

ADOLESCENTS



As children enter adolescence, as their bodies change and as many of them begin exploring their sexuality, access to sexual and reproductive health information and services becomes critical to their enjoyment of human rights, their health and their wellbeing.



Adolescents account for a large proportion of the population (nearly one fifth¹), yet their sexual and reproductive health needs and rights are mostly unmet and they often face significant discrimination and barriers to access sexual and reproductive information, goods and services. Some of the barriers stem from age restrictions on access to sexual and reproductive health services, while others are generated by social norms that hamper, in particular, young women's ability to seek information about their sexuality and their sexual and reproductive health.

These barriers can deter adolescents from seeking out health care assistance or information at the moment in their lives when they begin to become sexually active and thus require such information for their own protection. Globally, about 16 million girls between the ages of 15 and 19 years old give birth annually. The vast majority of these births occur within marriage.² Child marriage and early pregnancy have a serious negative influence on girls' ability to realize their rights to education and health, among other human rights. Adolescent girls, whether married or not, reportedly face significant difficulties in accessing contraception.³ Without access to evidence-based information and services about sexual and reproductive health, these adolescents are at high risk of unwanted pregnancies and an increased risk of contracting sexually transmitted infections (STIs), including HIV and HPV.

The Convention on the Rights of the Child recognizes "the right of the child to the enjoyment of the highest attainable standard of health"⁴ as well as the "evolving capacities"⁵ of adolescents to make decisions. Human rights bodies have also recognized the right of adolescents to information and services about sexual and reproductive health. They have requested States to remove all barriers to access information and services, including those related to marital status, parental or guardian consent and providers' objections. Human rights mechanisms have also established that sexual and reproductive health services and information should be responsive to the particular needs of adolescents.

In the Programme of Action of the International Conference on Population and Development, States recognize that the reproductive health needs of adolescents have been largely ignored. The Programme of Action establishes that the response "to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility."⁶

The Programme of Action also urges governments and non-governmental partners to recognize the special needs of adolescents and to put in place suitable programmes that respond to those needs. These can include "support mechanisms for the education and counseling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention."⁷

More recently, in 2012, the Commission on Population and Development urged governments to protect the human rights of adolescents

*"to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health."*⁸

During the same year, the Bali Declaration called on States to ensure that laws and policies eliminate barriers that violate the sexual and reproductive health and rights of adolescents, including the requirement of third party consent.⁹



**SOME 1.2 BILLION
ADOLESCENTS
TODAY MAKE UP
18 PER CENT OF THE
WORLD'S POPULATION**



**GIRLS 15–19 YEARS OLD
ACCOUNT FOR 11 PER CENT
OF ALL BIRTHS AND
AROUND 14 PER CENT
OF ALL MATERNAL DEATHS,
WITH SOME 50,000 GIRLS
DYING FROM MATERNAL
CAUSES ANNUALLY**



**AN ESTIMATED 3 MILLION
UNSAFE ABORTIONS
OCCUR GLOBALLY
EVERY YEAR AMONG
ADOLESCENT GIRLS 15
TO 19 YEARS OF AGE.
UNSAFE ABORTIONS
CONTRIBUTE
SUBSTANTIALLY TO
MATERNAL DEATHS
AND TO LASTING
HEALTH PROBLEMS**

