



THE WATCHDOG

The Youth Coalition's Quarterly Newsletter

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Working Internationally for Sexual and Reproductive Rights

CONTACT US!

The Watchdog is the Youth Coalition's Quarterly Newsletter. For more information on the Watchdog or the YC, please contact us at:
 #405, 260 Dalhousie Street
 Ottawa, ON
 Canada K1N 7E4
 Outreach@youthcoalition.org
 Or
 www.youthcoalition.org
 Phone:
 613-562-3522
 Fax:
 613-562-9502

A BUSY YEAR SO FAR...

Editorial By Youth Coalition Staff

It has been a busy year so far for the Youth Coalition. Since our last issue we have accepted several new members, gained a staff member, actively participated in two regional meetings, and held two youth advocacy trainings.

We would like to welcome the newest members of the YC, Qaisar Ismail 19 from Pakistan, Joana Chagas 25 from Brazil, Lavanya Keshavraj 21 from India, Kwabena Asamoah 25 from Ghana, Cristian Nita 21 from Romania and Ratnasari Cahyanti 25 from Indonesia. In addition we would like to welcome our newest staff member Nick Carkner 25 from Canada. Nick is our Logistics Coordinator and has helped plan our trainings in both Dakar, Senegal and San Juan, Puerto Rico.

We have held two trainings, one just before the regional review meeting for ICPD +10 in Dakar, Senegal June 1 - 13th and one in conjunction with the ECLAC regional meeting in San Juan Puerto Rico June 23 - July 1st. In Dakar we were also proud to have been able to support the organizational development of our sister organization *Lentswe La Rona – Young African Advocates for Youth*. As well some of our members attended the Beijing +10 meeting in Mexico City. And our crazy summer does not stop there! We will be holding our Annual General Meeting this year in Brighton, England from the 23rd - 26th of August. Some of our members will also be participating in Countdown 2015: Sexual and Reproductive Health and Rights for All to be held in London, England August 30th to September 2nd, and co-organizing the Youth Day (August 30h) and the Youth Track (August 31st - Sept 2nd). The YC is also busy planning events for the next coming months including a Central and Eastern European Workshop in October and a Youth Forum in February of 2005.

Finally we would like to point to our newest feature in our Watchdog newsletter, we are including a profile of two of our members, this quarter it is Claudia Ahumada from Chile and Lavanya Keshavraj from India. If you want more information on any of our members or the Youth Coalition in general please check out our website at www.youthcoalition.org. Also keep your eye out for our new website to be unveiled at the end August..



MEMBER'S PROFILES



Claudia Ahumada, 22, is a Law student at the University Diego Portales in Santiago, Chile. She has been an active advocate for youth and women's sexual and reproductive rights for the past six years or so, both at a local and an international level. She is a former member of the Latin American and Caribbean Women's Health Network (LACWHN). Currently, she is part of the Public Interest and Human Rights Clinic of her University, and has also worked for the past three years in the Center for Judicial Investigation of her University, as a research assistant on projects related to women's rights. In the year 2001 she participated in a student exchange program with the University of Yale's Law School, in New Haven, USA. Also, she worked as a legal intern in the Center for Justice and International Law (CEJIL), in Washington DC.

Lavanya Keshavraj, 21 is currently pursuing her Masters degree in Human Rights and Duties Education. She has an undergraduate degree in Sociology from the University of Madras, India. Lavanya has worked for the past four years with the rural and urban poor, particularly with women and youth as part of various internship programs. She is a keen advocate for ensuring Sexual and Reproductive Health and Rights (SRHR) for young people. She is a volunteer in Amnesty International, India, the Asian Youth Centre, ARCOD- Association for Rural Community Development, and NESAs – New Entity for Social Action. She also has experience in research and has organized several health service campaigns for women at the grassroots level.





The Youth Coalition's own Maria Antonieta Alcalde speaking at the Washington D.C. rally

March for Our Rights

By Pamela Pizarro, Canada

Last month over one million women, men and children gathered in Washington D.C., to send the Bush administration a message, "Choice Matters!" One of the largest audiences in the history of the United States listened to stories from individuals who had their choices taken away from them before abortion was made legal in their country. Countless stories of unwanted pregnancies resulting from rape or incest, stories of death due to illegal and unsafe abortions, stories of women in far away countries forced to give birth because of a lack of knowledge and money. Youth from different countries came to talk about their experience and how the current US government, with policies such as the Global Gag Rule, has limited their ability to control what happens to their own bodies. The people that attended this March for Rights in Washington last month are worried that their government may soon take their reproductive choices away from them.

