reclaiming and redefining rights: setting the adolescent and young people SRHR agenda beyond icpd+20

GLOBAL SOUTH OVERVIEW

These Global South Adolescent and Young People Fact Sheets, have been developed as part of the ICPD+20 Global South SRHR Monitoring and Research Initiative steered by ARROW in partnership with Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA), Latin American and Caribbean Women's Health Network (LACWHN), Egyptian Initiative for Personal Rights (EIPR) and the World YWCA. The fact sheets provide the most recent data and analysis on adolescent and young people SRHR across the Global South regions. The recommendations to respective governments, donors, UN agencies take into consideration the evidence and lived realities of adolescent and young people in Asia and the Pacific, Eastern Europe, Latin America and the Caribbean, and the Middle East and Northern Africa and Sub-Saharan Africa.

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1. Context[1]

People under 25 comprise 43% of the world's population and roughly 88% of adolescents live in developing countries.[2] Of the 620 million young people in the labor force, almost 13% were unemployed in 2009, which is the highest number ever.[3] Many girls and boys enter adolescence in a malnourished state of health. About 16 million adolescent girls give birth every year globally and in any given year at least 20% of adolescents suffer from mental illnesses such as depression or anxiety.[4] Approximately, 430 young people die from interpersonal violence every day.[5] While 40% of men and 38% of women have accurate knowledge about HIV transmission, an estimated 40% of new HIV infections occur in young people age 15-24.[6]

2. Universal access to quality education

The ICPD Programme of Action calls for universal access to quality education, including the elimination of gender disparities and achieving the widest and earliest possible access by girls and women to secondary education.[7] While many countries have made progress towards gross enrollment of children in primary school, gaps still exist in the Sub-Saharan Africa, Middle East and Northern Africa, and Eastern Europe regions.

The secondary gross enrolment ratios are far from universal with Sub-Saharan region listed in the bottom rung with only 35.3 % of children enrolled in secondary education. This is followed by South Asia with 55.9% and Arab States at 66.5%.[8]

Gender gaps continue to persist in access to quality education. Specific population groups within regions and across countries, such as indigenous populations, disabled, and marginalised and vulnerable populations such as Roma communities in Eastern Europe, face much more difficulty in access to quality primary, secondary and tertiary education.

Poverty significantly impacts access to education at all levels. Other barriers including high dropout rates, lack of sanitation facilities and sexual harassment by teachers impede access to education, especially for young girls. High unemployment and under employment for educated youth persists across the regions.

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3. Access to sexual and reproductive health (SRH) information and services

3.1 Comprehensive sexuality education (CSE)

Sexuality education is varies in content and how it is implemented throughout the five global south regions. Regional trends and global variations demonstrate the necessity for country-level agendas that incorporate internationally agreed upon commitments regarding sexuality education.

While surveys and studies reveal that there is high demand for sexuality education, the provision by countries of comprehensive sexuality education both in and out of school is far from being realised.

Even when mandated for implementation, sexuality education curriculum faces serious challenges while traversing from national to local levels, with local communities and local governments interfering with materials related to course content or needed for teacher trainings as in the case of Latin America. In the event that policies do exist for sexuality education, such as in Sub-Saharan Africa and in Latin America and the Caribbean, lack of financial resources present as barriers to dissemination and proper implementation of policies.

Comparisons of curriculum content and availability can be made across the regions. While sex education is provided in most of the countries in the global south regions, the content and the comprehensiveness of these courses, and the avenues by which the curriculum is delivered varies and is not meeting the standards of comprehensive sexuality education definition (refer to box1). The provision of out-of-school sex education has been documented in Asia and the Pacific region.

Box 1: Sexuality education is defined as education about all matters relating to sexuality and its expression. Sexuality education covers the same topics as sex education, but also includes issues such as relationships, attitudes towards sexuality, sexual roles, gender relations and the social pressures to be sexually active and it provides information about SRH services. It may also include training in communication and decision making skills.[9]

Data on sexuality education in Africa is limited. Given poor enrolment ratios in primary and secondary schools it is very important for the region to focus efforts both in school and out of school. With the exception of Mexico, sexuality education in countries reviewed for the ICPD+20 global south monitoring report for Latin America and the Caribbean, does not include contraception until at least the secondary level with the Dominican Republic introducing it only at the tertiary level and Nicaragua excluding it altogether.

Evidence shows that school curricula include limited information on reproductive health. In addition, teachers usually overlook this information during classes either out of embarrassment or unpreparedness. In the MENA region, Tunisia is the only country that has instituted school-based sexuality education since 1960, however it is yet to be comprehensive.

