Though some countries have made significant gains in reaching health-related targets set out in the Millennium Development Goals (MDGs), young people’s sexual and reproductive health has been largely left out, missing a huge opportunity for achieving global health.

Health and young peoples’ health in particular depends to a great extent on the promotion, protection and guarantee of sexual and reproductive rights (SRR). Without access to affordable and available programs and services, young people’s health is at considerable risk. Sexual and reproductive rights (SRR) are vital for the health and well being of young people worldwide. The right to decide if, when and how many children, the right to access crucial health care services, the right to protect oneself from sexually transmittable infections (STIs), the right to contraception options including emergency contraception (EC), the right to safe abortion, the right to live free of sexual violence, the right to choose whether to marry or not, and the right to post-natal care and services are just some of the rights governments must guarantee.

It is extremely worrying that in the run up to the Post-2015 development agenda, sexual and reproductive health and rights (SRHR) is still considered highly controversial by many governments, creating numerous barriers that prevent young people from accessing their SRR. We now face a critical opportunity to improve the overall situation of global health by placing SRHR, and especially SRHR for adolescents and youth, in the heart of the next global development agenda.

### Definitions

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with various responsibilities and challenges related to earning one’s own livelihood and living one’s own sexual and reproductive life. While the UN defines youth as persons between the age of 15 and 24, youth is more of a fluid category than a fixed age group. It is important to recognize that youth are not homogenous and that all young people, irrespective of their differences, have an increasing capacity to deal with the challenges of living their lives on their own terms, which also involves playing a key role in the development of their communities, claiming and accessing their rights and fulfilling their personal and civic potential.

**Health** is complete physical, mental and social well-being, not merely the absence of disease or infirmity (World Health Organization, Frequently Asked Questions) Both sexual and reproductive health are included within the definition of health.

**Sexual health** requires a positive and respectful approach to sexuality and sexual relationships as well as the freedom to enjoy pleasurable and safe sexual experiences that are 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 (World Health Organization, Gender and Human Rights).

**Sexual rights** protect all people’s rights to fulfill and express their sexuality and enjoy sexual health and pleasure. Sexual rights are human rights and include the right to health, the right to freedom of expression and the right to education, already recognized in other international human rights documents. All people have the right to fulfill their sexual rights, regardless of class, gender, race, ethnicity, age, disability status, sexual orientation and religion.

**Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition that all couples and individuals have the right to decide freely and responsibly whether or not to have children (including the number, spacing and timing), have the right to access the information and means to do so and have a right to the highest attainable standard of reproductive health. Reproductive rights also include the right of all people to make autonomous decisions about reproduction, free from discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.3).

### Linkages between SRR, Post2015 and Health

The biggest setback to the overall health of youth is the failure to recognize the linkages between SRR and health. In reality, most young people are sexually active – whether consensual or coerced – and the denial of SRR creates serious barriers to health for many.

Uninformed sexual and reproductive choices and the inability to negotiate safe and healthy sexual relationships

Young people’s right to access accurate, comprehensive, youth-friendly and non-judgmental sexual and reproductive health information, education, and services allows young people to make informed choices about their bodies and their health. It means that they can negotiate safe and healthy sexual relationships and protect themselves from STIs (including HIV).

Unwanted pregnancy and pregnancy-related complications

Complications in pregnancy and childbirth are leading causes of death among adolescent girls between 15–19 years in the developing world. Every year 70 000 adolescent girls die from complications from pregnancy and childbirth (UNFPA). Often, young people are unable to access contraception due to limited resources (i.e. money, transportation), cultural and religious opposition, limited choice of methods and legal barriers such as parental and/or spousal consent. About 19 per cent of young women in developing countries become pregnant before age 18 (UNFPA).

More than 200 million women in developing countries wish to delay or prevent pregnancy but do not have access to modern contraception (World Health Organization, Family Planning). When women are unable to decide if and when to have children, they are being denied their reproductive rights and can risk pregnancy related complications. This is especially true of adolescent pregnancy; adolescents account for 11% of all births worldwide and 23% of the overall burden of disease (disability-adjusted life years) due to pregnancy and childbirth (World Health Organization, Adolescent Pregnancy).

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1. Sexual rights has been adopted as UN agreed language. It has been included within the outcome of the Global Youth Forum (2012) and the UNECLAC and UNESCAP Regional Population Conferences on ICPD (2013), all which have been part of the ICPD+20 Operational Review.

Access to contraception that prevents the transmission of HIV and STIs

Each year, an estimated 333 million new cases of curable STIs occur worldwide with the highest rates among 20-24 year olds, followed by 15-19 year olds (World Health Organization, Sexually Transmitted Infections among Adolescents). In 2009, young people aged 15-24 accounted for 40% of all new HIV infections among adults (World Health Organization, Young People: Health Risks and Solutions) and as many as 2,000 young people contract HIV every day (United Nations).

Unsafe abortions

Adolescent girls account for at least 2.2 to 4 million unsafe abortions each year in developing countries (UNFPA refers to 3.3 million unsafe abortions among adolescents each year, State of the World population 2013) (Ipas). There are a number of reasons for this, but it is largely the result of restrictive laws and the criminalization of abortion. In some countries, abortion is considered a crime even if the pregnancy is life threatening or has a negative health impact on the woman. When safe abortion is unavailable or inaccessible, it forces women to seek unsafe abortions that are often conducted by untrained providers and unsanitary conditions, which leads to injuries and maternal deaths (Abortion Worldwide).³

Unmet SRH needs of young people related to their sexual orientation and/or gender identity

When available, SRH services and programs are often hetero-normative. This creates additional barriers to SRHR and healthcare in general for a large group of young people. In some cases, providers either deny care or provide inadequate or substandard care because of discrimination (United States Department of Health and Human Services) In other cases, these young people are simply unwilling to go to a doctor for fear of criminal penalty due to homophobic anti-LGBT laws and policies in some countries (United States Department of Health and Human Services). This form of discrimination can lead to severe psychological stress and significant health risks. This also makes it extremely difficult to assess the overall health of LGBT youth, which makes prevention and treatment almost impossible.

Comprehensive Sexuality Education (CSE)

When scientifically accurate, culturally and age-appropriate, gender-sensitive and life skills-based, CSE can provide young people with the knowledge, skills and ability to make informed decisions about their sexuality and lifestyle (UNAIDS et al. 2-3). CSE does not increase rates of sexual activity but does increase the use of protection against unwanted pregnancy and STIs during sexual intercourse (UNAIDS et al. 3).

### Recommendations

1. The new development agenda must be rights-based and include young people’s sexual and reproductive rights in health related targets.
2. Governments must provide CSE for adolescents and young people in formal and informal education institutions.
3. The new development agenda should ensure that all people have equal access to sexual and reproductive health care services, including but not limited to safe abortion, contraceptives and emergency contraceptives, regardless of age, gender, sexual orientation and gender identity, race or ethnicity, economic status, HIV status, education level or other.
4. Governments must ensure that adolescents and young people meaningfully participate in all sexual and reproductive rights and health-related decision-making at the community, national and international levels in the lead up to and implementation of the post-2015 development agenda.

### References for further reading & bibliography

**Bibliography**


### Suggested further Reading