On April 25, 2004 the Planned Parenthood Federation of Canada held its own march in Ottawa, Ontario to honour one of the leaders of the Canadian pro-choice movement, Dr. Henry Morgentaler. The event was also to show our American counterparts, that we support their fight against the Bush administration and its assault on a women's right to choose. Yet this crowd was decidedly smaller, only about 200 people showed up to lend their support to the cause and to reiterate their own rights in Canada. The question then becomes, why does such a large disparity exist? Is it that Canadians have become apathetic to the cause?

Some will argue that it is "you don't know what you've got until it is gone" syndrome. Young Canadian women seem to feel that because they already have access to reproductive health services there is no need to "fight" anymore. Yet these young women forget that it was a long struggle to get these services, and in some parts of our nation we are still fighting for access. For example many rural

communities do not have access to information, let alone services. In the province of Prince Edward Island, off the eastern coast of Canada, abortion services are inaccessible.

In general the knowledge base of the average young Canadian has dwindled when it comes to sexual and reproductive health. In 1989 the average young Canadian youth knew more about HIV/AIDS transmission than youth today. Many young women are ill informed on topics such as the effectiveness of different birth control methods, emergency contraception, and sexually transmitted infections.¹

In a report written by the Canadian Abortion Action League (CARAL), entitled "Protecting Abortion Rights in Canada", the league criticized the Canadian Health Care system for the continuing inaccessibility to abortion services. Although abortion was decriminalized in 1988, all provinces provide inadequate abortion services with only "123 out of 692 general hospitals in Canada perform abortions, with some provinces offering no hospital abortion services at all".² Of those hospitals that do offer abortion services, policies vary from hospital to hospital on things such as after abortion care, number of weeks pregnant for termination, and waiting time for the procedures.

In the report written by CARAL, part of the methodology used to measure abortion access was to actually call hospitals for information on abortion services. One of the major obstacles that Canadian women face when accessing services or even information are anti-choice physicians and staff. In their report CARAL stated that on several occasions their caller, a young women looking for abortion services, encountered individuals who were anti-choice and refused to give her information on abortion or to even refer her to an agency that would. Of those agencies that did provide referrals, most had to be pushed for information by the caller. In provinces where abortion services are available through physician referral only, anti-choice doctors were seen to be the largest barrier for women. These doctors often refused to give a referral or gave the women misleading or wrong information about abortion. More often than not women were also referred to anti-choice counseling agencies that also impeded their ability to access information.



Although legally Canadian women have a right to choose, in reality it is a different matter. We should not need an unprogressive government in Canada in order to inspire us to march again as access to abortion services for many women is still not a reality. Winning the legal battle for the right to choose was merely the first step in a battle that is proving to be ever lasting.

1. Information collected from the Planned Parenthood Federation of Canada website; www.ppfc.ca
2. Canadian Abortion Rights Action League, Protecting Abortion Rights in Canada.



millennium development goals & youth sexual and reproductive rights

By Monika Rahman, Canada



It may be safely assumed that most individuals or organizations working in the realm of human rights and international development have by now heard of the Millennium Development Goals (MDGs). However responses to this collection of eight wide-ranging goals have been pointedly varied. Some have been able to jump on what has been dubbed the “MDG bandwagon”, realizing that doing so is a means to securing funds for relevant development projects. Others have been much more hesitant, questioning what the repercussions of this new framework will be for related movements aiming for the realization of human rights, corporate social responsibility, gender equity, and environmental sustainability. It has been recognized among several sectors, namely women’s and youth non-governmental organizations (NGOs), that this framework was built without the otherwise widespread participation of civil society groups, calling its legitimacy into question.

The MDGs emanated from the Millennium Declaration, which was unanimously adopted by the members of the United Nations (UN) in a special Millennium Assembly in September 2000. The Millennium Declaration was partially an affirmation of the principles that form the foundation of the UN’s work, but also recognition of new and continuing challenges to humanity that will require universal collaboration to overcome. Recognizing that the promotion of human development is fundamental to achieving social and economic progress for all, the General Assembly accepted the eight MDGs as a means to implementing the Millennium Declaration.