Data from the Central and Eastern Europe region countries in the ICPD+20 global south monitoring report shows that 6 of the 10 countries provide sex education at the primary level and by the secondary level 9 of the 10 countries provide sex education.

3.2 Contraceptive Use among Adolescents and Young People

Adolescent and young people's right to contraceptive information and services is recognised within the ICPD PoA. The right to highest attainable standard of sexual and reproductive health, the right to decide the number and spacing of one's children, the right to information and the right to quality sexual and reproductive health services enshrined at ICPD PoA stipulate that adolescents and young people have access to contraceptive information and services in an enabling environment.

Global estimates by Guttmacher show that 52 million never-married women, mostly adolescents and young women aged 15-24 in the developing world, are sexually active and in need of contraceptives in 2012. A recent Guttmacher report notes that there is a steady long-term trend towards increased levels of sexual activity among this group, due to reasons such as the declining age of menarche, the rising age at marriage and changing societal values.[10]

This trend emphasises the growing need to ensure all adolescents and young women have access to sexual and reproductive health services, including contraception suitable to their needs, as envisaged in the ICPD PoA.[11]

In Latin America and the Caribbean, young women age 15-24 have the highest rates of dissatisfaction with contraceptive methods compared to all regions in the world. Contraception discourses and services in the South Asia sub-region lie mostly within the context of marriage.

Among the countries reviewed in the ICPD+20 global south monitoring report for the Asia Pacific region, Cambodia and the Philippines have the lowest CPR rates among those age 15-19 in the region, followed by Nepal and Pakistan. For young women aged 20-24, Pakistan, Cambodia, and the Philippines

remain among the countries with the lowest CPR rates in the region. The highest CPR rates are recorded in Bangladesh and Indonesia. It is difficult for adolescents in the MENA region to obtain contraceptives regardless of whether or not they are married due to various social and cultural reasons.

Despite information and the existence of sex education in primary and secondary schools, CPR rates in Eastern Europe are relatively low.

Withdrawal and abortion are the primary means of family planning and contraceptive use in some of the countries in the region. In the region, the condom is the most popular method of contraception and this raises questions on the availability of a range of contraceptive methods to adolescents and young people. Service providers can also create barriers in accessing contraceptive methods, contributing significantly to the problem.

In the Sub-Saharan Africa region only 21% of married adolescents are using a modern contraceptive method, and this is more pronounced.[12] In this region the overall levels of unmet need is higher for all women, and this more pronounced among adolescents at 68%.[13]

Across the global south regions, the pattern of contraceptive use poses challenges for both married and unmarried young women to Young married women who might be under pressure to conceive right after marriage due to socio-cultural motives which put emphasis on fertility.

Never-married women, including adolescents and young women, have a great disadvantage in obtaining contraceptives largely due to stigma attached to being sexually active before marriage. Among women in need of contraceptives, use of modern methods is 31 percentage points lower among never-married women than among married women in Asia; this difference is 10 percentage points in Latin America and the Caribbean.

However, the situation is reversed in Sub-Saharan Africa, where the proportion of never-married, mostly adolescents and young women in need using modern contraceptives is 19 percentage points higher than among their married counterparts.[14]

3.3 Adolescent pregnancies

Adolescent pregnancies epitomise many of the sexual and reproductive health problems prevalent among the adolescents across the global south countries. The ICPD Programme of Action calls for a substantial reduction in adolescent pregnancies, and to address the sexual and reproductive health issues of adolescents in a manner consistent with the evolving capacities of adolescents.[15]

About 16 million adolescent girls aged 15-19 give birth each year, roughly 11% of all birth worldwide, with 95% of the births occurring in developing countries.[16] Half of these births occur in just 7 countries: Bangladesh, Brazil, Democratic Republic of Congo, Ethiopia, Nigeria, India and the United States. Four of these countries fall into the Global South ICPD+20 Monitoring and Research Initiative, being steered by ARROW

Table 1: Regional adolescent birth rates 2011

Region	Adolescent Birth Rate
Arab States	44.4
East Asia and the Pacific	19.8
Europe and Central Asia	28.0
Latin America and the Caribbean	73.7
South Asia	77.4
Sub-Saharan Africa	119.7

Source: Human Development Report 2011

In 2010, the global adolescent birth rates stood at 53 births per 1,000 women. An examination of the above table shows that Sub-Saharan Africa region has a very high rate of adolescent births (119.7), almost double the global adolescent birth rate, followed by South Asia at a rate of 77.4, and Latin America following closely at 73.7.