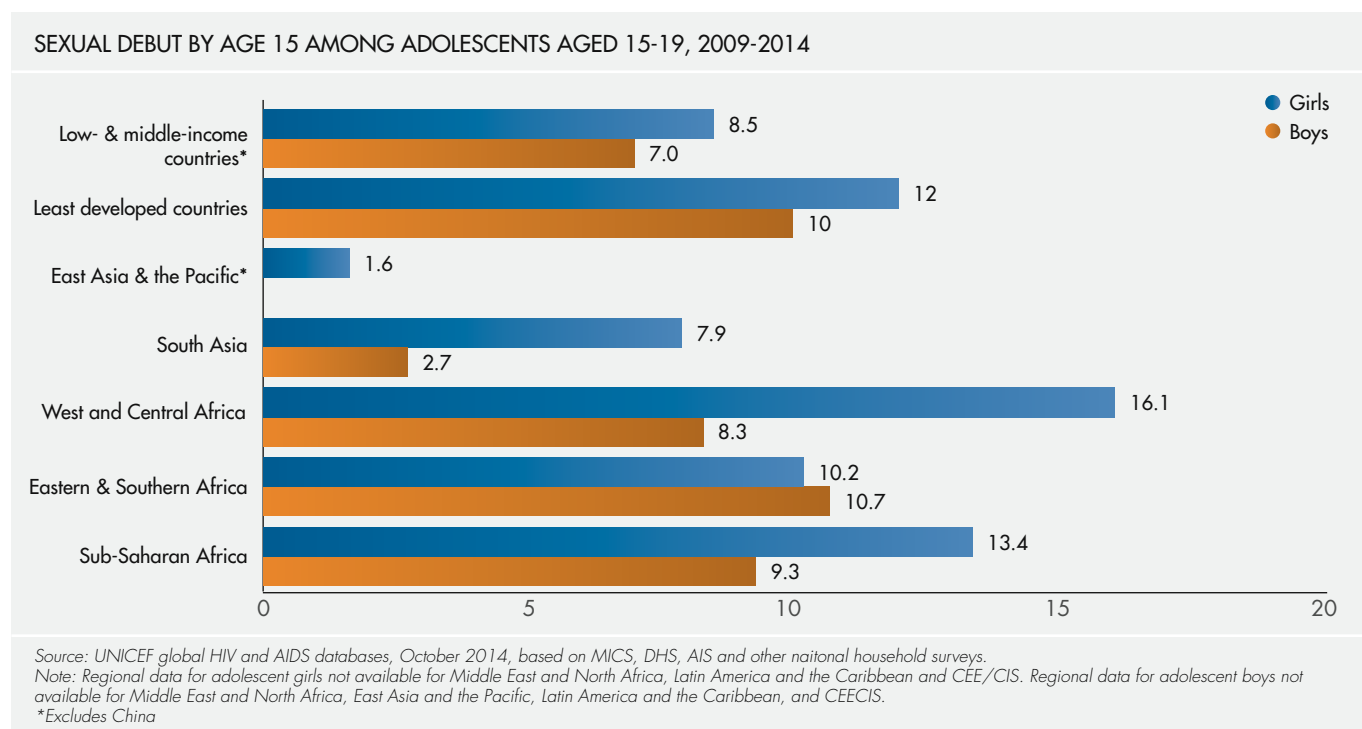


Sources:

United Nations Children's Fund, *The State of the World's Children* (2011).

United Nations Children's Fund, *Progress for Children: A Report Card on Adolescents* (2012).

United Nations Population Fund, World Health Organization – *Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries: What the Evidence Says* (2012).



KEY ISSUES

1 ADOLESCENTS FACE MULTIPLE BARRIERS TO ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND EDUCATION

Requirements of third-party consent for access to certain services are contrary to human rights.¹⁰

Adolescents are often confronted with the reality that they can only access sexual and reproductive health services and information with the agreement of their parent, guardian, spouse or doctor.



According to the Committee on the Rights of the Child, the rights of adolescents to health and development require States to establish legal provisions related to the possibility of receiving medical information without parental consent.¹¹ The Committee has recommended that "States should review and consider allowing children to consent to certain medical treatments and interventions

without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion."¹² The Committee has also emphasized the right of the child, in light of their evolving capacities, to confidential counselling and to access to information without parental or guardian consent.¹³

Finally, the Committee has also requested States to ensure that adolescents are not deprived of any sexual and reproductive health information or services due to providers' conscientious objections.¹⁴ The Committee on the Elimination of Discrimination Against Women has urged States to avoid restricting "women's access to health services or to the clinics that provide those services on the ground that women do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried or because they are women."¹⁵

Health services must also be consistent with the rights to privacy and confidentiality.¹⁶

Privacy and confidentiality are essential to promote the health and development of adolescents. If they are not respected, adolescents may be reticent to seek counseling or to access certain services, or risk facing stigma or discrimination when they do seek services. The Committee on the Rights of the Child has established that "health-care providers have an obligation to keep confidential medical information concerning adolescents, bearing in mind the basic principles of the Convention. Such information may only be disclosed with the consent of the adolescent, or in the same situations applying to the violation of an adult's confidentiality. Adolescents deemed mature enough to receive counseling without the presence of a parent or other person are entitled to privacy and may request confidential services, including treatment."¹⁷

2 ADOLESCENTS NEED SERVICES THAT RESPOND TO THEIR UNIQUE SEXUAL AND REPRODUCTIVE HEALTH NEEDS

Sexual and reproductive health for adolescents should include services to prevent unwanted pregnancies and to support pregnant girls and adolescent parents as well as services to reduce the risk of sexually transmitted infections (STIs).

THE COMMITTEE ON THE RIGHTS OF THE CHILD HAS URGED STATES TO:

- A** to **ensure** that short-term contraceptive methods such as condoms, hormonal methods and emergency contraception are easily and readily available to sexually active adolescents, as well as long-term contraceptive methods, and provision of safe abortion and post-abortion care services, irrespective of whether abortion itself is legal;¹⁸
- B** to **foster positive and supportive attitudes** towards adolescent parenthood for their mothers and fathers; and
- C** to **develop policies** that will allow adolescent mothers to continue their education.¹⁹ In relation to STIs, the Committee has requested States to develop prevention programs that address taboos about adolescent sexuality.²⁰

3 EDUCATION AND INFORMATION PLAY A CRITICAL ROLE IN HELPING ADOLESCENTS UNDERSTAND THEIR SEXUALITY AND SEXUAL AND REPRODUCTIVE HEALTH

The right to health encompasses access to education and information on sexual and reproductive health.²¹

Access to information includes "the right to seek, receive and impart information and ideas concerning health issues."²² The Committee on the Rights of the Child has recognized that "States parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs)."²³

In relation to HIV/AIDS, the Committee on the Rights of the Child has emphasized "that effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information."²⁴ The Committee has also underscored the need to provide adolescent girls with access to information about the harm that early marriage and early pregnancy can cause.²⁵

Similarly, the Committee on the Elimination of Discrimination Against Women has underscored the need to pay particular attention "to the health education of adolescents, including information and counseling on all methods of family planning."²⁶ The Committee has further specified that health education for adolescents should address "gender equality, violence, prevention of sexually transmitted diseases and reproductive and sexual health rights."²⁷

Sexual and reproductive health information should be consistent with adolescents' evolving capacities.