They are the following:

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.

5. Improve maternal health.
6. Combat HIV/AIDS, malaria and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development.

The goals themselves are broad, however they do include 18 targets and numerous indicators that aim to provide specific foci for those working within the MDG framework. This collection of MDGs, targets and indicators is a direct corollary of a whole host of goals and targets set through processes of negotiation and deliberation at UN conferences and summits throughout the 1990s. While many are still attempting to monitor the implementation of the programmes of action set at these international conferences, it is becoming increasingly apparent that the appeal of a neat bundle of eight goals has the ability to capture the attention of donors and politicians.

As young people advocating worldwide for a youth-sensitive approach to international issues, we - like other sectors of civil society - have found ourselves facing three stark challenges when trying to identify how to work with the MDG framework. First, our lack of participation in the process of delineating the eight MDGs that occurred in September 2000 means that we have no sense of ownership over them, and do not feel that they are our common goals to pursue. As activists and members of civil society who have worked through the UN conferences of the 1990s, we feel more ownership for the frameworks resulting from these conferences that we helped to build with our peers and colleagues. It is hard to embrace what can be described a top-down endeavour.

(Millennium Development Goals... continued on Pg. 5)



YouAct Launch - Lisbon, Portugal 2004

By Cristian Nita, Romania

Between the 6th and 9th of May the official launch of YouAct, a European Youth Network concerned with the Sexual and Reproductive Rights of youth, took place in Lisbon, Portugal. The event was part of a youth conference called "Are You Ready to Act?" which included presentations, workshops and...a lot of fun! 37 young participants from all over Europe participated in this event. The conference was organized by the members of the Temporary Steering Committee (TSC) of YouAct.

During the first day of the conference participants were welcomed by Dr. Ines Gomes of the National Portuguese Commission Against AIDS, and Dr. Manuela Costa, Coordinator of Health Projects for the Portuguese Youth Institute. The presentations were very interesting and informative and many of the participants raised intriguing questions. Dr. Gomes spoke on the need for collaboration between young people and HIV/AIDS programs and how crucial it was in the fight against the disease.

In a country like Portugal where abortion is considered a crime (both women and doctors who practice abortion are punishable under law) many "hot" questions about abortion and the access of women to abortion services were addressed. Dr. Costa explained, "abortion is a very polemic subject due to our religious culture". She also said that a referendum on this issue took place not so long ago and that the Portuguese people had voted against the legalization of abortion. However, the voter turnout for this referendum had not been very big. She emphasized that "abortion is allowed only for therapeutic reasons", in other words any abortion outside of these guidelines is considered a crime.

Day Two of the conference gave participants the chance to work in regional groups to identify some of the key challenges in the field of Sexual and Reproductive Health and Rights (SRHR) for youth and adolescents in their region. This activity helped to illustrate the differences that exist between Western and Eastern European countries, especially between nations that have communist and non-communist backgrounds. Western EU countries are confronting problems like condom fatigue and young audiences

What is Condom Fatigue?



• Condom Fatigue refers to the phenomenon of "youth growing tired of having the safe sex message being shoved down their throats"

• It is also the "the idea that sex is less risky now than in past years due to the recent developments in the treatment of Sexually Transmitted Infections (STIs)"

Information from "Repackaging Safe Sex" by Gene Kosovan.

that feel overwhelmed with too much information, eastern EU countries, like the former soviet countries, are facing problems that are partially the result of a lack of money (like the inability to access information and the inaccessi-

bility of some services and contraceptives like condoms).

Because of the prejudices that exists towards young people and their sexuality (for example they should not be receive any sort of sexual education, and/or they should start their sexual lives only when they are married) many individuals in the eastern EU countries know very little about their options when it comes to sex. Other problems such as trafficking and migration of young people



Pictured from left to right: Zaire Van Arkel (Netherlands), Jessica Burnett (United Kingdom), Anneke Wensing (Netherlands), Paulo Jiviera (Portugal), Cristian Nita (Romania), Elina Juntunen (Finland), Elisabet Ramos (Portugal), Olga Kaminska (Poland)

were also presented as challenges in the former soviet countries.