According to the ICPD+20 global south monitoring report for the Asia Pacific region, adolescent birth rates vary significantly. It is highest in Bangladesh, Lao PDR, Afghanistan, Nepal and Papua New Guinea especially in rural areas. The adolescent birth rate is comparatively lower in China and Malaysia.[17] The adolescent's birth rates are high in the Oceania sub-region. A trend analysis of the adolescent fertility rates in the Latin American region shows an increase in the adolescent fertility rates over time.[18] In the Middle East and Northern Africa region, countries such as Yemen have an adolescent birth rate of 80 per 1000 women, which is much higher than the regional average.

The adolescent birth rates in Bulgaria and Romania, Georgia, Azerbaijan are higher than in the Eastern Europe regional average.[19] Although the rate remains high in Armenia, it is the country with the biggest improvement in reducing its adolescent pregnancy rate, with a drop from 66.6 births per 1000 women in 1995 to near 30 in 2009.

Complications arising from adolescent pregnancies

An examination of the characteristics of young adolescent mothers in the global south regions shows that they are mostly from lower income groups, in rural dwelling and with poor

education.[20] Adolescents and young girls who get pregnant tend to enter into the vicious cycle of poverty because early motherhood often compromises their educational attainment, economic potential and their social well-being.

Young adolescents face a higher risk of complications, with adolescents under 16 facing four times the risk of maternal death as women over age 20.[21] Factors such as poor socio-economic status, education, violence, and lack of access to SRH information and services contribute to high adolescent birth rates.

In Africa, high levels of maternal mortality and the prevalence of HIV and AIDS are largely responsible for higher mortality among young women. In Nigeria, the high rate of adolescent pregnancies is prevalent with 23% of young women aged 15-19 who have begun childbearing.[22] It needs to be noted that more than 25% of fistula patients in Ethiopia and Nigera had become pregnant before the age of 15 and more than 50% before age of 18, showing a definite co-relation between adolescent pregnancy and morbidity conditions of fistula. Adolescent girls face severe morbidity, as well as psychological problems and social isolation as a result of this condition.[23]

In South Asia, early marriage, early childbearing and insufficient access to health services are the main causes for the relatively high mortality among adolescent and young women.[24] The proportion of women under the age of 20 giving birth in Bangladesh yearly is one of the highest in the world.[25] The number of deaths among adolescent mothers is double the national average.[26]

In Eastern Europe, early marriage is a problem in Armenia, Azerbaijan, Georgia, and some parts of the Russian Federation. Of girls between 15 and 19 years of age, 13% were married, divorced or widowed in Azerbaijan and 11% in Russian Federation.[27] Moreover, in Bulgaria, Hungary and Romania, early marriage and childbirth forces Roma girls to drop out of school.[28]

It needs to be noted that a significant proportion of adolescent pregnancies result from non-consensual sex, and most take place in the context of teen marriage. Most of the marriages among adolescent girls occur well below the legal age of marriage, as a result of customary and religious laws.

Early and child marriages violates both international commitments and national laws. Tunisia has one of the lowest adolescent birth rate, 6 per 1000 women for 2007, partially due to the high minimum age of marriage, which is 20 years old for both sexes.[29]

3.4 Access to abortion information and services among adolescents and young women

The ICPD PoA calls upon governments and all stakeholders to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. It calls for women's access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions."

Adolescent girls age 10-19 account for at least 2.2-4 million unsafe abortions in developing countries.[30] Young women under the age of 25 account for almost half of all abortion deaths[31] and this group is seriously affected by the consequences of unsafe abortion .

Adolescent girls and young women living in developing countries account for a significant proportion of unsafe abortions. These countries have abortion permitted on restrictive grounds, and where abortion is permitted, access to safe abortion services especially for adolescents and young girls remains a challenge.

In Sub-Saharan Africa, adolescent girls account for a quarter of all unsafe abortion and almost 60% of unsafe abortions are among young women aged less than 25 years.[32] About 10,000 adolescent girls in Nigeria die due to unsafe abortions each year.[33] Abortion is permitted on at least one ground in all the countries reviewed.

The latest estimates from WHO indicate that there are more than 3 million unsafe abortions performed in 2008 in the MENA region, accounting for 14% of maternal mortality.[34] Abortion access is politicized in countries in the ICPD+20 global south monitoring report for the MENA region due to the inclination of religious institutes, international organisations and national legal norms. Abortion is permitted on at least one ground in Egypt and Yemen and it is permitted on all grounds in Turkey and Tunisia.

