We applaud
- The Philippines, whose statement in plenary today addressed discrimination based on sexual orientation and age, and sexual and reproductive services for adolescents!
- H.E. Ms. Ojiambo, Deputy Permanent Representative of Kenya to the UN, for her continued support of young people’s rights throughout this process!
- The governments of the MERCOSUR+Likeminded, for all of your support and commitment at this year’s CPD!
- Indonesia for recognising, and supporting, that SRH is not about demographics, but about rights!

Straight From The Hallways of the UN
We are in the middle of the CPD and negotiations for the outcome document are well under-way. We, as young advocates for sexual and reproductive rights, are here to provide input, information and a sense of the realities of young people, so that the negotiations will have a positive impact on the lives of many adolescents and youth around the world. We are particularly pleased to see the rights of young women and girls as central to the discussions!

The Youth Coalition congratulate governments that included youth on their delegations and those who include the opinions of young people in their statements and negotiations.

There are, however, a small cohort of voices both inside and outside the negotiating room that are spreading misinformation about young people and adolescents, in an attempt to limit young people’s sexual and reproductive rights, their health and their well-being. We would like to take this opportunity to share with you some clarification on these misconceptions.

Rights-Based Comprehensive Sexuality Education
Access to rights-based comprehensive sexuality education (CSE) is essential to the realisation of all human rights of young people and adolescents. The right to access rights-based education is universal. Rights-based sexuality education is based on, and teaches, fundamental Human Rights, empowers women and girls, focuses on gender equality and ending stigma, discrimination and inequality. It empowers young people to make choices over their own lives, and teaches respect, tolerance and diversity.

CSE is about empowering women and girls, and promoting and protecting women and girls’ right to education at all levels. Providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality, is outlined in various agreed language, including in the 2010 CPD resolution.

Abortion
The right of young people and adolescents to access sexual and reproductive health services that are safe, accessible, confidential, comprehensive and integrated are outlined in a number of global commitments. The recent 2011 Interim Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, outlines the ways in which barriers to safe abortion and comprehensive sexual and reproductive health services, including legal, informational and service barriers, is not only detrimental to women and young women’s health, but is a violation of their fundamental human rights, including the right to health, the right to life, and the right to live free from stigma and discrimination.

Adolescents
We wish to extend special thanks to those governments and representatives here in New York who are ensuring that the rights of adolescents are protected and upheld through the CPD process. Adolescents are a recognised group with diverse experiences, needs, wants, hopes and aspirations. A global community of young people, who do not identify as children or adults, are relying on their decision-makers here to ensure their rights are not compromised; in particular as they relate to their sexual and reproductive health and rights.

YCSRR delegation for #CPD2012

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Oral Statement delivered to Country Delegations

Chairperson and distinguished representatives,

We, the Youth Coalition for Sexual and Reproductive Rights, with the support of Action Canada for Population and Development congratulate the Commission on Population and Development for focusing the efforts of the 45th session on ‘Adolescents and Youth’ and congratulate those governments that made youth an integral part of their delegations.

During this important session, we urge governments to not only reaffirm their commitments made in the ICPD Programme of Action but also to advance on issues that have emerged since 1994. It has been almost 20 years since Cairo and we are still negotiating every year to maintain those commitments that have already been established through the Programme of Action, the Beijing Platform for Action, the World Programme of Action for Youth and the Universal Declaration of Human Rights. These agreements made essential advancements for women’s health and rights and young people, in particular.

We cannot wait any longer for commitments that can make a real difference in the lives of adolescents and youth. We are fighting for a world where every adolescent and young person has access to comprehensive sexuality education that gives them the skills and information to know that their bodies belong to them and nobody else, that they can enjoy their sexuality, that they have the right to access comprehensive and integrated sexual and reproductive health services including a range of contraception. Governments must ensure that every young woman has the right to decide if and when she wants to have children.

We are here working with you, the policy-makers, the decision-makers, in order to create a world where young people’s sexual and reproductive rights are fully respected and embraced. We are also here to make sure that our lives and health will no longer serve as compromises in political negotiations.

At this time in history it is not acceptable that many adolescent girls and young women across the world still lack access to comprehensive sexuality education, that empowers young women and girls, and integrated sexual and reproductive health services.

We must remove all barriers, including legal barriers, that keep adolescents and youth from their wellbeing and health. We don’t understand why today young women and adolescents still need parental, partner, or husband consent for deciding over their own bodies and lives in many countries.

The rates of unsafe abortions among young women and adolescent girls and the number of maternal deaths due to unsafe abortion is unacceptable, and will only be reduced if governments commit to young women’s rights and guarantee access to safe abortion, thus embracing and respecting our bodily integrity, autonomy, freedom, and dignity.

Why is it that in 2012 adolescent girls and young women continue to live under the constant threat of stigma, discrimination, violence and are disproportionately affected by harmful traditional practices?