On the third day of the conference YouAct was officially launched. Participants had the chance express themselves creatively during an artistic activity called "YouPaint!", participants were encouraged to use their imaginations by creating graffiti inspired paintings dealing with Sexual and Reproductive Health and Rights. That same evening participants and members of the Temporary Steering Committee (TSC) were invited to express their feelings about Sexual and Reproductive Health and Rights in another way... by dancing!!!!

The final day of the YouAct launch was used to outline the next steps of the organization. The most important thing about the conference was that it proved that young people can work together in an efficient way, and that they are not at all lacking the experience when it comes to advocating for their Sexual and Reproductive Rights (SRR). This conference could be used as an example for the future as it exemplifies the capabilities of young people and their energies and ideas when it comes to addressing young peoples' SRR and their involvement in these issues!

The Temporary Steering Committee of YouAct would like to thank the Dutch Ministry of Foreign Affairs, WPF, het Aidsfonds (Netherlands), Face-to-Face, Glaxo Smith Kline and Organon for their support.

For more information on YouAct or information on how to become a member you can contact Anneke Wensing at a.wensing@wpf.org



(Millennium Development Goals... continued from page 3)

Following from the lack of ownership comes the challenge that there has not been any real spaces opened up for the participation of youth within the MDG framework. When speaking directly from the experience of the young people involved in the movement for sexual and reproductive rights (SRR), we can say that such a space was there in the process of the International Conference on Population and Development (or ICPD) because it was explicitly acknowledged in the Programme of Action that meeting the needs and interests of young people is important to achieving the goals set at ICPD and it's 5-year review. In contrast, we are confused about how we fit into the MDG framework. We are barely even mentioned except as recipients of seemingly technical approaches to development that do not speak from a rights-based approach. A youth perspective or indicator could have been included in all eight goals, the same way a gender perspective should have been consistently incorporated. We are left to interpret what little mention there is of young people, subsequently taking away legitimacy from our claims to space within the MDG framework.



The third challenge that young people face is spending our already scarce energy and resources trying to understand the MDGs and what they mean for us rather than looking into strategies, actions and ways forward. Because we are confused about our place in the process and how the Goals have been interpreted, we have not been able to come together to channel information through networks and alliances in order to take action towards common interests. So far there have been isolated meetings in Norway, Sweden, and Kenya where youth are spending their energy trying to decipher the nature of MDGs, with very little impetus for action and strategy. It seems that we might be going backwards after all the work that was put into the conferences of the 1990s and the early years of the new century where youth participation and inclusion of youth needs and interests had become the rule rather than the exception.

As the 5-year review of the implementation of the MDGs approaches, young people working for sexual and reproductive health and rights (SRHR) have found themselves with a new task: how to convince member states of the UN that the perspectives and participation of youth are crucial for the implementation of the MDG framework. The answer lies partially in a few clear-cut statistics from the UN Population Fund's (UNFPA) most recent State of the World Report entitled *Making one billion count: Investing in adolescents' health and rights*:

- Half of the world's 6.3 billion people are under age 25, one fifth are adolescents (between the ages 10 and 19).
- One in four people between the ages of 10 and 19 lives in extreme poverty (under \$1/day).
- 62 per cent of people aged 15-24 who are illiterate are female.
- 82 million girls now between the ages 10 and 17 will marry before they turn 18.
- Only 17 per cent of married females aged 15-19 use family planning.
- Pregnancy is the leading cause of death for young women aged 15-19.
- Young people aged 15-25 account for half of the year's new HIV/AIDS cases.

We can see that young people are certainly affected by the priority issues identified in the MDGs, however indicators relating to young people are only found scattered in a few goals when they should be incorporated into each and every goal. Youth SRHR need to be explicitly linked to all of the goals in order to increase the probability that these goals are met. This requires pressure for the implementation of policy and programmes addressing youth interests and needs, which can only result from mobilizing the support of youth for the MDGs.