Abortion policies in countries in the ICPD+20 global south monitoring report for Latin America and the Caribbean are heavily influenced by religious and cultural norms. In Mexico, abortion is legal on all grounds only in the Federal District. Other states in Mexico either have restrictions or totally ban abortion. Abortion is restricted on all grounds in Nicaragua and Dominican Republic. [35]

In Asia, 30% of unsafe abortions are among women under 25 years of age.[36] Vietnam, Nepal, Cambodia and China have abortion permitted on all grounds. Abortion is permitted at least on one ground in the ICPD+20 global south monitoring report Asia-Pacific region countries. Eastern Europe region has higher abortion rates in comparison to all of the Europe.

The countries under review in the region have abortion permitted on all grounds, with the exception of Poland. Poland has one of the most restrictive abortion regulations in Europe. Moreover, in 2012, the initiatives to restrict access to abortion appeared in Azerbaijan, Bulgaria, Hungary, Poland, Russian Federation and Ukraine.[37] Adolescents face more barriers accessing abortion and among these laws are clauses that require young girls to obtain parental consent for the procedure prior to performing it.

Gestational limits, parental and spousal consent, mandatory waiting periods and counseling, and lack of information on the legality of abortion among both adolescents and young people and service providers, stigma and religious influence impede abortion access for adolescents and young women. As a result this group is more like to suffer from abortion-related complications, including immediate and long-term disability and death.[38]

3.5 Sexually Transmitted Infections (STI) and HIV and AIDS

It is estimated that 80-90% of the global burden of sexually transmitted infections occurs in developing countries. These countries have limited screening, diagnostic and treatment options. Adolescents and young women are at greatest risk for almost all STIs, with one in 20 young people contracting a curable STI each year, and one in four sexually active adolescent women is diagnosed with an STI every year. Adolescents mostly contract gonorrhoea, *Chlamydial* infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, HIV infection and hepatitis B infection.[39]

STIs result from unprotected sex, and sometimes sex resulting from coerced, force, violence and transactional sex, especially among marginalised adolescent and young girls.[40]

It is generally observed that STIs are more prevalent among African and Caribbean adolescents than in other regions of the world, partly because sexual debut comes as early as 10-11 years in some African and Caribbean countries. Studies on gonorrhoea in selected Middle East and African countries found that STI levels were highest among 15-19 year olds. Meanwhile, STIs are also high among Pacific Island young people: the prevalence of chlamydia among under-25-year old pregnant women is 40.7% in Samoa and 40% in Fiji.[41]

Comprehensive and correct knowledge about HIV among both young men and young women has increased slightly since 2008 globally, but at only 34%, as against the UNGASS target of 95%.[43]

Globally, young women aged 15-24 are more vulnerable to HIV with infection rates twice as high as in young men, and accounting for 22% of all new HIV infections. Data in the table below shows the HIV prevalence among young women is much higher to that of young men globally, and in the Sub-Saharan region, Oceania, Eastern Europe and Central Asia, Middle East and Northern Africa and the Caribbean.

In sub-Saharan Africa, it is observed that young women aged 15–24 years are as much as eight times more likely than men to be living with HIV. Five countries—Botswana, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe—showed a significant decline in HIV prevalence among young women or men in national surveys. [44] In the Caribbean, young women are approximately two and a half times more likely to be infected with HIV than young men.

Table 2: Estimated percentage of young women age 15-24 living with HIV in 2009

Region	Young women (15-24) prevalence percentage	Young men (15-24) prevalence per-centage
Global	0.6 (0.5-0.7)	0.3 (0.2-0.3)
Sub-Saharan Africa	3.4 (3.0-4.2)	1.4 (1.2-1.7)
East Asia	<0.1 (<0.1-<0.1)	< 0.1 (< 0.1-< 0.1)
Oceania	0.2 (0.2-0.3)	0. 1 (0.1-0.3)
South and South-East Asia	0.1 (0.1-0.1)	0.1 (0.1- 0.1)
Eastern Europe and Central Asia	0.2 (0.2– 0.3)	0.1 (0.1-0.1)
Western and Central Europe	0.1 (<0.1-0.1)	0.1 (0.1-0.2)
Middle East and North Africa	0. 2 (0.2-0.3)	0.1 (0.1-0.1)
Caribbean	0.8 (0.6-1.0)	0.4 (0.3-0.7)
Central and South America	0.2 (0.1-0.3)	0.2 (0.2-0.5)

Source: UNAIDS Global Report 2010

In Asia, the proportion of women living with HIV compared to men has stabilised at 35%. Sex is a key driver of HIV in Asia and at least 50 million women in Asia are at risk of acquiring HIV from their male intimate partners who engage in high-risk behaviour, including paid sex, injecting drug use and unsafe male to male sex. In Eastern Europe and Central Asia, young women are especially at risk. HIV prevalence is twice as high amongst young women as amongst young men in this region.

