

FULFIL!

Guidance
document for the
implementation
of young people's
sexual rights

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A rights-based approach combines human rights, development and social activism to promote **justice, equality and freedom**. Implementing young people's sexual rights in policies and programmes empowers young people to take action and to claim what is their due, rather than passively accepting what adults (government, health providers, teachers and other stakeholders) decide for them. In turn adults need to support these rights.

Implementing sexual rights is about **promoting and preserving human dignity**.



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Acronyms and abbreviations

| | |
|---------------|--|
| CEFM | Child and Early Forced Marriage |
| CRC | Convention on the Rights of the Child |
| CRIN | Child Rights International Network |
| CSE | Comprehensive Sexuality Education |
| FGM | Female Genital Mutilation |
| GBV | Gender Based Violence |
| HIV | Human Immunodeficiency Virus |
| IPPF | International Planned Parenthood Federation |
| LGBTIQ | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning |
| PEP | Post Exposure Prophylaxis |
| PrEP | Pre-Exposure Prophylaxis |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| STIs | Sexually Transmitted Infections |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| WAS | World Association for Sexual Health |
| WHO | World Health Organization |
| YPLD | Young People Living with Disabilities |

Background and rationale

Young people and sexual rights

The World Association for Sexual Health (WAS) and the International Planned Parenthood Federation (IPPF) have a longstanding partnership in sexual and reproductive health and rights (SRHR), with extensive experience in advocating sexual rights for adolescents and youth.

Currently there is a great deal of interest in young people, and a proliferation of programmes directed to address their sexual and reproductive health.

Different organizations have different definitions of 'young people'. While the World Health Organization (WHO) identifies 'adolescence' as being between 10 to 19 years of age, the Convention of the Rights of the Child considers everyone under the age of 18 as *children*. United Nations, on the other side, defines 'youth' as being aged 15 to 24. For the purposes of this document, we will use the terms 'youth' and 'young people' interchangeably, covering the age range from 10 to 24, while the term 'adolescents' will be specifically used to refer to those between 10 and 17 years of age. Some issues covered in this document apply mostly to adolescents - considered 'minors' under the law and considered *children* under the Convention of the Rights of the Child.

Young people and adolescents defy definition, being characterized by their diversity in terms of psychological, physical, cognitive capacities, opportunities for power and agency, and life situations.

Sexual and reproductive health programmes for young people often operate under frameworks that emphasize disease, death, disability and violence associated with sex and sexuality. International indicators for young people's well-being focus on the absence of suicide, unwanted pregnancy, sexually transmitted infections (STIs) and HIV (WHO, 2014). However, young people (regardless of age, ethnicity, or culture) have sexual needs that go beyond

these topics, as well as desires, fantasies and dreams related to their sexuality. For them to achieve and maintain a healthy development, they need to be able to explore, experience and express their sexuality in pleasurable and safe ways, and to make informed decisions about their lives and bodies. This can only happen when young people's sexual rights are recognised and guaranteed.

Sexual rights are human rights related to people's sexuality (WHO, 2006). The principles informing the intrinsic and instrumental benefit of sexual rights for young people are articulated in two documents: IPPF's *Sexual Rights: an IPPF Declaration (2008)* and WAS' *Declaration of Sexual Rights (2014)*. Both declarations were developed by a panel of internationally-recognized experts in the field of sexual and reproductive health and rights, and are based on international human rights frameworks and policies¹. The commitments are promising; but how do we move from the principles to actual practice? This Guidance Document aims to bridge that gap.

Implementing young people's sexual rights

Translating the sexual rights of young people into practice not only involves raising awareness among young people for them to claim their rights, but working with duty bearers, such as health providers, educators and policymakers for them to fulfil these rights in law and in services.

As adolescence is a time of gradually gaining responsibilities, implementing the rights of adolescents specifically involves a dynamic pro-

¹ IPPF also developed "Exclaim!", a document for young people to explain sexual rights in their language and for their specific context: www.ippf.org/resource/exclaim-young-peoples-guide-sexual-rights-ippf-declaration

cess of striking a balance between protecting them while respecting their autonomy and promoting their empowerment.

There's an urgent need to better understand the key factors in implementing young people's sexual rights.

With this in mind, WAS and IPPF developed *Fulfil!*. This guide addresses the critical opportunities to implement young people's sexual rights in a global context and provides specific guidance for policy makers, health providers and educators.

This document is aspirational, meaning it aims for an *ideal implementation* of young people's sexual rights. However, we realize that there are many steps that countries need to take to reach this ideal, such as coalitions between policy makers, programmers and youth organizations, mapping of priorities, mobilization and allocation of funds, among others.

Also, this is by no means exhaustive. Challenges related to youth's sexual rights implementation vary across contexts, time, and are influenced by social and cultural factors and are constantly changing.

In addition, the guidance provided by *Fulfil!* applies to countries that are governed by the rule of law. Conflict settings pose particular challenges that should be addressed on a case-by-case basis, in which ethical and practical factors need to be balanced. This guide provides a practical decision-making model for providers and programmers to support the implementation of young people's sexual rights.

Young people's sexual rights for sustainable development

In 2015, the UN General Assembly adopted the Sustainable Development Goals (SDGs) to advance three 'pillars' of sustainable development: economic, social and environmental. As a globally agreed agenda for 2015-2030, the SDGs will shape the SRHR of young people. SDG 3 ("Ensure healthy lives and promote well-being for all at all ages"), SDG 4 ("Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all") & SDG 5 ("Achieve gender equality and empower all women and girls") are particularly relevant

for the sexual health and sexual rights of young people.

Young people's sexual rights need to be at the centre of the sustainable development agenda. This guide shows how that can be achieved.

How to use *Fulfil!*

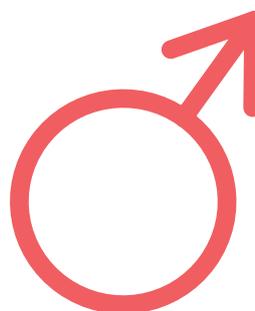
Fulfil! has three parts. The first part outlines the core convictions that are at the basis for the implementation of young people's sexual rights: a comprehensive understanding of youth's sexuality, which locates diversity and sexual wellbeing at the core; gender perspective and equality; the balance between autonomy and protection, in the context of evolving capacities and empowerment; and meaningful youth participation.