The Committee on the Rights of the Child has specified the need ensure that the information is "adequate and sensitive to the particularities and specific rights of adolescent girls and boys."²⁸ The International Guidelines on Sexuality Education of the UN Educational, Scientific and Cultural Organization have pointed out that "effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values, and to practise the skills they will need to be able to make informed decisions about their sexual lives."²⁹

To find appropriate means of providing information, the Committee on the Rights of the Child has encouraged States to involve adolescents "in the design and dissemination of information through a variety of channels beyond the school, including youth organizations, religious, community and other groups and the media."³⁰

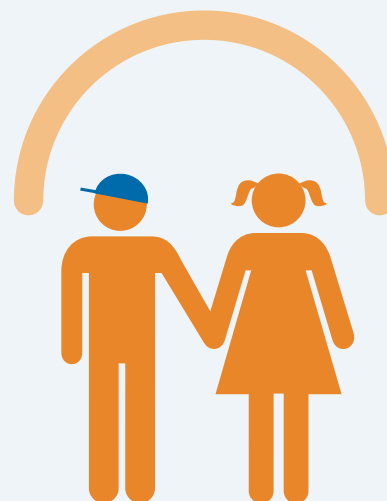


STATES HAVE OBLIGATIONS TO RESPECT, PROTECT AND FULFIL THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF ADOLESCENTS

RESPECT States should refrain from interfering directly or indirectly with the enjoyment of the right of adolescents to access sexual and reproductive health information. For example, States should not require the authorization of husbands, partners or parents of adolescents seeking counselling on contraceptives.

PROTECT The obligation to protect requires States to prevent violations by third parties. Thus, for instance, States are required to ensure that adolescents are not deprived of sexual and reproductive health information, goods and services, such as contraceptives and family planning, due to health providers' conscientious objections.

FULFILL The obligation to fulfil requires States to take appropriate legislative, administrative, budgetary, judicial and other actions to achieve adolescents' rights to sexual and reproductive health information and services. For example, States need to create an enabling environment for adolescents to exercise their sexual and reproductive health and rights including through the provision of comprehensive sexuality education.



NOTES

- 1 United Nations Children's Fund, Progress for Children: A Report Card on Adolescents (2012), p. 7.
- 2 Ibid., p. 24.
- 3 United Nations Population Fund, State of the World's Population Report (2012), By Choice, Not by Chance: Family Planning, Human Rights and Development, p. 31.
- 4 Article 24(1)
- 5 Article 5.
- 6 International Conference on Population and Development, Programme of Action (1994), para. 7.41.
- 7 Ibid., para. 7.47.
- 8 Commission on Population and Development, Resolution 2012/1, Adolescents and youth, para. 7.
- 9 Bali Global Youth Forum Declaration, Final Recommendations from Thematic Section 3: Families, Youth Rights, Well-Being and Sexuality (2012).
- 10 Committee on the Elimination of Discrimination against Women, General Recommendation 24 (1999) on women and health, para. 14; Concluding Observations on Indonesia, CEDAW/C/IDN/CO/5 (2007), para. 16; Turkey, A/52/38/Rev.1 (1997), para. 196; Committee on the Rights of the Child, General Comment 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, para. 31.
- 11 General Comment 4 (2003) on adolescent health and development, para. 28.
- 12 General Comment 15, para. 31.
- 13 General Comment 4, para. 11.
- 14 General Comment 15, para. 69.
- 15 General Recommendation 24, para. 14.
- 16 Ibid., para. 31(e).
- 17 General Comment 4, para. 11.
- 18 Committee on the Rights of the Child, General Comment 15, para. 70.
- 19 General Comment 4, para. 31.
- 20 Ibid., para. 30.
- 21 Committee on Economic, Social and Cultural Rights, General Comment 14 (2000) on the right to the highest attainable standard of health, para. 11.
- 22 Ibid., para. 12(b)(iv).
- 23 General Comment 4, para. 28.
- 24 General Comment 3 (2003) on HIV/AIDS and the rights of the child, para. 16.
- 25 General Comment 4, para. 31.
- 26 General Recommendation 24, para. 23.
- 27 Ibid., para. 26.
- 28 General Comment 4, para. 28.
- 29 United Nations Educational, Scientific and Cultural Organization, International Guidelines on Sexuality Education: An Evidence Informed Approach to Effective Sex, Relationships and HIV/STI Education (2009), p. 2.
- 30 General Comment 4, para. 28.