The evidence points to decreasing incidence of HIV among young people with at least seven countries across the globe showing statistically significant decline of 25% or more in HIV prevalence. However, many young people still continue lack knowledge and tools they need to prevent HIV, including ready access to condoms and lubrication, and people who inject drugs also lack sufficient access to sterile needles.[45]

4. Traditional and harmful practices

The most common discriminatory traditional practices that occur across the global south regions include child marriage (Asia-Pacific, Sub-Saharan Africa and MENA regions), female circumcision (Asia-Pacific, Sub-Saharan Africa, MENA, and Latin America and the Caribbean specifically in Colombia), and honour killings (Asia-Pacific and MENA regions).

Young women, who may not have full agency over decisions concerning their bodies and sexualities, find themselves caught between the burden of harmful traditional practices and the dangers of newly emergent practices such as gang harassment and human trafficking.

The ICPD Programme of Action called for the total elimination of Female Genital Mutilation (FGM), defined as the partial or total removal of the female genitalia or other injury to the female genital organs for non-medical reasons.[46]

There are an estimated 130–140 million girls and women who have been subjected to FGM and 3 million girls are at risk of it every year. Most women who have experienced FGM live in one of the 28 countries in Africa and the Middle East – nearly half of them in just two countries: Egypt and Ethiopia.

Countries in which FGM practice has been documented include: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania and Yemen. The prevalence of FGM ranges from 0.6% to 98% of the female population.

In the Asia-Pacific region, female circumcision or female genital mutilation is most commonly practiced in Indonesia and traditionally practiced by eight ethnic groups within the country.[47] It is also prevalent among the Bohra Muslim communities in Pakistan and India.[48]

5. Homophobia and Transphobia

As of 2012, at least 40% of UN Member States have legislations criminalising same-sex sexual acts.[49] In comparison to 2011, the number of countries persecuting people rose from 76 to 78.[50] Interesting developments are seen in Botswana, Mozambique, Mauritius and Seychelles where legislation have been adopted that "prevent discrimination on grounds of sexual orientation in workplaces." At the same time Russia has introduced legislation punishing homosexual propoganda.[51]

Stigma and discrimination against people's sexual diversity and against young people living with HIV in the region is one of the common practices that clearly poses a risk to the young people, who are victims of violence in this situation, affecting their dignity, health and development.

Homophobia is a wide problem in Latin America and youth face difficulties with self-expression and integration in their communities. In Asia, more than half the countries in the region still criminalise homosexuality, and countries in the Pacific are at different stages when it comes to legal frameworks around sexual orientations and gender identities.[52]

The situation in Africa for Lesbian, Gay, Bisexual, Trans and Intersex (LGBTIQ) has not seen much progress in recent years. Regionally, 36 countries have laws criminalizing homosexuality. Punishments include imprisonment and the death penalty. The laws on homosexuality are rooted in colonial era laws, religious conservatism, political climates, cultural beliefs, heterosexual family values and patriarchy.[53]

The recognition of diverse sexual and gender identities is still problematic in Eastern Europe.

6. Recommendations

The recommendations for governments in respective regions are captured in the regional factsheets. The global factsheet captures the cross-cutting recommendations for Donors, UN agencies, international organizations and civil society and draw from the regional ICPD meeting outcomes in 2012 - KL Call to Action, Warsaw Call to Action.

We the adolescents and young people of the Global South countries call upon Donors, UN agencies, international organizations to:

1. Given that data on the sexual and reproductive behaviour and access to SRH services of adolescents and young people is limited across global south countries, it is important to allocate funding and support for ethical and gender-sensitive research to provide evidence for policy making and programming related to SRHR of adolescents and young people. Data should be disaggregated according to age, sex and other socio economic indicators.

2. Ensure that accountability mechanisms are in place and adhere to the highest standards of transparency in order to monitor progress in achieving SRHR, social equality and equity, and acheiving universal access to sexual and reprodutive health.

3. Unequivocally endorse, sustain and scale up resources and official development aid (ODA) for the implementation of comprehensive SRHR interventions for adolescents and young people in the Global South regions.