For more information on the Millennium Development Goals check out the following links:

- www.un.org/millenniumgoals/
- www.developmentgoals.org/
- www.undp.org/mdg/



Salud Sexual y Reproductiva de las mujeres jóvenes en Argentina: un asunto pendiente



Maria Eugenia Miranda, Argentina

Si se le pregunta hoy a una mujer joven argentina acerca de cuáles son sus derechos sexuales y reproductivos, lo más probable es que se quede muda, sin entender siquiera de qué se está hablando. La falta de información es alarmante, las adolescentes no se perciben a sí mismas como sujetos de derechos, y los rumores más insólitos acerca de la sexualidad corren de un lado para otro.

"Yo hablo de sexualidad solamente con mis amigas, jamás con mis padres o en el colegio. Una vez sola vinieron a la escuela unas promotoras de tampones, que nos

hablaron algo de la menstruación y los cambios que experimentaban nuestros cuerpos en esta etapa, pero nada más", cuenta Marcela Díaz, una estudiante secundaria de 14 años. "El tema es que muchas veces a nosotras nos falta información y nos manejamos a través de dichos. Conozco una chica por ejemplo que se quedó embarazada la primera vez que tuvo relaciones. Ella no se cuidó porque pensaba, como muchas chicas piensan, que en la primera vez no podés quedarte embarazada", agrega Marcela.

La educación sexual está incluida formalmente en los contenidos curriculares oficiales de las escuelas argentinas, pero en la mayoría de los casos no se imparte, y son las organizaciones no gubernamentales las que suelen ocuparse de concurrir a las escuelas para dar talleres a los alumnos. Además, la mayoría de las escuelas católicas se oponen terminantemente a la enseñanza de educación sexual.

Embarazo adolescente:

Evitar el embarazo: eso que a veces parece tan fácil de hacer (basta con que el hombre se coloque un preservativo antes de comenzar cada relación sexual), no resulta así a la hora de los hechos. Muchas mujeres no pueden impedir quedar embarazadas, ya sea porque son violadas, incluso por su propia pareja, por una falla en el anticonceptivo, por no tener información sobre cómo cuidarse, o porque ni siquiera tienen dinero como para comprar un preservativo. Y muchas de estas mujeres son adolescentes que hace apenas unos años jugaban con muñecas.

En la Argentina nacen 700.000 bebés por año, de los cuales aproximadamente 100.000 son hijos de mujeres de menos de 20 años. Y alrededor del 30 por ciento de estas madres está teniendo a su segundo o tercer bebé. El embarazo adolescente afecta mayormente a mujeres con menores niveles de educación y un nivel socioeconómico bajo. Muchas de estas chicas tienen a sus hijos sin el apoyo de sus padres, quienes prefieren que aborten, y acompañadas por una pareja que no suele ser estable o duradera. En general se observa que deben dejar los estudios por

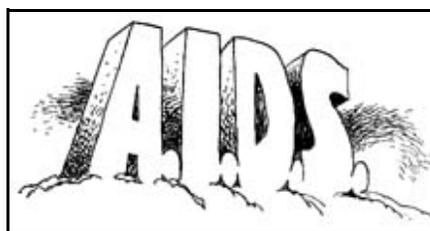
el embarazo y rara vez los retoman, y suelen tener mayores dificultades para conseguir un empleo por el hecho de ser madres.

Estudios revelan que las "niñas madres" -de 9 a 13 años- tuvieron hijos con hombres que las superan en al menos 10 años (en el 80 % de los casos), lo que hace pensar fuertemente en la posibilidad de abuso, violaciones o incesto.

Ni los servicios de salud ni el sistema educativo han llevado a cabo planes o acciones eficaces, ni brindado educación o recursos para evitar este alarmante crecimiento de las cifras. Son las organizaciones no gubernamentales y otros grupos de la sociedad civil que luchan para paliar esta situación, generalmente sin contar con los recursos suficientes ni con el apoyo de los organismos estatales.

"Muchas chicas vienen al hospital directamente a parir. Esa es su primer visita al ginecólogo. Llegan en una situación límite", cuenta Carlos Yoffe, médico ginecólogo del Hospital público Ramos Mejía de la Ciudad de Buenos Aires. El doctor considera que el sistema de salud del país no está preparado para que las personas puedan acercarse a los hospitales para realizar consultas, ya que se encuentran saturados.

Enfermedades de transmisión sexual:



Otro de los aspectos preocupantes de la salud reproductiva de las mujeres jóvenes argentinas son las enfermedades de transmisión sexual, especialmente el VIH/SIDA. Esta enfermedad constituye la primera causa de muerte en las mujeres entre 15 y 44 años de edad en la Ciudad de Buenos Aires y la segunda en la provincia de Buenos Aires.