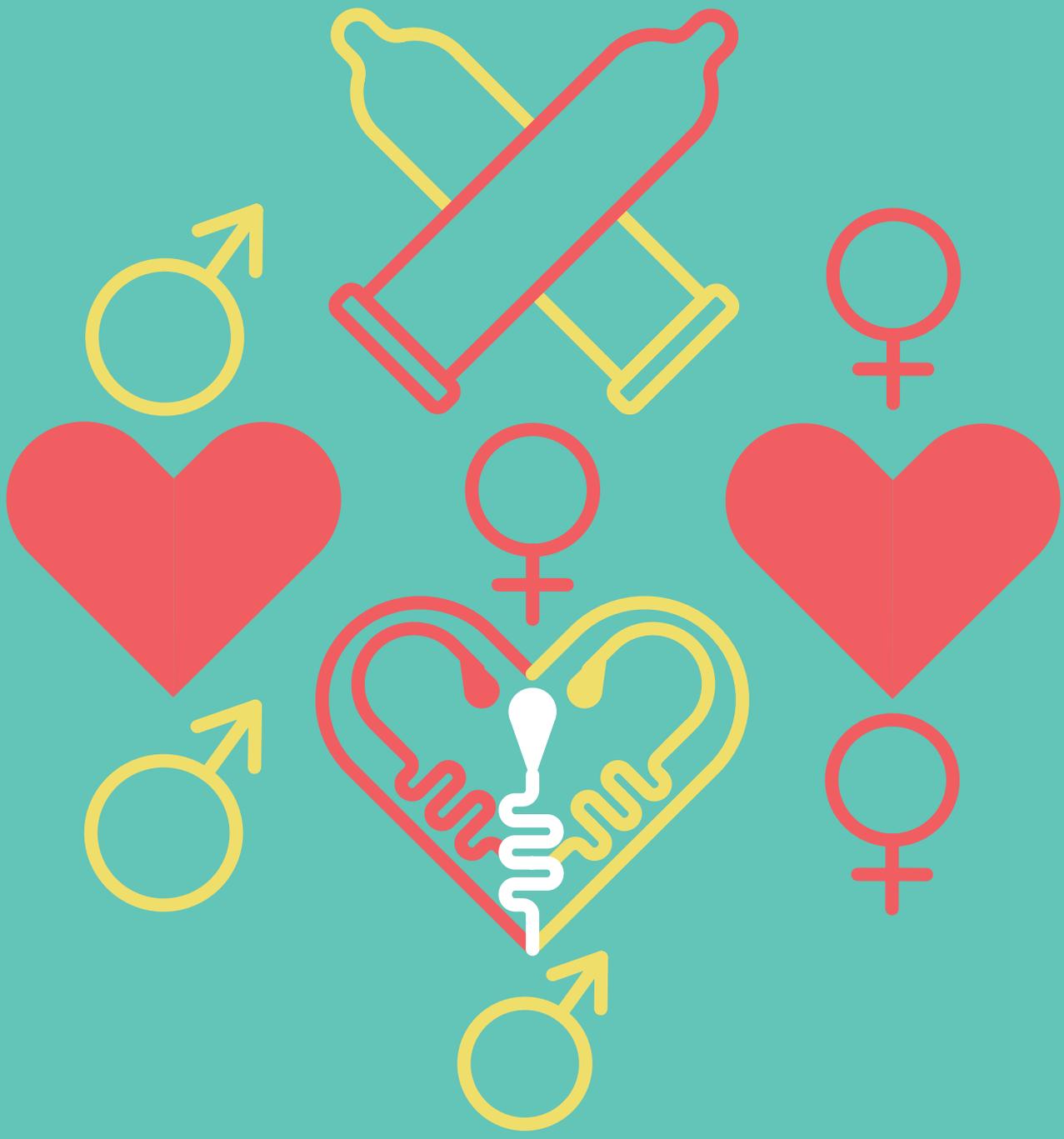
The second part provides guidance regarding critical opportunities for the implementation of young people's sexual rights within 5 areas:

- A. *Freedom of sexual expression*
- B. *Sexual and reproductive health services and commodities*
- C. *Comprehensive sexuality education (CSE) and SRHR information*
- D. *Protection from sexual violence*
- E. *Remedies and redress*

Each of these sections includes: a short description of the issue/area for implementation; reference to the sexual rights mentioned in the WAS and IPPF declarations that are primarily related to the area; opportunities for sexual rights implementation; and a summary of key implementation actions for laws/policies and services/programmes.

The third part is a case-by-case decision making model for service providers & programmers to support the implementation of young people's sexual rights.





1

part

*Basis for the
implementation of young
people's sexual rights*

PART ONE: Basis for the implementation of young people's sexual rights

The following elements are fundamental to guide the implementation of youth's sexual rights at the levels of laws/policies and services/programmes.

1. A comprehensive understanding of young people's sexuality, with diversity and sexual wellbeing at the core

Sexuality is a central part of being human across the world (WHO, 2006). All young people are sexual beings — whether or not they are sexually active. Young people are very diverse and experience their sexualities in different ways. Sexuality includes one's sense of awareness, experience and expression of eroticism, sexual pleasure, intimacy, sexual orientation and gender identity, among others. Many biological, mental, social, cultural, economic, environmental, religious and contextual factors influence young people's sexual behaviours, relationships, feelings, identities, desires and attitudes. Therefore, each young person's experiences and expressions of sexuality are unique; the diversity of young people's sexualities should always be recognized, valued and celebrated on the basis of sexual rights.

WAS and IPPF's Declarations of Sexual Rights also recognize that all human beings, including young people, are entitled to sexual well-being and pleasure. Young people's experiences of sexual pleasure are very important, since these early experiences can shape the way they experience and express their sexuality in the future, and have a direct impact in their overall health. Ensuring that all young people understand they are entitled to sexual pleasure and the diverse forms in which pleasure is experienced is of primary importance for their health and well-being.

2. Gender perspective and equality

Gender norms, sexism, racism, homophobia, transphobia and other forms of prejudices, stereotypes, discrimination and violence are behind many structural factors that limit the development and possibilities of expression of all young people (particularly of young women and LGBTIQ youth), and create inequality at different levels. It is important to note that the issues addressed in this document affect and apply differently to young women, young men and sexually diverse youth precisely because of these different layers of inequality.

