In this globalized world, inequalities are rising quickly and poverty eradication is likely to become the central focus of the Post-2015 Development Framework, as it was for the Millennium Development Goals.

Poverty is caused by sexual and reproductive rights (SRR) violations and its consequences. Poverty strikes youth much harder than adults, as youth, and especially young women, do not benefit equally within a household due to the male-dominated and adult-centered structures of society (Saith 2005: 4607). The denial of sexual rights and lack of protection against unwanted, unplanned or coerced teenage pregnancies, contributes to poverty through social and economic exclusions among others (Jolly 2010).

Youth living with HIV and AIDS, young women, young sex workers, young lesbian, gay, bisexual, trans*, intersex and queer (LGBT*IQ) people, as well as other marginalized youth, face family pressure, bullying, sexual violence and discrimination. This can lead to limited access to health services, rejection by employers and stigma that can negatively affect youth opportunities and livelihoods. The YCSRR argues that violations of youth SRR exacerbate poverty and that the poorest youth experience higher rates of violations of their SRR.

**Definitions**

**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 one’s class, gender, race, ethnicity, age 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 of the basic rights for all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to the highest attainable standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of 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).

**Youth** is a period of transition from the dependence of childhood to the independence of adulthood, which comes with responsibilities and challenges to earn one’s own livelihood and live one’s own sexual and reproductive life. While the United Nations 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 youth, irrespective of their differences, all have an increasing capacity to deal with the challenges to live their life on their own terms.

**Poverty** is multidimensional, complex and not well captured through structural poverty thresholds (such as living on $1 a day). Poverty results in structural exclusion from creating or earning one’s livelihood, which can include economic and non-economic aspects, such as SRR. Moreover, the validation of productive work over reproductive work often leads to gender-based exclusion in society. Due to greater reliance on others, youth experience poverty both in terms of access to monetary income and/or social exclusion, differently than adults.

**Access to health services for Adolescents and Youth: Poverty & Abortion**

Many young women and girls throughout the world experience unwanted, unplanned or coerced pregnancies that they want to terminate. Poverty both increases the likelihood of unwanted and unplanned pregnancies and increases the risk of suffering from complications from unsafe abortion.

In many countries, such as Guatemala, Mexico, Pakistan and Uganda, the risk of complications in unsafe abortion is 45–75% higher for poor women (Singh et al. 2009:28). Estimates suggest that in the above mentioned countries a greater percentage of poor women (42–67%) experience such health complications, compared to women who are better off (26–38%) (Singh et al. 2009:28).

- One of the reasons that young women delay an abortion is due to the high costs; these costs increase as gestational age increases (Boosstra 2007). When medical bills exceed an individual’s or household income, expenses to access health care services will be cleared out of pocket given the lack of social protection offered by Government, which perpetuates the cycle of poverty (WHO 2013 b).
- Many girls who become pregnant have to leave school and are likely to lose years of their life due to complications. This will affect their status in society and economic empowerment, perpetuating the cycle of denied SRR and poverty.
- Discrimination based on age, sexual orientation, gender identity, or marital status limits youth access to health care (Lambda Legal, 2010). Because of such denial of services, individuals refrain from healthcare facilities and may develop complications, which affect them in the short to long-term. Ill health affects productivity and may require a cost of treatment that may be unaffordable.

**Respecting Sexual Orientations and Gender Identities: Poverty & LGBT*IQ Rights**

Most economic systems are heteronormative: structured around a model that privileges heterosexual relationships and family formations, and ignores or even rejects deviants from this model (Myers & Raymond 2010). Youth who live day-to-day lives alternative to the conventional, can face a vicious cycle of discrimination and impoverishment.

**Linkages between SRR, Post-2015 and Poverty**

In Uganda, 97% of the population live on less than two dollars a day, the price of an abortion from a professional source ranges from $5–$58 (COHEN 2008).


**HIV and the Threat of AIDS Mortality: Poverty & Positive Living**

The cyclical relationship between HIV and AIDS and poverty is well established. Poverty may place youth, especially young women, at increased risk of contracting HIV. In some places, HIV treatment may be too expensive for people to access, especially for youth, leading to poorer health and/or requiring that more resources be devoted to healthcare costs.

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**Recommendations**

1. Data on poverty levels based on the household as a unit of analysis hide the distribution within the household due to power relations (Saith 2005: 4607). Therefore, data collection on poverty must be disaggregated and move beyond the household level and basic needs approach (Wong 2012). When designing the Post-2015 Development Framework on national levels, policy makers should engage proactively and directly with youth in the process of (critical) analysis on how youth are affected by poverty in their country especially in the creation of policies and programs addressing poverty.

2. In order to tackle poverty, governments must take firm steps to fully eliminate stigma and discrimination against LGBT*IQ people in all spaces, including in the workplace. In addition, all legal barriers to youth accessing healthcare, such as parental and spousal consent laws, must be eliminated. The Post-2015 Development Framework should include explicit policy indicators on the legal framework and discrimination against youth and all marginalized communities.

3. Programs and policies to address poverty must be based on a human rights approach and move beyond the basic needs approach which is modeled on scientific bodily requirements and to include the non-food components of poverty, especially its social dimension such as access to health, education, social and political participation. The human rights approach will enable a gender analysis to address inequality and wellbeing with advancing qualitative indicators on resource and opportunity distribution.

4. Poverty often restricts youth from accessing health services, including youth-friendly health services. Governments must ensure that youth have equal and equitable access to high quality, non-discriminative, affordable, and youth friendly sexual and reproductive health and rights, including information and services, irrespective of their financial status.

5. The programs in line with the Post-2015 Development Framework should address the policy gap within the Poverty Reduction Strategy Papers (PRSPs).

6. In the process of designing programs on national levels in line with the Post-2015 Development Framework, policymakers should proactively and directly engage with youth in the diagnosis and the design of policy solutions to achieve a meaningful and effective approach to poverty alleviation.

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**References for Further Reading & Bibliography**


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**Recommended Reading**


dations/SIDA-Study-of-Poverty-and-Sexuality1.pdf


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