4. Ensure universal access to quality education and eliminate gender disparities in both primary and secondary education.

5. Provide universal acess to comprehensive sexuality education and youth-friendly sexual and reproductive health services.

6. Address the unmet need for contraception among adolescent and young people through the provision of contraceptive information, as well provide access to range of contraceptive methods. Make all efforts to substantially reduce the number of adolescent pregnancies.

7. Provide access to safe abortion information and services and remove barriers such as gestational limits, parental and spousal consent, mandatory waiting periods and counseling.

8. Put mechanisms in place to eliminate all forms of harmful practices such as child marriages, FGM, Honour Killing impacting adolescents and young girls.

9. Advocate for ensuring universal access to youth friendly SRH services and CSE in the Secretary General's Report and other outcome documents in the lead-up to ICPD+20.

10. Review, amend and implement laws, policies and programmes to address the needs and realities of adolescents, young people and LGBTIQ persons and at all times uphold the principles of human rights , gender equality, and equity and push for progressive rights based SRHR laws and policies.

11. Ensure the capacity enhancement of young people and civil society to effectively engage with governments and participate in the ICPD Beyond 2014 processes at country, regional level and global level; Young people's SRHR issues are genuinely and cross-sectionally integrated across all UNFPA-proposed thematic meetings and regional meetings in the lead-up to the ICPD+20 review processess.

12. Address the vulnerabilities of women and young people due to migration, climate change, disasters, conflict and displacement, and adopt concrete measures to mitigate their impact.

To Civil Society Organizations

1. Advocate to Governments to ensure adolescents and young people's increased access towards sexual and reproductive health information and services, commodities including HIV Testing and Counselling, medical male circumcision, contraceptives, Anti-Retroviral Therapy and maternal health care.

2. Prioritize advocacy and education on reform of laws and policies on traditional and cultural practices and norms that threaten the sexual and reproductive health and rights of young people including female genital mutilation/cutting, traditional sexual initiation rites, child-marriage, gender-based violence and all other forms of sexual exploitation.

3. Create spaces where civil societies can engage meaningfully, and share existing platforms with young women and girls, as these are influential in shaping the post 2015 development framework. Their participation should be part of a whole, comprised of multi-layered partnership building with other actors in the movement.

4. Actively engage in monitoring governments in their international commitments to SRH and hold them accountable

5. Monitor national budgets to ensure that the appropriate funds are allocated for SRH services of young people and adolescents.

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Endnotes

1 This global south adolescent and young people SRHR factsheet is based on the five regional (Asia and the Pacific; Eastern Europe; Middle East and Northern Africa; Latin America and the Caribbean and Sub-Saharan Africa) .

2 United Nations Population Fund (UNFPA) . (2011). Young people: forging the future. New York, NY: United Nations. Retrieved from http://www.7billionactions.org/uploads/browser/files/7b_factsheets_youth_v5.pdf.

3 United Nations Population Fund (UNFPA) . (2011). Young people: forging the future. New York, NY: United Nations. Retrieved from http://www.7billionactions.org/uploads/browser/files/7b_factsheets_youth_v5.pdf.

4 World Health Organization (WHO). (2011). Young people: health risks and solutions. Geneva, Switzerland: WHO. Retrieved from http://www.who.int/mediacentre/factsheets/fs345/en/index.html.

5 World Health Organization (WHO). (2011). Young people: health risks and solutions. Geneva, Switzerland: WHO. Retrieved from http://www.who.int/mediacentre/factsheets/fs345/en/index.html.

6 United Nations Population Fund (UNFPA) . (2011). Young people: forging the future. New York, NY: United Nations. Retrieved from http://www.7billionactions.org/uploads/browser/files/7b_factsheets_youth_v5.pdf.

7 ICPD Para4.18; 6.7c, 11.5

8 United Nations Development Programme (UNDP). (2011). Human Development Report 2011, Sustainability and Equity: A Better Future for All. New York, NY: United Nations.

9 Glossary Browser. (2009). Retrieved September 29, 2009, from International Planned Parenthood (IPPF) Web site: http://glossary.ippf.org/GlossaryBrowser.aspx

10 Singh, S. and Darroch, JE. (2012). Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012, New York, NY: Guttmacher Institute and United Nations Population Fund (UNFPA) Retrieved from < http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>.