As young people's sexual rights get implemented, they gain access to the same programmes, services, opportunities and possibilities of expression, and thus, a greater social equality is built.

3. The balance between autonomy and protection, in the context of evolving capacities and empowerment

The relevance of some sexual rights, particularly those related to a person's ability to consent, change as a person transitions from infancy to childhood to adolescence, therefore, the rights of children and adolescents must be approached in a progressive and dynamic way. The Convention on the Rights of the Child (CRC) introduced the principles of *evolving capacity* and the *best interest* that apply to children and adolescents under the age of 18, which should be interpreted in conjunction with other principles, such as participation.

Evolving capacity is about individual development and autonomy; it refers to the way that each child or adolescent gradually develops the ability to take full responsibility for her or his own actions and decisions. This happens at a

different pace for each individual. At any given age, some adolescents or children will be more mature and experienced than others; context and personal circumstances will certainly influence each individual's development.

The principle of "best interest" means that a rights-based approach to decision making should be guided by the interests of an adolescent or child in a particular context; *this should be determined with their input, and should not be decided solely by an adult.*

When we relate these concepts to policies, programmes and services, it means that there is a need to provide protection to adolescents while enabling them to exercise autonomy as they make decisions about their health and sexuality. Adolescents' differing social situations create a need for protection, however, protection of adolescents shouldn't be about *restricting* their autonomy, but about *promoting* it through empowerment. Adolescents are rights-holders who are capable of making autonomous decisions on their health and sexuality in line with their evolving capacities.

4. Meaningful youth participation

The UN Convention on the Rights of the Child recognizes the right to participation: "to express [...] views freely in all matters affecting [them], [...] being given due weight in accordance with [their] age and maturity" (article 12). In addition, the 1994 Programme of Action of the International Conference for Population and Development (ICPD) specifically recognized young people's rights to participate in reproductive health programmes, as did the 2012 Commission on Population and Development outcome document and the World Programme of Action on Youth (adopted by UN in 2007).

Meaningful participation of young people in organisations and programmes can bring positive results for young people themselves, for the organisations and adults they work with, for programme objectives, and lead to positive social change and development. Evidence from operational research on programme interventions demonstrates that employing young people's ideas, connections and unique expertise in programmatic work, increases the reach, attractiveness, relevance and effectiveness of interventions (Jennings, et al, 2006; SRHR Alliance, 2016; Villa-Torres, & Svanemyr, 2015).

How do we promote meaningful involvement of young people? The crux is to create shared power relationships between young people and adults. Increasing the transparency about decision making helps at every level – from governance and programme planning to learning and evaluation.

Young people and adults need to become aware of the social and political processes and structures that underlie SRHR issues. This means we need to provide ways to encourage critical reflection on norms and values, and on working mechanisms of interventions and democratic channels that can bring change, and challenge social injustices and inequities.



part 2

*Putting SEXUAL RIGHTS
into practice*

PART TWO: Putting sexual rights into practice

A. Freedom of sexual expression

“Freedom of sexual expression” covers the rights of young people to express the erotic, emotional and identity aspects of their sexuality while respecting the rights of others and in safe and private environments: it covers the ability of a person to consent, and therefore choose when, how and with whom to relate sexually and how to live one’s sexual identity, primarily -but not limited to- gender identity, gender expression and sexual orientation

Rights related to this area of implementation

WAS Declaration: Right to equality and non-discrimination; Right to life, liberty and security of the person; Right to autonomy and bodily integrity; Right to privacy; Right to the freedom of thought, opinion and expression.

IPPF Declaration: Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender; Rights to life, liberty, security of the person and bodily integrity; Right to privacy; Right to personal autonomy and recognition before the law; Right to freedom of thought, opinion and expression as well as right to association

Opportunities for implementing sexual rights

Modifying sexual consent laws that put young people at risk

Establishing an age of consent is one of the ways in which states balance the principle of protection of adolescents against the principles of autonomy and evolving capacities. Most governments have legislated an age of sexual consent, below which sexual activity is criminalised, even between adolescents of similar ages. Sexual consent ages vary widely across the world, from 12 years in some countries to 21 years in others. In some states, the prescribed age of sexual consent is different for girls and boys or for certain sexual acts (e.g. same sex sexual activities), while in others consent can only be defined in the context of marriage.

Criminalisation of ‘underage’ sex, particularly where the law does not contain an exemption for non-exploitive sexual acts that occur between adolescents of similar age, does not always serve a protective purpose. Laws that criminalise consensual sexual activity between adolescents can place adolescents at risk of harm by hindering their access to sexual and reproductive health services (for example, some adolescents might be afraid of revealing details about their sex lives to health care providers due to the stigma or possible legal consequences). In states where the legal age of sexual consent is linked with age of marriage, young people may be denied the education and services that they need. The lack of access to services and the fear of stigma can also af-

fect adolescents' mental health, leading to depression or anxiety.

Protecting and including sexually diverse youth

Contrary to international standards, same-sex sexual acts are currently criminalised in a large number of states and this puts LGBTIQ youth at risk of severe physical and mental harm, which can be the result of direct attack, correctional punishment, 'treatments', or the indirect effect of living a life of fear and repression.

Firstly, lack of legal recognition means that there is no imperative for service providers to ensure that SRH services are relevant and accessible to LGBTIQ adolescents. Secondly, where services are refused to persons on the basis of their sexuality or gender identity, lack of legal protection means they might not be able to challenge this treatment in the legal system. Thirdly, lack of legal recognition reinforces social norms that stigmatise LGBTIQ youth.

Transgender and intersex adolescents constitute one of the most neglected groups within health programmes. Obstacles preventing transgender adolescents accessing hormonal therapy include lack of support from providers and laws that demand parental consent. Health providers should assess trans adolescents' circumstances and should provide adequate support for them to make autonomous decisions regarding gender transitioning, according to their evolving capacities and their best interest. If parental consent is needed to access hormonal therapy, providers should work strategically with clients and their parents to obtain the consent (without putting their clients at risk).

Intersex youth, on the other hand, are typically exposed to harmful surgeries at infancy, and/or are raised to conform to a binary sex/gender identity. Parents of intersex youth should allow their children to grow up without exposing them to permanent surgeries; once they are old enough, they should be able to make their own decisions about their bodies and identities.