The outcomes of the 45th session of the Commission on Population and Development will have a real effect on the lives of young people around the world. We strongly believe that adolescents and youth human rights should be at the center of any effort made for development. The ICPD Programme of Action was a strong step forward eighteen years ago. But, to date, many of the commitments made by States worldwide are still far from being implemented. Our participation in this process is essential and we are here to contribute and hold you, governments, accountable to your promises.

We urge all governments in support of youth sexual and reproductive health and rights issues to stand with us because we will not wait any longer.

Thank you.

Statement delivered to country delegations during the 45th Session of the Commission on Population and Development. Special thanks to Action Canada for Population and Development for their support in submitting the statement.
Despite the clear need for comprehensive sexuality education and access to sexual and reproductive health services among Mexican adolescents, the Catholic Church hierarchy seeks to restrict their sexual and reproductive health and rights (SRHR), and thereby limit their overall development.

Recent examples include the conservative backlash to the decriminalization of abortion in Mexico City, spearheaded by the Catholic Church hierarchy and its political allies. As a result, half of the states in the country have fast-tracked constitutional reforms to protect life from the moment of conception, in an effort to criminalize abortion in all cases and limit other reproductive rights, such as access to Emergency Contraception.

In 2009, the Church hierarchy successfully joined with conservative groups to demand that the federal Ministry of Health cease distribution of the National Health Card for Adolescents because it included information on SRHR. Other such efforts include advocacy to remove information regarding sexuality from public school textbooks, once again limiting young people’s access to information and reducing their capacity to make informed decisions about their lives and bodies.

However, this extreme rejection of SRHR does not represent the majority of Mexican Catholics. In fact, 82% of Catholic respondents agreed that the State must continue guaranteeing individuals’ right to decide in a free, responsible and informed manner the number and spacing of their children, as established in the Mexican Constitution.

In regards to adolescent SRHR, the majority of Catholic men and women – seven in 10 –consider that sexuality education for public school students should begin between the ages of nine and 12. There is also a broad consensus in favor of the inclusion of diverse content on sexuality education in the free textbooks distributed by the Ministry of Public Education, as eight in 10 Catholics state that they accept that the textbooks contain information on condom use to avoid sexually transmitted infections such as HIV and AIDS, and regarding young people’s right to make decisions concerning their bodies and their sexuality.

Seven out of 10 Catholics are also in favor of these textbooks addressing the circumstances in which the law permits abortion. Moreover, 74% of Catholics consider that health services should provide contraceptive methods as well as counselling to adolescents who request these services.

Contrary to the fundamentalist stance of the Catholic Church, there is a clear rejection among the Catholic population of the total prohibition of abortion. 74% of respondents approve of a woman seeking an abortion if her life is in danger, while 70% approve if her health is at risk. Likewise, seven out of 10 Catholics support a woman’s decision to have an abortion if the pregnancy is the result of rape, while six out of 10 Catholics approve of abortion when the fetus has severe congenital defects, whether physical or mental.

These results show that Catholics recognize the moral autonomy of Catholic women and adolescents to make decisions regarding their sexual and reproductive lives, in accordance with their conscience, even though these decisions may go against the moral teachings of the Church hierarchy. As such, we demand an end to the illegal and inappropriate interference of the Catholic Church hierarchy in public policies regarding SRHR and we will continue working to promote a more compassionate Church that truly understands and responds to today’s realities.

Jenny Barry, 28, Católicas por el Derecho a Decidir (Catholics for the Right to Decide), Mexico
Esta reunión es nuestra

En la 45 Reunión de la Comisión de Población y Desarrollo el tema principal es “adolescentes y Jóvenes” contando con la participación activa de la sociedad civil y una oportunidad especial para dar una mirada a la situación actual de las y los adolescentes y jóvenes de Latinoamérica.

¿Y qué opinan las y los representantes oficiales de los países latinoamericanos sobre la salud y salud reproductiva de los y las adolescentes y jóvenes? Dentro de los discursos en las diferentes sesiones se han evidenciado posturas favorables de los países sobre el acceso a los servicios de salud sexual y salud reproductiva. Sin embargo algunas delegaciones han cuestionado la inclusión de brindar métodos anticonceptivos a las y los adolescentes.

Es responsabilidad de los estados disminuir las tasas de embarazos adolescentes, mortalidad materna, así como la transmisión de ITS/VIH a los y las adolescentes. Para tales problemas que aquejan significativamente a nuestra población adolescente latinoamericana, brindar métodos anticonceptivos, permiten que las personas ejerzan sus derechos a acceder a los servicios de salud, decidiendo de manera informada cuándo, cómo y cuántos, hijos tener, teniendo en cuenta que la información sea clara, amigable y objetiva para que las y los adolescentes puedan decidir responsablemente. Así como también resaltamos, implementar la educación sexual integral permite que las y los adolescentes tengan la información necesaria para tomar decisiones autónomas y disminuir las brechas e inequidades sobre todo con las poblaciones menos favorecidas económicamente.

¿Y qué hacen las y los adolescen-

This Session is Ours

At the 45th Session of the Commission on Population and Development, the main theme is “Adolescents and Youth,” there is an active participation of civil society and a special opportunity to take a look at the current status of adolescents and youth in Latin America.

At the 45th Session of the Commission on Population and Development, the main theme is “Adolescents and Youth,” there is an active participation of civil society and a special opportunity to take a look at the current status of adolescents and youth in Latin America.

What are Latin American government representatives saying about health, and the reproductive health, of adolescents and young people? Speeches in different sessions have shown countries’ favourable positions on access to sexual and reproductive health services. However, some government delegations questioned the inclusion of providing contraceptives to adolescents.

It is the responsibility of governments to reduce teenage pregnancy rates, maternal mortality, and the transmission of STIs/HIV among adolescents. For such problems, that significantly affect adolescents in Latin American, governments: must provide contraception, allow people to exercise their right to access health services, deciding, cont’d on p. 5
in an informed, manner, when, how and how many children to have, provide information that is clear, friendly and objective for adolescents to decide responsibly. In addition, implementing comprehensive sexuality education enables teenagers to have the information they need to make autonomous decisions and reduce gaps and inequities, especially in economically disadvantaged populations.

What do adolescents and young people do, as civil society, at the CPD? Ensuring meaningful youth participation means exercising our rights, as defined in Cairo Programme of Action. The voice of young people should be considered in the final resolution of the session. To ensure that the theme has a real focus on adolescents and youth, it is essential to know what adolescents and young people think, experience and want.

We, adolescents and young people of Latin America, will remain active and vigilant on the commitments obtained at the end of this session, while also continuing to monitor national policies to ensure the full exercise of our sexual and reproductive rights.

See you in Latin America!

Stefanie Suclupe, INPPARES, Peru and Juliana Cantini, BEMFAM, Brazil

En el año 2010 el Ministerio de Educación y Cultura de Paraguay (MEC) presentó el Marco Rector Pedagógico para la Educación Integral de la Sexualidad, un documento que explica la necesidad de la Educación Integral de la Sexualidad y da pautas para la implementación para todas las instancias que intervienen en la formación educativa.

En el caso de Paraguay

Mientras la 45° Sesión de la Conferencia sobre Población y Desarrollo de las Naciones Unidas se lleva a cabo, con su tema principal sobre adolescentes y jóvenes, el proceso de socialización de dicho documento está suspendido y su implementación quedó sin efecto. En otras palabras las jóvenes paraguayas, al igual que los adolescentes y hombres jóvenes, no tienen acceso a su derecho de recibir educación veraz y científica sobre salud sexual y reproductiva, y por tanto cuentan con menos herramientas para tomar decisiones autónomas acerca de su vida sexual y reproductiva.

El MEC elaboró su Marco Rector a través de un equipo interinstitucional y multidisciplinario y en concordancia con lineamientos internacionales, como el Manual sobre Orientaciones y Técnicas Internacionales sobre Educación en Sexualidad de la UNESCO y otros. Sin embargo luego de su lanzamiento su implementación fue suspendida, esto debido a la presión ejercida desde grupos confesionales fundamentalistas que hacen parte de la comunidad educativa.

En Paraguay casi dos de cada tres mujeres jóvenes de entre 15 a 24 años han tenido relaciones sexuales (CEPEP, 2008). Este grupo etario representa además el 21,5% de las personas con VIH, y se ha observado que existe mayor riesgo de tener una prueba de VIH y Sífilis positiva en aquellas personas que iniciaron relaciones sexuales a menor edad. 86% de las personas viviendo con VIH registradas por el PRONASIDA se han infectado por vía sexual (PRONASIDA, 2010). Y 5 de cada 10 mujeres de 15 a 24 años de edad sin educación, o con hasta 5 años aprobados de estudio, han tenido un embarazo o más (MEC, 2010). Además
Educación Integral para la Sexualidad para las adolescentes y mujeres jóvenes

cont.’d

el país tiene una de las tasas más altas de embarazo adolescente en la región.

Esto constituye una grave situación que pone en riesgo la calidad de la educación que las mujeres jóvenes paraguayas recibimos en cuanto a salud sexual y reproductiva. Algunos de los componentes de la educación integral para la sexualidad son: salud sexual y reproductiva y habilidades que desarrollen la capacidad de negociación y tomas de decisiones autónomas de las adolescentes y jóvenes. Esta educación debe desarrollarse en el contexto formal e informal y reconocer la perspectiva de equidad de género y de derechos humanos.

Las jóvenes precisamos de educación sexual integral que nos permitan conocer las opciones que tenemos para el cuidado de nuestra salud, así como saber cuáles son las acciones que ponen en riesgo nuestra calidad de vida. Por eso es imperativo recalcar que la educación formal del país precisa de la implementación del Marco Rector Pedagógico para la Educación Integral de la Sexualidad.

María Inés Romero, Youth Coalition for Sexual and Reproductive Rights, Paraguay