11 Presler-Marshall, E. and Jones N. (2012). Charting the future: empowering girls to prevent early pregnancy. London, UK: Overseas Development Institute. Retrieved from http://www.savethechildren.org.uk/sites/default/files/docs/Charting_the_Future.pdf

12 Guttmacher Institute. (April 2010). Facts on the Sexual and Reproductive Health Of Adolescent Women in the Developing World. New York, NY. Retrieved from (http://www.guttmacher.org/pubs/FB-Adolescents-SRH.pdf).

13 Guttmacher Institute. (April 2010). Facts on the Sexual and Reproductive Health Of Adolescent Women in the Developing World. New York, NY. Retrieved from http://www.guttmacher.org/pubs/FB-Adolescents-SRH.pdf

14 Singh, S. and Darroch, JE. (2012). Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012, New York, NY: Guttmacher Institute and United Nations Population Fund (UNFPA) Retrieved from < http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>.

15 ICPD Programme of Action

16 World Health Organization (WHO). (2008). Adolescent Pregnancy. Making Pregnancy Safer Notes, 1(1). Geneva, Switzerland: WHO. Retrieved from <www.who.int/maternal_child_adolescent/documents/mpsnnotes_2_lr.pdf>.

17 Jahanath, S; Mushtaq, N; Ajao, J. (2012). Reclaiming & Redefining Rights-ICDP+20: The Status of Sexual & Reproductive Health and Rights in Asia and the Pacific (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

18 Yoval, N; Ajao, J. (2012). Reclaiming & Redefining Rights-ICDP+20: Latin America and the Caribbean region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

19 Szostak, M; Pabijenek, K. (2012). Reclaiming & Redefining Rights-ICDP+20: Central and Eastern Europe region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

20 Growing up global: The Changing Transitions to Adulthood in Developing Countries (National Research Council, 2005

21 World Health Organization (WHO). (2012). Maternal mortality. Geneva, Switzerland: WHO. Retrieved from <http://www.who.int/mediacentre/factsheets/fs348/en/index.html>.

22 National Population Commission (NPC) [Nigeria] and ICF Macro. (2009). Fertility Levels, Trends, and Differentials. In Nigeria Demographic and Health Survey 2008 (pp. 60-1). Abuja, Nigeria: National Population Commission and ICF Macro.

23 World Health Organization (WHO). (2009). Adolescent pregnancy: a culturally complex issue. Bulletin of the World Health Organization, 87(6), 405-484. Geneva, Switzerland: WHO. Retrieved from <http://www.who.int/bulletin/volumes/87/6/09-020609/en/>.

24 United Nations Commission on Population and Development. (2011). Report of the secretary general at the forty-fifth session adolescents and youth. New York, NY: UN.

25 Racherla, S.J. (Ed.). 2011. Reclaiming & Redefining Rights - Thematic Studies Series 4: Maternal Mortality & Morbidity in Asia. Kuala Lumpur, Malaysia: ARROW. http://arrow.org.my/publications/ICPD+15Country&ThematicCaseStudies/MaternalMortality&MorbidityinAsia.pdf

26 United Nations Children's Fund (UNICEF). (2009). Maternal and neonatal health in Bangladesh. New York, NY: UNICEF. Retrieved from <http://www.unicef.org/bangladesh/Maternal_and_Neonatal_Health.pdf>.

27 Pabijanek, K. (2012). Reclaiming & Redefining Rights - ICPD+20: Status of sexual and reproductive health and rights in Central and Eastern Europe. Warsaw, Poland: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA

28 Szostak, M; Pabijenek, K. (2012). Reclaiming & Redefining Rights-ICDP+20: Central and Eastern Europe region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

29 Abd El-Hameed, D.; Abdelaty, S. (2012). Reclaiming & Redefining Rights-ICDP+20: Middle East and North Africa region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

30 Ipas. (2012). Retrieved from <http://www.ipas.org/en/What-We-Do/%20Youth.aspx>.

31 Department for International Development. (2011). Safe and unsafe abortion (Practice Paper). London, UK: DFID. Retrieved from <http://www.dfid.gov.uk/Documents/publications1/pol-2010-safe-unsafe- abort-dev-cntries.pdf>.

32 Advocates for Youth. (2011).Youth and unsafe abortion: a global snapshot. Washington, DC. Retrieved from <http://www.advocatesforyouth.org/storage/advfy/documents/youth-and-unsafe-abortion.pdf>.

33 Department for International Development. (2011). Safe and unsafe abortion (Practice Paper, DFID Policy July 2011). London, UK: DFID. Retrieved from <http://www.dfid.gov.uk/Documents/ publications1/pol-2010-safe-unsafe- abort-dev-cntries.pdf>.