When trans and intersex youth are experiencing rejection, providers should support them as they make decisions that serve their best interest (including exploring legal alternatives for them to access hormonal therapy without

parental consent). Trans and intersex youth should be able to make autonomous decisions about their own bodies, with proper information and guidance from providers.

Increasing recognition of the importance of safe, pleasurable & private sexual experiences

Many social or economic barriers prevent young people from experiencing safe, pleasurable and private sexual experiences. Many young people face lack of privacy when it comes to masturbation or having sexual relationships. Some parents, teachers and service providers have little understanding of how important it is for young people's development and wellbeing to experience their sexuality with privacy; without worries or fears of being 'discovered', punished or humiliated.

Young people's experiences of sexual pleasure are very important, as they can shape the way they perceive and experience their sexuality for the rest of their lives. It is important for programmes to address the links between consensual sexual experiences and safe sex.

Despite the important role of sexual wellbeing in young people's development, it is often overlooked by most health programmes.

Discussions of sexual pleasure must always emphasize diversity and address the deeply rooted inequalities between girls and boys in terms of their access to sexual pleasure. Young people should not be made to feel that they need to experience sexual experiences in a certain way. This can lead to self-doubt and disempowerment if they don't share pleasure in that specific way.

Recognizing the needs of young people living with disability

Few states have moved forward to implement the human rights of young people living with disabilities (YPLD), framed at the Convention of the Rights of Persons with Disabilities. SRHR programmes should include relevant information on the sexual health and rights needs of YPLD, as well as components for parents/tutors so that they can learn to respect their rights to privacy, autonomous decision-making, education and access to health care related to sexuality. Health providers also need to be aware of the specific SRH needs of this youth population.

Young people living with either mental, physical or emotional disabilities often face the stigma of being considered 'asexual beings'. However, they are all sexual beings and have the same right to enjoy their sexuality with the highest attainable standard of health, which includes pleasurable and safe sexual experiences, free of coercion and violence.



Summary – Key Implementation Actions

A. Freedom of Sexual Expression

| Laws/Policies | Services/Programmes |
|--|---|
| 1. Ensure that the age of sexual consent is the same for boys and girls, and for heterosexual and same sex sexual activities. Ideally, laws on sexual consent should distinguish between consensual sexual activity among adolescents and situations when: a) there is a significant age gap between sexual partners b) sexual activity is exploitative/based on coercion and/or c) the adolescent sustains sexual relationships with a person in a position of trust/power. | 1. Ensure access to stigma-free services and programmes for all young people, regardless of age, culture, gender, sexual orientation, religion or physical and mental disability. |
| 2. Ensure that same-sex sexual acts are decriminalized and that sexual orientation and gender identity are protected in legislation which criminalises discrimination and violence, including in the context of service delivery and education. | 2. Analyse cases of sexual activity involving adolescents by using an age gap approach and by identifying signs of coercion (which can be psychological, physical or economical). In the context of an adolescents' best interest, providers should report cases where there is a significant age gap between parties, when an adolescent reports or exhibits signs of coercion or when they are having sexual relationships with a person in a position of power/trust. If the provider does not have the adequate tools to analyse the case and/or support the adolescent, a referral to another professional is necessary. |
| 3. Guarantee access to hormone treatment for transgender and intersex adolescents, with the proper care and guidance from medical providers and without the need for parental consent. Specific legislation should also cover the right of transgender and intersex adolescents to decide on any surgical procedures over their bodies with the same guidance and care; 'normalising' surgeries during childhood should be prohibited in the case of intersex children. | 3. Establish a sex positive approach for all programmes and services, which emphasizes the diverse possibilities of sexual pleasure. |
| 4. Ensure the implementation of the Convention on the Rights of Persons with Disabilities, supporting YPLD to be able to express their sexuality without violence or abuse. | 4. Incorporate the specific sexual health challenges faced by LGBTIQ youth and YPLD across educational materials, outreach strategies and behavioural interventions. |
| | 5. Design surveys and intake forms that allow young people to clearly express their sexual orientation and gender identity. |
| | 6. Support trans and intersex adolescents and their parents. Young people should be the first ones to make autonomous and informed decisions regarding their bodies. |
| | 7. Refer young LGBTIQ people to friendly/identity-affirming services and resources. |
| | 8. Train health providers in the specific needs of LGBTIQ youth, as well as in the needs of YPLD. |

B. Sexual and reproductive health services and commodities

Sexual and reproductive health services for young people include, but are not limited to: sexual health, contraceptive and reproductive health counselling, HIV/STI preventive interventions (including PrEP & PEP), screening & medical care, provision of safe abortions, obstetric and antenatal care for young mothers, psychotherapeutic and social support, hormonal and surgical interventions for intersex and trans youth. Sexual and reproductive health commodities include condoms, contraceptives, medicines & vaccinations.

Rights related to this area

WAS Declaration: Right to autonomy and bodily integrity; Right to privacy; Right to the highest attainable standard of health, including sexual health, with the possibility of pleasurable, satisfying and safe sexual experiences; Right to enjoy the benefits of scientific progress and its application.

IPPF Declaration: Right to health and to the benefits of scientific progress.

Opportunities for implementing sexual rights

Ensuring youth friendly service delivery

There is an increasing recognition that providers who deliver services to young people need specific skills and competencies. The World Health Organization (WHO) undertook an extensive process, in collaboration with partner organizations and national stakeholders, to develop global standards for quality health care services for adolescents². Health providers need to demonstrate the technical competence required to implement youth's rights to information, privacy, confidentiality, non-discrimination and non-judgemental attitudes. Other innovative approaches include peer- and web-based provision, which help to increase access to SRHR services and commodities.³

Removing parental consent and marital status requirements to access services

The most common way in which states restrict young people's access to SRH services is through age or marital status-based consent laws. These laws restrict independent access to SRH services to persons who are below a specific age - or who are not married - by requiring the consent of a parent, guardian or spouse. Imposing a requirement for parental or spousal consent can have the effect of deterring adolescents from accessing the SRH information, advice and treatment that is essential to their health and wellbeing. In many countries, dom-

²"Global standards for quality health care services for adolescents" (WHO, 2015): http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/

³ In late 2016, IPPF will release a document about the assessment of peer provision models.

inant social norms restrict and deeply stigmatise young people's sexuality, making it shameful or dangerous for adolescents to disclose to others, particularly parents and other family members, that they are sexually active.

Additionally, laws in certain countries, including customary or religious laws, also require young people to seek consent from other people apart from their parents or spouses, such as extended family, elders or religious leaders. This undermines young people's right to privacy and denies them autonomy to make decisions about their own well-being (Godwin, et al, 2014).

Assessing individual capacities over age markers

In some states, the law provides access to SRH services on the basis of age, rather than on individual assessments of competency or capacity. The provider may be responsible for deciding whether some young clients are competent to make a certain SRH decision for themselves, without the input of their parents. For this reason it is particularly important that providers are aware of young people's sexual rights and have a strong and clear commitment to them, and to enabling young people themselves to know and claim their own sexual rights.

Removing barriers to access to safe abortions, including parental consent requirements

Most states have enacted laws that impose restrictions for adolescents to access abortions. Where abortion is lawful (either on request or in prescribed circumstances) many states require parental consent, making it impossible for adolescents to access abortion in an independent and confidential way. Some states also impose other barriers on accessing abortion, including procedural requirements (e.g. multiple steps and appointments); accessing counselling before an abortion is permitted, fees and mandatory waiting periods.

The circumstances in which adolescents may need abortion services have different characteristics to those of adults. Adolescents may be less inclined to admit that they are pregnant, less independent both financially and in terms of their ability to leave the parental home and fearful of family and societal reaction if they become pregnant.

Also, there are instances where a girl's pregnancy might be the result of family-based abuse; in these cases, parental consent requirements for abortion compromise the need for protection from further abuse. For these reasons, laws that limit time frames, circumstances, autonomy, privacy and affordability of abortion services are likely to disproportionately affect the sexual health of adolescents.

Incorporating a sex positive approach in all services

Framing sexuality positively involves moving beyond the traditional focus on mortality and morbidity towards a broad focus on health and well-being. It involves striving to achieve ideal experiences, rather than solely working to prevent negative ones. It involves empowerment and building self-confidence to self-expression. It involves recognizing diverse forms of pleasure as an important part of health and well-being. At the same time, 'sex positive' approaches acknowledge and tackle the various risks associated with sexuality and barriers related to SRHR. Tackling the risks must be done in a way that doesn't reinforce fear and shame.

Summary - Key Implementation Actions

B. Sexual and reproductive health and services and commodities

| Laws/Policies | Services/Programmes |
|---|--|
| 1. Legislate the positive right of all young people to the highest attainable standard of sexual and reproductive health. It should also explicitly include access to suitable, affordable & quality services. | 1. Build affordable, accessible and appropriate SRH services for young people that include psychological and emotional support, as well as medical services. |
| 2. Adopt a legal presumption that all persons have the capacity to consent to SRH services unless and until proven otherwise. Where evidence suggests that a person lacks the capacity to consent, a 'best interest' determination should be made in relation to that person – whether they are young or not. | 2. Ensure friendly, safe, private and confidential spaces for young people during service delivery. |
| | 3. Expand service delivery to non-clinical settings and for marginalized and hard-to-reach groups of young people. |
| 3. Remove parental involvement or spousal consent laws that prevent young people (and particularly adolescents) from seeking SRH services. | 4. Ensure young people's access to services based on their need. |
| | 5. Ensure that young people actively participate in all decisions regarding their own sexual and reproductive health. |
| 4. Ensure young people's right to private and confidential SRH services in the law. Conditions under which the confidentiality can be breached (e.g. child protection concerns) should also be clearly articulated. | 6. Provide pre- and post-abortion counselling and support to all women, regardless of age. This support should include legal guidance in cases where parental consent is needed to access an abortion. |
| | 7. Train service providers to have youth-friendly, sex positive and non-discriminatory attitudes. Regular supportive supervision should be available for staff and volunteers. |
| 5. Liberalise abortion legislation to enable all young women (including adolescents) to easily access safe abortion care, without parental or spousal consent requirements. | |

C. Comprehensive sexuality education (CSE) & SRHR information

“Comprehensive Sexuality Education (CSE) seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views sexuality holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.” (IPPF 2010, p. 6)

Rights related to this area

WAS Declaration: The right to enjoy the benefits of scientific progress and its application; The right to information; The right to education and the right to comprehensive sexuality education.

IPPF Declaration: The right to education and information.

Opportunities for implementing sexual rights

Renewed global endorsement and standards for CSE

The right to sexuality education has been underscored by the United Nations Special Rapporteur on the right to education in a 2010 report to the United Nations General Assembly devoted exclusively to this topic⁴ and by the European Court of Human Rights in 2011⁵.

UN organizations (UNESCO, UNFPA, WHO Europe) and civil society (Population Council, IPPF, among others) have developed extensive guidelines for comprehensive sexuality education, which can form the basis for sex positive, gender transformative, evidence- and rights-based programmes (across all educational levels) as opposed to programmes that only focus on the risks associated with sexual behaviours and the promotion of abstinence. There are many different approaches to CSE, but core principles include the rights and the empowerment of children and young people, and a reflection of the broad concept of sexuality as a natural part of human development (UNESCO, 2015).

⁴ See: http://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNSR_Sexual_Education_2010.pdf

⁵ “Press Release: Complaints against Germany about mandatory sex education classes declared inadmissible” (European Court of Human Rights, 2011): <http://hudoc.echr.coe.int/web/services/content/pdf/003-3681421-4188471>

Improving the delivery of sexuality education

In many contexts, the delivery of school-based sexuality education is still very much focused on a traditional approach of instilling knowledge and is not in line with the objectives of building life skills.

Strengthening curricula to promote the development of key competencies, and building capacity of educators to engage students meaningfully helps build life skills, positive attitudes as well as factual knowledge. Educators need to be specifically trained in these areas to deliver CSE.

Engaging parents and other communities

No one can neglect the impact that parents have on their children's attitudes towards sexuality and safeguarding their SRH. Thus, CSE programmes need to have specific components to engage parents in understanding how their children learn about sexuality, and for them to become constructively involved with them. Community engagement is also important to improve overall understanding of the issues facing adolescents and young people, and to secure support for CSE. Partnerships between civil society and government can also lead to the effective development of teaching and learning resources, and can help expand the take up of CSE.