"Sobre el SIDA tenemos algo de información. Algunos programas periodísticos de televisión hacen informes especiales del tema. Yo así fui aprendiendo y nos enteramos de lo que es, de cómo cuidarse. Pero la verdad es que a la hora de tener relaciones, muchas veces no me cuidé. Soy un poco inconsciente", confiesa Marcela. Su testimonio da muestra de cómo las conductas de prevención son conocidas pero aún no asimiladas del todo. Las antiguas pautas culturales continúan arraigadas, y todavía persisten algunos mitos negativos como el que predica que "con el preservativo se siente menos", o la famosa "prueba de amor", que algunos novios exigen a sus novias, y que consiste en tener relaciones sin usar profilácticos.

Según estadísticas del Ministerio de Salud, el Programa Nacional de lucha contra el SIDA y LUSIDA, el 22,6% de los enfermos de SIDA son mujeres. Esto significa 2,8 hombres por cada mujer, lo que señala un aumento acelerado de la epidemia en las mujeres con respecto a las cifras de años anteriores. La transmisión madre-hijo es del 6,7% de todos los enfermos, un valor alto en relación

(Salud Sexual y Reproductiva... Continuado en pagina 7)



(Salud Sexual y Reproductiva... continuado de pagina 6)

a otros países de la región, que indica el alto grado de infección de las mujeres en edad fértil en Argentina. En cuanto a la edad, las mujeres enferman a edades más jóvenes que los varones.

Ley de Salud Reproductiva:

En octubre de 2002, El Congreso de la Nación convirtió en ley el proyecto sobre salud sexual y procreación responsable en el ámbito nacional, que permitirá prevenir y eliminar las graves consecuencias que derivan de la mortalidad infantil, evitando la gran cantidad de embarazos no deseados en adolescentes.

La ley prevé que se garantizará a toda la población el acceso a la información, orientación, métodos y prestación de servicios referidos a la salud reproductiva y procreación responsable, actuando preventivamente y evitando la necesidad del aborto, ya que en los últimos años este ha sido el principal motivo de mortalidad.

Esto implica que todos los jóvenes menores de 18 años podrán concurrir a los hospitales públicos del país y recibir información y servicios de salud sexual y reproductiva gratuitos y confidenciales, sin la necesidad de ir acompañados por un mayor.

La situación de crisis que atraviesa el país actualmente tuvo su estallido en diciembre de 2001 y provocó un importante crecimiento de la pobreza que hoy alcanza cifras del 50 por ciento.

Esto generó que muchas personas que antes podían pagar una obra social, un estudio médico, o comprar algún método anticonceptivo, hoy ya no puedan hacerlo y deban recurrir a los hospitales públicos como única salida.

Argentina es un país federal, por lo que cada provincia deberá definir cómo implementa el programa de salud reproductiva que prevé la ley. Además, es muy importante que se de una articulación entre los hospitales y los ministerios de salud para que el programa sea aplicado eficazmente. En la Ciudad de Buenos Aires, la Legislatura aprobó una ley de salud reproductiva similar hace 3 años, pero las dificultades que tienen las mujeres para acceder a información y métodos anticonceptivos en los hospitales públicos aún persisten, y recién en diciembre pasado se aprobó el programa de salud reproductiva que preveía la ley de la Ciudad.



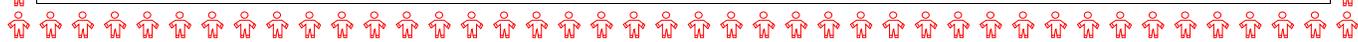
La ley de salud reproductiva a nivel nacional significa un importante avance en el campo de los derechos sexuales y reproductivos de las mujeres jóvenes, especialmente de aquellas que se encuentran más desprotegidas y carecen de todo tipo de acceso a información o métodos anticonceptivos para protegerse. Pero aún resta ver si esta ley se implementará eficazmente en el corto plazo en todos los hospitales públicos del país.



The Youth Coalition would like to Congratulate the newly formed LENTSEWE LA RONA - Young African Advocates for Youth. Lentsewe La Rona came together at this year's Regional Review Conference on the 10th Anniversary of ICPD in Dakar, Senegal to work on organization development and strategize for the regional meeting. Lentsewe La Rona is comprised of African youth working for the sexual and reproductive rights of youth. For more information contact the group at lentswelaron@yahoo.com



Members of Lentswe La Rona pictured with Youth Coalition staff from Left to Right: Nick Carkner (YC Staff), Tumie Mohoasa, Botswana; Sophie Dilmitis, Zimbabwe; Shamillah Wislon, South Africa (Facilitator); Tanya Baker (Facilitator, YC Member Canada), Khadija Sale, Senegal; Wala Nalungwe, Zambia; Amos Mwale, Zambia; Femi Fasinu, Nigeria (also a YC Member); Suzyo Ntazi, Zambia; Kwabena Asare, Ghana (also a YC Member); Sourkarou Tamba, Senegal; Nompumelelo Mbatha, South Africa; Aisha Frarme, Senegal; Edford Mutuma, Botswana; Front Row Kneeling: Semantu Philip Sparks, Uganda; Shannon Kowalski-Morton (YC Member), Saskia Husken (Facilitator, YC Member the Netherlands); Neema Mgana, Tanzania; Alexandre Muianga, Mozambique





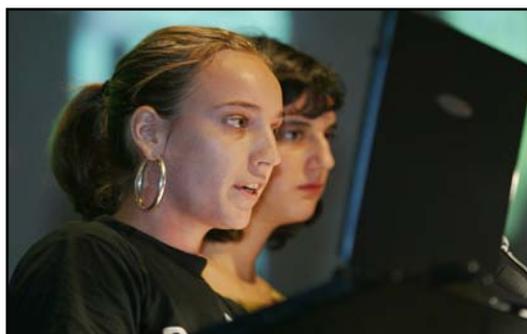
‘Good intentions are not enough: they need to be shown by investing more in young people.’

Report of the International Conference on Reproductive Health: Key to Poverty Reduction
Amsterdam, December 2003.

By Rose Koenders, Netherlands

Above title is one of the statements Maria Eugenia Miranda and I (Rose Koenders) made during the International Conference on Poverty Reduction and Reproductive Health. It was organised by the World Population Foundation, Share-Net (The Netherlands Network on Sexual and Reproductive Health and Aids) and NCDO (National Committee for International Co-operation and Sustainable Development). 225 participants, representing 78 organisations met and reaffirmed the Cairo and Beijing Commitments along with the +5 reviews, and adopted the Amsterdam Call for Action.

International speakers were invited to make clear why reproductive health should be placed high on the national and international agenda of development co-operation. They explained the inevitable link between poverty reduction and reproductive and sexual health and rights. Steven Sinding (IPPF) and Mari Simonen (on behalf of Thoraya Orbaid, UNFPA) often mentioned young people. However, young people also had their own voice.



Speaking at the International Conference on Reproductive Health: Key to Poverty in Amsterdam Rose Koenders (front) and Youth Coalition member Maria Eugenia Miranda (Back)

In our speech, Maria Eugenia and I dealt with the question of why the disparity between words and action concerning real youth participation is still so large. Since 1994 international consensus exists that young people should be fully involved in the whole policymaking process, so why is it not done?

Young people can make a difference as equal partners. Youth initiatives like CHOICE, the *Argentinean National Network of Adolescents on Sexual and Reproductive Health*, the European Youth Network, *You Act* and the *Youth Coalition* show how young people are working together structurally and are advocating for their reproductive and sexual rights, on national and international level.

The solutions to real youth participation lie in the concept of *youth-adult partnerships*. This partnership entails that adults work with young people on issues facing youth, and programs and policies affecting youth, and sharing decision-making power with youth. Because of logistical and organisational obstacles, this kind of partnership often does not exist. What is needed is a change in attitudes in order to see each other as equal partners.

It is time to overcome these obstacles and achieve real youth participation, if we truly want to have effective projects, programs and policies. Or as Maria Eugenia Miranda said, “*A prevention campaign is not only about leaflets and posters with colours; it is the capacity to say what young people understand.*”

The Youth Coalition is happy to share Watchdog space with young people from around the world and from other organizations. The articles presented reflect the views of the individual authors and not necessarily that of the Youth Coalition.