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34 Abd El-Hameed, D.; Abdelaty, S. (2012). Reclaiming & Redefining Rights-ICDP+20: Middle East and North Africa region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

35 Yoval, N; Ajao, J. (2012). Reclaiming & Redefining Rights-ICDP+20: Latin America and the Caribbean region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

36 Advocates for Youth. (2011).Youth and unsafe abortion: a global snapshot. Washington, DC. Retrieved from <http://www.advocatesforyouth.org/storage/advfy/documents/youth-and-unsafe-abortion.pdf>.

37 Szostak, M; Pabijenek, K. (2012). Reclaiming & Redefining Rights-ICDP+20: Central and Eastern Europe region SRHR youth fact sheet (draft, unpublished). Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

38 Postabortion Care Consortium. (2006). Technical guidance on youth-friendly postabortion care. Watertown, MA: Pathfinder International. Retrieved from <http://www.pathfinder.org/publications-tools/Technical-Guidance-on-Youth-Friendly-Postabortion-Care.html>.

39 Advocates for Youth. (2010). Adolescents and sexually transmitted infections. Washington, DC. Retrieved from <http://www.advocatesforyouth.org/publications/456?task=view>.

40 Advocates for Youth. (2010). Adolescents and sexually transmitted infections. Washington, DC. Retrieved from <http://www.advocatesforyouth.org/publications/456?task=view>.

41 WHO. 2006. Second Generation Surveillance Surveys of HIV, Other STIs and Risk Behaviour in Six Pacific Island Countries. Geneva: WHO. Cited in Spratt, J. (2009). Youth SRHR in the Pacific: Deserving Urgent Attention. ARROWs for Change, Vol. 15 Nos. 2 & 3. Kuala Lumpur: ARROW. http://arrow.org.my/publications/AFC/V15n2&3.pdf

42 Sexually Transmitted Infections in Adolescents Kazhila C. Chinsembu. The Open Infectious Diseases Journal, 2009, 3, 107-117 University of Namibia, Faculty of Science, Department of Biological Sciences, P/B 13301, Windhoek, Namibia

43 Joint United Nations Programme on HIV/AIDS (UNAIDS). (2010). UNAIDS Report on the global aids epidemic 2010. New York, NY: United Nations. Retrieved from <http://www.unaids.org/globalreport/global_report.htm>.

44 Joint United Nations Programme on HIV/AIDS (UNAIDS). (2010). UNAIDS Report on the global aids epidemic 2010. New York, NY: United Nations. Retrieved from <http://www.unaids.org/globalreport/global_report.htm>.

45 Joint United Nations Programme on HIV/AIDS (UNAIDS). (2010). UNAIDS Report on the global aids epidemic 2010. New York, NY: United Nations. Retrieved from <http://www.unaids.org/globalreport/global_report.htm>.

46 World Health Organization. (2011). An update on WHO's work on female genital mutilation (FGM) (Progress report) Retrieved from (http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.18_eng.pdf).

47 Thanenthiran, S.; Racherla, S. (2011). In Reclaiming and Redefining Rights-Thematic Studies Series 1: Sexuality & Rights in Asia (p. 19). Kuala Lumpur, Malaysia: Malaysia

48 Female Genital Mutilation in Pakistan, and Beyond.(2011).Retrieved October 11, 2012, from Tribune Web site: http://blogs.tribune.com.pk/story/7523/female-genital-mutilation-in-pakistan-and-beyond/

49 Ottosson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October 12, 2012, from the International Lesbian and Gay Association (ILGA) Web site: http://ilga.org/historic/Statehomophobia/State_sponsored_homophobia_ILGA_07.pdf

50 Ottosson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October 12, 2012, from the International Lesbian and Gay Association (ILGA) Web site: http://ilga.org/historic/Statehomophobia/State_sponsored_homophobia_ILGA_07.pdf

51 Ottosson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October 12, 2012, from the International Lesbian and Gay Association (ILGA) Web site: http://ilga.org/historic/Statehomophobia/State_sponsored_homophobia_ILGA_07.pdf

52 Ottosson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October 12, 2012, from the International Lesbian and Gay Association (ILGA) Web site: http://ilga.org/historic/Statehomophobia/State_sponsored_homophobia_ILGA_07.pdf

53 Itaborahy, LP (2012). State-sponsored Homophobia: A world survey of laws criminalising same-sex sexual acts between consenting adults. Brussels, Belgium: The International Lesbian, Gay, Bisexual, Trans and Intersex Association. Retrieved from (http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf).