though Cameroon might have demonstrated some major steps toward addressing and advancing the status of women and girls, i.e. through the establishment of a Ministry for Women and the Family (2004), National Commission on Human Rights and the Freedoms (2004), draft law on the prevention and punishment of violence against women and gender-based discrimination; women and girls sexual and reproductive health care and services remains overlooked.

For instance, in a 2013 research scorecard by Afri-Dev. Info, the number of forced marriages and under age birth for girls in Cameroon before they reach 18years is around 36 and 40% respectively; up to 77% or more of women/girls are not using at least one method of contraceptives. Likewise, in a related report by UNFPA Cameroon, it stated that an estimated number of 1,276,446 of women desire to space their childbirth for at least two years on ward. And about 10 718 274 of women and girls of childbearing age won't want to give births. All which is contrary to the commitments and dedication demonstrated in the ICPD PoA.

Therefore, as world leaders celebrates the twentieth anniversary of the ICPD, and assessing the status of implementation of the ICPD PoA, young people want to call government and politicians to advance, promote and protect women's rights, especially women's Sexual and Reproductive Health and Rights (SRHR). SRHR should align with and be included in the national development plan alongside poverty alleviation, health and HIV and AIDS strategies, among others. Further, Cameroon should endorse and adapt the ICPD 20 year Global Review Report, implementing recommendations into national policies and programmes.

We support Argentina, Australia, Canada, USA and Brazil for including language on discrimination on the basis of sexuality, sexual orientation, gender identity in draft OP2.

Female Genital Mutilation In Egypt

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21 | Egypt

Female genital mutilation (FGM), also known as female genital cutting and female circumcision, is defined by the World Health Organization (WHO) as "all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons."

One of the most important problems in Egypt is female genital mutilation (FGM). The most common forms of female genital mutilation (FGM) or female genital cutting (FGC) still widely practiced throughout Egypt are Type I (commonly referred to as clitoridectomy) and Type II (commonly referred to as excision). They are common among both Muslims and Coptic Christians. Type III (commonly referred to as infibulation, but in Egypt is referred to as "Sudanese circumcision") is found only among a few ethnic groups in the southern part of the country.

The demographic and health survey in Egypt in 2000 showed that 97% of married women included in the survey had experienced FGC. Another study by the Egyptian ministry of health and population in 2003 reported that over 94% of married women had been exposed to genital cutting and 69% of those women agreed to the procedure being carried out on their daughters. Further, a pilot study by Health Insurance Organization showed that 41% of female students in primary, preparatory and secondary schools had undergone genital cutting. And this procedure of FGM has lots of serious complications such as severe forms of FGM/C can lead to problems with menstruation, intercourse, and childbirth, and in some cases can cause death. And the psychosexual effects of FGM are also harsh and lifelong.

There are many causes which make families in Egypt do this procedure such as:

1) Social and traditional: families think that procedure lower the sexual desire to girls and make them more virgin and by this procedure, families save their girls from sins and being easily excited, Almost three-quarters of Egyptian women felt that husbands would prefer their wives to undergo the procedure.

2) Religious: there is no basis for this practice in either Islam or Christianity. Although high officials in both the Muslim and Christian religious establishments have voiced opposition to the practice, it is still supported by some local religious authorities. Moreover, many

Egyptians wrongly believe that it is an important part of maintaining female chastity, which stems out of religious tradition.

These practices are widespread but are even more prevalent in rural than urban areas. Because of the lack of awareness there; the lack of open media and knowledge; and the strong following of traditions and beliefs as well as religious officials - they do anything they say.

As a young person witnessing these issues in my country,

1) On a policy level, I would like to ask the government to issue laws that prevent FGM and make big punishments on doctors who make FGM and families also because they don't respect child rights and consider that procedure one of child abuse crimes, by advocacy of decision makers and workshops to religious officials and make it clear by the official media and religious center that there isn't any reason for anyone to do such procedure.

2) On social level, it is important to work with all NGOs working in this issue and unite our efforts to make great effect in our society through campaigns in rural and poor areas and online campaigns for youth on social media and thorough schools in rural and countryside and by the use of TV media as they have huge effect recently on youth and their attitudes.

3) On religious level, I will ask all religious men in Egypt and Azhar to show that there is no relation between religion and FGM and there is need for common forums attended by religion officials and public audience to advocate people to stop this dangerous procedure.

Further, one of my recommendations is to stop medicalization of that procedure by training to doctors and medical students as awareness and make this topic in their courses in faculties as a part of community medicine.

I remain very hopeful that the CPD this year will be a milestone in building commitments from governments in reducing this harmful tradition that violates the rights of adolescents and young people.

População e Desenvolvimento na Agenda do Cairo: balanço e desafios

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29 | Brazil

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População e Desenvolvimento na Agenda do Cairo - balanço e desafios para o Brasil

Nos dias 21 e 22 de fevereiro de 2014, foi realizado, em Brasília, o seminário População e Desenvolvimento na Agenda do Cairo: balanço e desafios, promovido pela Comissão Nacional de População e Desenvolvimento - CNPD e pelo UNFPA Brasil. O intuito do evento foi produzir subsídios para a posição brasileira na 47ª Sessão da CPD da ONU, priorizando os temas Igualdade de Gênero, Direitos Sexuais e Direitos Reprodutivos e, entre representantes dos poderes executivo, legislativo e judiciário, Nações Unidas e sociedade civil, estávamos nós, os jovens. Com o que todos concordaram? Com o fato de que a incorporação das questões raciais, especialmente a menção aos afrodescendentes, e das questões de gênero no consenso de Montevidéu, ambas bastante ausentes no documento de Cairo, foi um avanço. E com o fato de que a delegação brasileira, além de posicionar-se para novos avanços, precisa evitar que não haja retrocesso nos avanços conquistados. Sobre o que é preciso falar na CPD?

Entre os pontos colocados pela sociedade civil como essenciais para o avanço, foram ressaltados:

- A sub-representação das mulheres nos espaços de poder e decisão;
- O papel do homem nas políticas de mulheres;
- A essencialidade da juventude e a necessidade de se pensar políticas e programas específicos para os jovens, bem como ter especial atenção para a juventude que vive com DST/Aids, LGBTs, juventude negra, meninas e mulheres;
- A garantia e a prática do Estado laico;
- A implementação da educação integral, com inclusão de temas como sexualidade e saúde reprodutiva;
- A autonomia da mulher sobre o corpo e a necessidade de se tratar de questões que têm impacto direto na mortalidade de gestantes, como a descriminalização do aborto e o acesso a aborto legal e seguro;
- O planejamento familiar, incluindo questões como o acesso a anticoncepcionais, apoio a decisões voluntárias, entre outros;
- O combate a ambientes discriminatórios e homofóbicos e a criação de campanhas com informações claras para prevenção de DSTs/Aids voltadas a LGBTs;
- O combate ao discurso da governabilidade como desculpa para diversas violações de direitos humanos.

A CPD precisa da juventude!

A Coalizão de Jovens Brasileiros pelo Pós-2015 levou para o evento a importância da articulação da CPD com o processo do Pós-2015 para a proposição de metas e indicadores mais progressistas e que contemplem os temas discutidos mais profundamente na agenda de população e desenvolvimento.

Levou também a perspectiva de que o jovem deve ser protagonista de políticas e ações sociais, não apenas beneficiário. Precisamos deixar que a juventude discuta as temáticas a partir de suas próprias expressões. A juventude traz grande potencial para a promoção da diversidade, principalmente por meio da ocupação do espaço público e da cultura. Ambos, incidem sobre a dimensão simbólica e podem ter papel fundamental no combate à discriminação e ao preconceito.

Nesse sentido vale lembrar a reflexão colocada pela Ministra de Políticas de Promoção da Igualdade Racial da Presidência da República, Luiza Bairros, que enfatizou a necessidade de pensarmos sobre o lugar dos segmentos populacionais no desenvolvimento, uma vez que diversos segmentos são tratados como problema frente a propostas e compromissos de governo, tendo seu lugar sempre muito ameaçado. Isso é expressado em conflitos de regularização de territórios de comunidades tradicionais versus obras de infraestrutura, de proteção ambiental e população local versus grandes empreendimentos turísticos, entre outras várias e conhecidas situações. Por isso, vale lembrar que omissão também é forma de ação! Não fazer nada em relação a contextos e problemáticas específicos é uma forma política dirigida a determinados segmentos populacionais. Isso no Brasil é bem claro quando olhamos para o processo que resultou no contextual atual da população negra, que tem seus jovens em grande situação de vulnerabilidade.

Conclusão?

A Cairo+20 precisa avançar muito mais! Houve avanços, porém ainda há direitos que não estão nas mesas de negociação e, todos os segmentos da população, principalmente juventude, não podem deixar de participar desse processo. Os jovens estão realmente participando? Suas opiniões estão sendo levadas em conta? Os espaços são amigáveis e isentos de preconceito geracional? É, ainda temos muito a fazer.

Let's make it count

Natasha Leite de Moura
28 | Brazil

In the midst of two major discussions on how development will be shaped in the coming years (International Conference on Population and Development Beyond 2014 and the post-2015 development agenda) it is paramount that the needs of young people, especially young women are heard and included. For that, it is important to strengthen the agreements of ICPD in ICPD Beyond 2014, ensuring that those rights are prioritised in the discussions of the 2015 agenda. However, more than talk about the importance of hearing young people, this article discusses the dangers of not ensuring our rights.

In my own country, Brazil is supposed to be the booming power of South America. Its diplomatic core is well-renowned and it had an important role in re-defining discussions about development and the right to development from the countries from the considered "Global South". Moreover it is actively trying to get a permanent position in the United Nations Security Council (UNSC), claiming its regional expertise in mediation and peacebuilding. At the home front, on the other hand, gender-based violence is still part of the grim reality of being a woman. Rape, sexual assault and domestic violence are undeniable realities that are far from being treated with the seriousness that they deserve. When the victims are not explicitly blame for their aggressor's crime, the system is so patriarchal and twisted that in a lot of the cases they just give up pressing charges.

Moreover, sexual and reproductive health services have appeared to have stop in time. Abortions are illegal. Many women are forced to carry through the pregnancy of anencephalic "babies" (essentially dead) with the risk of being arrested, because

protecting the safety and well-being of those mothers was less important than not disturbing the group of the essentially white privileged males who have the religious seats in Congress. Yet, women are sexual assaulted and harassed every day and nothing is done about. Recently, it was discovered there was a whatsapp group that would set up dates to sexually assault women at the public transport in São Paulo. That's how absurdly commonplace violence against women has become. Moreover, the large events we are having (World Cup, 2014 and Olympics, 2016) have only managed to succeed in increasing the cost of living, displacing people to the outskirts of major cities or forcibly removing people from their communities for aesthetical purposes.

Sexual and Gender-Based violence around the world are so rampant because even though we have agreed on those principles, we don't have a strong enough programming and incentives framework to make those needs a reality for all. The importance of incorporating those principles, with goals and deadlines to the post-2015 agenda is that beyond 2015 they will become a priority for the International aid system and for countries themselves. The MDGs defined project and funding priorities for the last 14 years, we advance so much on those 8 targets. But we need more. We need secondary education for girls, gender equality, democratic and safe cities, access to affordable health care with the guarantee of having our sexual and reproductive rights respected. We have reached space, overcome boundaries of science and advance a lot in creating a more dignified life for many, but it's time we go beyond what we have to where we want to be.

We applaud Brazil in inserting OP5 non. that urges governments to develop and implement educational programmes and teaching materials, including comprehensive evidence-based education for human sexuality, based on fully and accurate information for adolescent and youth...

ICPD in the Context of Nepal

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21 | Nepal

Coordinator of Amnesty International, Simrik Youth Network, Kathmandu, Member of YUWA, a nonprofit organization working on Sexual and Reproductive Rights

There was a time when after the death of a husband, his wife was burnt alive in the same fire as her husband in Nepal. Society used to believe that only when this happens, the husband's soul would rest in peace in heaven calling Sati Pratha. Today, there are no traditions as such. It is due to consciousness raised after the International Conference on Population and Development (ICPD). Huge achievements can be noted from decreasing Infant Mortality Rate (IMR) to lowering population growth. No longer do women have 10-16 children. My grandmother gave birth to 10 children. Today, many families limit children to 2. I and my sister are the only children of my mother.

After the 1994 conference, various policies matching the agenda of the ICPD were formed in Nepal. Abortion has been legalized. Any women can go to the health center and abort her child without any consent of anyone within a limited number of days in Nepal. Sexual and Reproductive Health Education has been introduced as a part of the Course studies in the lower secondary level in Nepal. Every growing child is now aware of sexual and reproductive health and family planning techniques to some extent.

However, there are other challenges too. In late 2013, in a place nearby Bara (200 km south from Capital), an old lady was beaten to death while being called an evil. Although stated in Principle 1 of the ICPD Program of Action (PoA), Nepal is unable to reduce discrimination. Dalits, are still seen with a separate eye, and are restricted in various aspects. Nepal has been unable to work on Principle 2 as well. Living standards have not been maintained for more than half of the population despite their huge effort. Practices of Chaupadi can be observed, which violates Principle 4 on violence against women. The case of Bara can also be regarded here. As per Principle 8, women gained the freedom to decide their number of children, and that is not yet practiced. Men are still the ones who decide on pregnancy of women. Moreover, child labor can be

found in various sectors of the country from hotels and restaurants to public transportation, showing the failure of Principle 11 as well. Amnesty International has also raised the issue of uterine prolapse, stating that a large number of women in Nepal go through this problem. (<http://campaigns.amnesty.org/campaigns/unnecessary-burden>)

Beyond 2015 is a next opportunity for developing countries to move ahead with the ICPD PoA. There has to be effective monitoring on the implementation of promised lines. More than funding, international guidance is a must for developing countries; because there is a large number of NGOs working on this issue without enough funds. Key responsible persons for the ICPD must make regular visits to gain timely updates with Governmental officials of developing country so that they at least conscious of progress. Hospitals must be youth friendly, because women hesitate to talk about their problems to male doctors. Awareness must be taken in an aggressive manner at the local level as well.

There are several issues that are emerging in the case of Nepal that relates to the ICPD. The commitments signed by governmental officials, despite being binding seem to clash with the traditional norms. The need for sex education as a course is the next thing that is getting regard. Not unless an adolescent child is made aware of every aspect of sexuality and reproduction, will he/she be aware of the important issues that allow him/her to life a healthy and enjoyable life. Nepal has ratified a number of Human Rights Instruments including ICESCR, ICCPR, CEDAW, ICERD, CRC having a motive to keep women free from all forms of discrimination and violence; however there is lacking in implementation part. Strong commitments by governments for the effective implementation of the ICPD PoA with recognition of the challenges like those listed above is a needed step going into 2015.

The ICPD Global Review was mandated by the General Assembly resolution A/65/234; therefore we encourage governments to support the language suggestion in OP 7 that recognizes the thematic conferences, as a guidance for ICPD beyond 2014, inserted by Europe, Australia and USA.

Local Terms Used:

Chaupadi: A system where a girl is kept in a dark room away from her house, it can be in an animal shed or an even worse place during her first menstruation period for up to 11 days, thereafter, the duration is between four and seven days each month. It is believed that she should not see sunlight during that time. She is kept away from her family, and kept alone.

Dalits: So called, lower caste of Nepal.

Sati Pratha: A system where a wife was burnt after the death of her husband, believing if this was done, her husband's soul would reach heaven and wife and husband would be together even after the death.

Abbreviations Used:

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

CRC: Convention on the Rights of Child

ICCPR: International Covenant on Civil and Political Rights

ICERD: Convention on the Elimination of all forms of Racial Discrimination

ICESCR: International Covenant on Economic, Social and Cultural Rights

ICPD: International Conference on Population and Development

IMR: Infant Mortality Rate

NGO: Non-Governmental Organizations

PoA: Program of Action



She works the entire day, from preparing meals to washing dishes. She looks after her 2 children, and has to care for her old mother-in-law as well. She represents women from the hilly region of Nepal

We applaud the Philippines by inserting OP 11ter, as it calls upon governments to fulfill sexual and reproductive rights by including these as targets in and integrating ICPD commitments throughout the post-2015 development framework.

It's Unacceptable for Youth SRHR to be Deemed too Controversial



On Monday April 7th, the first day of the 47th Session of the Commission on Population and Development (CPD47), YCSRR member Nur Hidayati Handayani presented the following oral statement on behalf of members of the Sexual and Reproductive Rights Youth Caucus at CPD47.

I am speaking to you today on behalf of members of the Sexual and Reproductive Rights Youth Caucus at CPD47. We represent young people from across the globe and demand our voices be heard.

In the last twenty years, there has been significant progress in the implementation of the ICPD Programme of Action. But, major gaps in implementation remain.

Despite the ICPD Programme of Action and repeated calls from governments, civil society and young people for a sexual and reproductive rights based approach, services remain inaccessible. For young people, and especially young people who belong to the most marginalized and stigmatized populations, many barriers continue to impede the full realization of our sexual and reproductive health and rights.

We as young people are regularly denied our right to comprehensive sexuality education and access to comprehensive, sexual and reproductive health services, including safe and legal abortion, post-abortion care, contraception, including emergency contraception, and HIV prevention and treatment,

among others. We are often prevented from seeking help or guidance on sexual and reproductive health issues because of restrictive and punitive laws, stigma, discrimination and the lack of youth-friendly services.

Young people having diverse sexual orientations, gender identities and expressions, young people living with and affected by HIV, and young people who engage in sex work, continue to be criminalized. Punitive legislation, together with discrimination, violence, stigma, and harmful norms about what is considered "appropriate" sexual behavior, prevent young people from accessing quality youth-friendly sexual and reproductive health services and realizing our human rights.

The 20-year review of the ICPD PoA offers member states and civil society the opportunity to not only assess progress and identify gaps, but to address the urgent unmet need of young people in regards to our sexual and reproductive health and rights.

20 years beyond Cairo, it's unacceptable for young people's sexual and reproductive health and rights to be deemed "too controversial". It is deeply disappointing to hear calls from governments for a procedural resolution instead of one that fully elaborates on key issues relevant to our lives.

Starting this week, governments must demonstrate their political commitment to sexual and reproductive health and rights by prioritizing the removal of financial and legal obstacles to essential services and discriminatory laws and practices that violate our rights; transformation of weak health systems; and the elimination of social and economic inequalities, violence and discrimination.

We as young people from around the world are hopeful that progress will continue to be made, and that member states will take action toward the implementation of the ICPD Program of Action by validating emerging issues at the highest levels.

We are hopeful that we are moving towards a more just world where all people, including young people with all of our diversity, are able to realize our human rights, including our sexual and reproductive health and rights.

Youth Caucus Oral Statement Sign-ON

ORGANIZATION	COUNTRY
Guyana Responsible Parenthood Association	Guyana
Youth Coalition for Sexual and Reproductive Rights	Global
The Arab Youth Network (AYN) for SRHR	Arab Region
Y PEER Sri Lanka	Sri Lanka
Family Planning Association Sri Lanka	Sri Lanka
(SARYN) South Asian Regional Youth Network	South Asian Region
Women's Global Network for Reproductive Rights	Global
YSAFE (Youth Sexual Awareness for Europe)	European Region
Bishkek Feminist Collective SQ	Kyrgyzstan
Labrys	Kyrgyzstan
Kyrgyz Indigo	Kyrgyzstan
Reproductive Health Alliance	Kyrgyzstan
HERA - Health Education and Research Association	Macedonia
Jamaica Youth Advocacy Network	Jamaica
GOBELIZE Alumni Association	Belize
Global Youth Coalition on HIV/AIDS (GYCA)	Global
Young people Alliance (Aliansi Remaja Independen)	Global
International Planned Parenthood Federation (IPPF)	Global
Women Deliver	Global
Amnesty International	Global
Youth Peer Education network (Y-PEER) International	Global
Astra Youth	Global
World YWCA	Global
Youth Advocacy Network (YAN)	Global
Advocates for Youth	Indonesia
Young People Alliance (ARI)	Indonesia
ARROW	Belize
Belize Youth Empowerment for Change	Malaysia
Asian Pacific Resource and Research Centre for Women (ARROW)	Kyrgyzstan
Pathfinder	Netherlands
CHOICE for Youth and Sexuality	Asia Pacific
Youth LEAD	Panama
ICHIECH La Chorrera	Brazil
Instituto Cultural Steve Biko	Uruguay
Iniciativas Sanitarias	Uruguay

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The Youth Coalition for Sexual and Reproductive Rights aims to ensure that the sexual and reproductive rights of all young people are respected, guaranteed and promoted, and strives to secure the meaningful participation of young people in decision-making that affects their lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists with a focus on the regional and international levels.

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