Using social media and online platforms

Many organizations and advocates use social media and other online platforms to provide effective SRHR information and CSE. Search engines and social media have also become new gatekeepers for SRHR information.

Online CSE platforms need to understand how young people search for information in order to reach them effectively. RNW media, creator of the Love Matters platforms⁶, found that posting content related to sexual pleasure is fundamental to attracting young users and to pro-

viding them with rights- and evidence-based information.

Reaching out to marginalised young people

Many of the most vulnerable and marginalised young people are not in school. Failing to engage these young people can deepen the social exclusion they face, and puts them at greater risk of poor SRH outcomes. NGOs play an important role in reaching marginalised young people through community and youth centres, online or mobile technologies, theatre or performance-based approaches. There are a variety of challenges related to delivering CSE in informal settings, such as dropout rate of participants, sustainability and funding. Possible strategies to address these challenges include partnering with specific agencies that work with targeted groups of young people (e.g. young people living with disabilities, homeless youth or youth living in rural areas) and involving peer educators.

Moving beyond ill-health indicators

Currently there is a tendency to question the actual practice of evaluating CSE based on indicators that focus on sexual problems, such as adolescent unintended pregnancies and STIs. This underlines once more the need to develop new indicators for CSE, which show the positive health, social and rights-focused benefits, which strengthen young people's empowerment and their understanding of sexual rights as a foundation for active citizenship. In 2015, for example, UNFPA started to focus on gender and empowerment in the evaluation of CSE programmes⁷.

⁶ *The Love Matters platforms operate across Mexico, Venezuela, Kenya, Egypt, India and China:* <https://www.rnw.org/activities/love-matters>

⁷ *"The Evaluation of Comprehensive Sexuality Education Programmes: A Focus on the Gender and Empowerment Outcomes" (UNFPA, 2015):* <http://www.unfpa.org/publications/evaluation-comprehensive-sexuality-education-programmes>

Summary - Key Implementation Actions

C. Comprehensive sexuality education (CSE) & SRHR information

| Laws/Policies | Services/Programmes |
|--|---|
| 1. Legislate for compulsory CSE from primary to preparatory schools, based on new global endorsements and standards. | 1. Ensure that CSE gets to all youth, including those groups who are vulnerable and/or do not attend school, such as young people with disabilities, young people who are homeless and young sex workers. |
| 2. Ensure access to CSE & SRHR information for marginalised groups of young people, including those who are out of school. | 2. Deliver sexuality education programmes and interventions that are rights and evidence based, sex positive, age and context appropriate, rather than programmes/interventions focused only in anatomy, STDs, reproduction and medical aspects of sexuality. |
| 3. Bring an end to abstinence-only sex education programmes and ensure evidence and rights based approaches to CSE. | 3. Ensure that CSE programmes are inclusive of all sexual identities. They should assist in countering harmful stereotypes, increasing sensitisation and reducing stigma against LGBTIQ young people. |
| | 4. Use international standards as a baseline for any message and curriculum development, and engage with the process of reviewing and updating the international standards. |
| | 5. Strengthen partnerships between civil society, youth organizations and governmental organizations to advocate for CSE and for the planning, implementation and evaluation of CSE programmes. |
| | 6. Train educators who are in charge of delivering CSE on the implementation of youth's sexual rights. |
| | 7. Develop indicators for CSE programmes that go beyond ill-health and focus on rights, empowerment and citizenship. |

D. Protection from sexual violence

Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (WHO, 2002, p. 149).

Rights related to this area

WAS Declaration: Right to life, liberty and security of the person; Right to autonomy and bodily integrity; Right to be free from torture and cruel, inhuman, or degrading treatment or punishment; Right to be free from all forms of violence and coercion; Right to privacy; Right to enter, form and dissolve marriage and other types of relationships based on equality and full and free consent.

IPPF Declaration: Rights to life, liberty, security of the person and bodily integrity; Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children; Right to personal autonomy and recognition before the law.

Opportunities for implementing sexual rights

Banning mandatory disclosure to social services

In some states, laws impose an obligation on service providers to report any cases of sexual activity involving an adolescent to child protection or social welfare authorities. While reporting mechanisms are essential for the protection of many adolescents, they should be decided on a case-by-case basis and applied when providers identify a significant age gap between sexual partners, signs of exploitation/coercion or when the adolescent is in a sexual relationship with a person in a position of trust or power. Ideally, reporting should be with the adolescent’s consent. A blanket requirement to report any sexual activity below a certain age can have the effect of deterring adolescents below this age from accessing services, as they may feel fearful of unwanted disclosure and breach of their confidentiality.

Increasing knowledge of the law

Sexual harassment in school, in the workplace or other institutions often goes unreported. Research in UK, Senegal and El Salvador (Co-ram Children’s Legal Centre & IPPF, 2014) shows that young people, service providers, teachers and parents have often little knowledge of existing (protective) laws, and so are not able to act on them or make stakeholders accountable for implementing them.

Advocating against abuse practiced by law enforcement bodies

As reported by many human rights organizations, sexual violence is sometimes committed by law enforcement forces in diverse settings. It can happen in the form of ‘forensic interro-

atory' practices, such as anal testing in places where homosexuality is criminalized or virginity testing in the case of women. Police harassment against sex workers and LGBTIQ people remains a widespread problem.

Addressing the needs of young sex workers

Sex work involves a contractual arrangement where sexual services are negotiated between consenting adults (including youths who are 18 or older), with the terms of engagement agreed between the seller and the buyer of sexual services; it is different from trafficking or sexual exploitation. Despite being a prevalent global industry, sex work is outlawed in many countries. Criminalization of sex work leads to negative human rights outcomes for sex workers, such as abuse, harassment, unjustified incarceration and poor access to health services, thus, organizations such as Amnesty International⁸ and Human Rights Watch⁹ have called to the decriminalization of *voluntary, consensual adult sex work*. Programmes need to pay attention to the health needs of young sex workers; providers should respect their autonomy, provide them with stigma-free services and with tools of empowerment.

Stopping the sexual exploitation/trafficking of children and adolescents

Adults who engage in the sexual exploitation or trafficking of a child, adolescent or young person must be criminalised. Amnesty International states: "Any act related to the sexual exploitation of a child must be criminalized, recognizing that a child involved in a commercial sex act is a victim of sexual exploitation, entitled to support, reparations, and remedies, in line with international human rights law, and that states must take all appropriate measures to prevent sexual exploitation and abuse of children"¹⁰.

The challenges of social media

Millions of young people relate to one another via apps and social media. These technologies bring challenges related to sexual privacy and violence. 'Sexting', or the process of sending/receiving sexually explicit contents via cell phones (such as pictures or videos), has become very popular. It is important for programmes to educate on the risks of texting, such as revenge porn (when someone discloses sexually explicit material from a former partner without their consent) or cyber-bullying. Providers or educators should also address how adolescents can better protect their right to sexual privacy when engaging in online sexual exchanges/conversations.

Laws that criminalise adolescents engaging in 'sexting' under 'distribution of child pornography' should be reformed, as adolescents can be both victims and perpetrators. The focus of policies and programmes should be to increase awareness among young people about the risks of these practices, not to criminalise.

Preventing homophobic and transphobic bullying

LGBTIQ youth often grow up with homophobic or transphobic bullying from many classmates, peers and even teachers. This bullying often remains invisible and causes a lot of psychological or physical suffering that may result in depression, anxiety and in suicide. Schools need to put in place programmes and policies to identify, stop and prevent these types of bullying.

Eliminating female genital mutilation (FGM)

FGM is defined by WHO (2016) as "the partial or total removal of the female external genitalia or other injury to the female genital organs for

⁸ "Sex Workers' Rights are Human Rights" (Amnesty International, 2015): <https://www.amnesty.org/en/latest/news/2015/08/sex-workers-rights-are-human-rights/>

⁹ "Swept Away-Abuses against sex workers in China" (Human Rights Watch, 2013): <https://www.hrw.org/report/2013/05/14/swept-away/abuses-against-sex-workers-china>

¹⁰ "Decision on state obligations to respect, protect, and fulfil the human rights of sex workers" (Amnesty International): <https://www.amnesty.org/en/policy-on-state-obligations-to-respect-protect-and-fulfil-the-human-rights-of-sex-workers/>

non-medical reasons". FGM is a violent procedure, which severely compromises the victim's sexual and reproductive health, and leads to serious SRH complications (IPPF, 2015). FGM can destroy women and girls' capacity to experience sexual pleasure. It remains a prevalent or even legal practice in many countries.

Ending child and early forced marriage (CEFM)

In many cases of CEFM, there is often an element of coercion involved, with parents, guardians or families putting pressure on children to force them into marriage. Early marriage is accepted as the norm in many countries and girls may give their consent as a duty and sign of respect to their family and community. However, where one of the parties is under the age of 18, consent cannot always be assumed to be 'free and full' and is rarely in the best interest of the girl¹¹. Marriage as a solution to rape is particularly abusive, as it normalises sexual and gender-based violence and constitutes a violation of women and girls' rights.



¹¹ For more information about the global state of CEFM, see "Because I am a Girl: The State of the World's Girls 2015 – The Unfinished Business of Girls' Rights" (Plan International, 2015): <https://plan-international.org/publications/state-worlds-girls-2015-unfinished-business>

Summary - Key Implementation Actions

D. Protection from sexual violence

| Laws/Policies | Services/Programmes |
|---|---|
| 1. Ban mandatory disclosure of adolescents to social services; disclosure of adolescents should be ethically decided on a case-by-case basis and ideally, with the consent of the adolescent. | 1. Ensure that young sex workers have adequate access to stigma-free services. |
| 2. Guarantee protection from sexual abuse and violence perpetuated by law enforcement bodies. | 2. Ensure that young people have access to information about how to report and have action taken against sexual abuse/violence. |
| 3. Stop any form of sexual exploitation/trafficking of children, adolescents and young people. | 3. Design strategies to ethically disclose sexual abuse or violence faced by adolescents to child protection or social welfare authorities when necessary and, ideally, with the consent of the adolescent. |
| 4. Reform laws that unreasonably mandate prosecution of adolescents for 'sexting'. | 4. Establish effective strategies to identify, prevent and stop bullying against LGBTIQ youth in schools. |
| 5. Provide LGBTIQ students adequate protection against homophobic and transphobic bullying in the school setting. | 5. Provide education on the challenges of 'sexting' and other online sexual activities. |
| 6. Ensure elimination of harmful practices inflicted on young people without consent, including female genital mutilation and CEFM. | 6. Develop effective strategies to identify and support young people who are forced into sexual trafficking. |
| | 7. Identify and report violence perpetuated by law enforcement agents. |
| | 8. Increase legal knowledge around sexual violence among providers and educators. |

E. Remedies and redress

“Access to justice for children means that children, or their appropriate advocates where applicable, must be able to use and trust the legal system to protect their human rights. The legal system must provide children with the means to obtain a quick, effective and fair response to protect their rights; the means to prevent and solve disputes; mechanisms to control the abuse of power; and all of this must be available through a transparent, efficient, accountable and affordable process.” (CRIN, 2016, p. 5)

Rights related to this area

WAS Declaration: Right to access justice, remedies and redress.

IPPF Declaration: Right to personal autonomy and recognition before the law; Right to Accountability and Redress.

Opportunities for sexual rights implementation

Increasing providers’ knowledge about access to justice

Often educators and health providers working directly with youth populations lack the basic knowledge that is necessary to make appropriate referrals to the judicial system or to supportive services for youth facing cases of violence, discrimination, violations related to privacy and confidentiality or other sexual rights violations.

Establishing codes of ethics within programmes

Providers and educators working directly with young people need to have a clear understanding of the ethical issues of the way a programme or organization treats young people, such as the importance of confidentiality and youth participation.

Establishing independent and effective ombudsmen

Not many states have effective and autonomous ombudsmen to protect and advocate for youth’s rights, including sexual rights. Ombudsmen are necessary to ensure the implementation of youth’s sexual rights at policy level, as well as to monitor and investigate cases of sexual rights violations against young people.

Building youth-friendly justice systems

According to the “Global Report on Access to Justice for Children”, released by the Child

Rights International Network (2016), few countries have specific courts dedicated to civil, criminal and human rights cases of young people. Countries that do not have these courts should, according to CRIN (2016, p. 29), “at least ensure that the judiciary has specialised expertise in children’s rights”.

Filing processes and lack of legal aid are other factors that complicate access to justice for young people, and particularly for adolescents; CRIN points out that verbal filing processes ensure easier access to justice for adolescents.

In some cases, adolescents are not allowed to give evidence in court, unless they have parental consent. However, CRIN indicates that in youth-friendly justice systems, they should be able to do so independently, according to their evolving capacities and with protective measures (to avoid harmful examination of child witnesses, for example).

In its global report on access to justice for children, CRIN (2016) also elaborates on the risks arising from the lack of privacy in a judicial

process; if confidential information related to a sexual right violation suffered by an adolescent is released, this can inflict further damage or stigma.

Additionally, limits of time can be obstacles for adolescents who want to present complaints long after they suffered a sexual rights violation, and therefore suspension of these limits “until a child reaches adulthood is a simple and common way of preventing children being excluded from bringing complaints when they are ready to do so” (Ibidem, p. 31).

Increasing access to regional and international bodies

Young people living in countries with high levels of corruption or unfriendly judicial systems are sometimes unable to present complaints to local/national bodies due to fear of repercussions. Thus, the possibility for them to safely present complaints before international or regional bodies can be the sole pathway to justice.

| <i>Summary - Key Implementation Actions</i> | |
|--|--|
| <i>E. Remedies and redress</i> | |
| Laws/Policies | Services/Programmes |
| 1. Establish independent and effective ombudsmen for adolescents, with expertise on young people’s sexual rights. | 1. Establish codes of ethics that guide the providers’ or educators’ treatment of adolescents, whether they are receiving a service or helping with a programme. |
| 2. Ensure easy access for young people to present cases before regional and international judicial and human rights bodies. | 2. Train providers working directly with youth populations on the basics regarding access to justice for adolescents, including where to refer a young person who wishes to present a complaint or a case. |
| 3. Ensure youth-friendly judicial systems that include: specialized treatment for adolescents across all judicial procedures; verbal filing processes; legal aid for adolescents; mechanisms which allow adolescents to give evidence in court with protective measures; suspension of limitation periods for cases; privacy; and mechanisms to avoid delays in all cases involving adolescents. | |



3.

part

Model for case-by-case decision making to support youth's sexual rights implementation

PART THREE: Model for case-by-case decision making to support youth's sexual rights implementation¹²

Everywhere around the world, health providers and educators working directly with youth deal with contentious situations related to sexual rights. Many choose to avoid these situations because they do not know how to deal with them.

In this section we demonstrate a model for dealing with these situations which balances ethical, legal and practical factors and prioritizes youth's sexual rights. We show how this model works in the following case studies and highlight how some of the *key implementation actions* for services/programmes can be applied to them.

A parenthesis containing a letter and a number refers to a key implementation action for services/programmes (*number*) within a particular sexual rights implementation area (*letter*).

For example, if you see "B2", this refers to the *key implementation action for services/programmes #2* pertaining to area *B) Sexual and reproductive health services and commodities*, which is: "Ensure friendly, safe, private and confidential spaces for young people during service delivery" (B2).

Every case has conflicting factors and providers should work decisively and ethically to implement a young person's sexual rights, and ultimately, safeguard that young person's health and wellbeing.



An eighteen-year old woman works as a sex worker from time to time. She does this to support her mother, who is ill and unable to work. She always asks her clients to use condoms, but some clients have offered more money to have sex without a condom and she is feeling tempted. She heard from some friends about a 'magic pill' that prevents HIV (PrEP) and she walks into a clinic looking to talk about it with a provider.

Although 18 is the age of consent in this country, the provider tells her that sex work is illegal. She becomes anxious about legal problems. She explains to the provider that she is OK with sex work, and that she is earning good money to help her family. She also adds that she wants to remain healthy.

Model

Legal factors: The young woman lives in a country where sex work is criminalized, however, she is above the age of consent (18).

Practical factors: The young woman came looking for a sexual health commodity to the

¹² This model is based on a model developed by Chandra Mouli-Venkatraman (WHO).

clinic (PrEP). There are no signs that she is currently facing abuse, although she might have faced it in the past. If the young woman were to be reported to the police, she might face different abuses. She also needs to know more about safeguarding her own sexual health, given that she reports feeling 'tempted' by her clients to have sex without condoms.

Ethical factors: The provider has the ethical duty to fulfil the young woman's sexual rights, in terms of access to sexual health services and commodities, and also to provide a safe, friendly and confidential space for her to be able to speak openly about her personal situation.

Balance of factors: Although sex work is criminalized in this country, the young woman is already an adult under the law. The provider should allow the client to explore her personal situation, within a safe, friendly and confidential space (B2). The provider should fulfil his ethical duty by supporting the young woman to gain access to the sexual health commodities that would best benefit her (condoms, PrEP, contraceptive pills) in a stigma-free environment (D1) and should also work to empower and educate her about sexual health within a rights, scientific and sex-positive framework (C1 & C2).

Legal factors: The young man is having sex under the age of consent with other young men, some of them above 18; thus, he is considered to be the victim of abuse under the law.

Practical factors: The young man is distressed about his health, and he is looking to access a sexual health service (HIV testing) that will benefit him. He would also benefit from sexual health education, given that he has had unprotected anal sex with two partners. On the other hand, there are no signs of abuse; his sexual partners are all around his age (16-20 years old).

Ethical factors: The provider has the ethical duty to guarantee this young man's sexual rights, in terms of providing him sexual health education, as well as a specific service. They also need to support him in a safe, friendly and confidential space.

Balance of factors: Although same sex relationships below the age of 18 are illegal, the young man does not exhibit or report signs of abuse; also, his sexual partners have been other males around his age (A2). Thus, it is not in his best interest to report this case (A2). In addition, if the case were to be reported, the young man could face a wide variety of negative consequences, such as family rejection or homophobic abuse by authorities. The provider should support him in a safe, private and confidential space (B2); he should also provide him with sexual health education and an HIV test without stigma and using a sex-positive approach (A1 & C2).



A young gay man lives in a country in which the heterosexual age of consent is 16 but the age of consent for same-sex activity is 18. Adolescents below the age of consent who have same sex activity with adults are considered to be victims of abuse under the law. He is 16 and has had four male partners (all between 16 and 20 years old); with two of them he had unprotected anal sex.

One of the partners has disclosed that he is HIV positive. He goes to a local clinic for rapid HIV testing. He is worried about telling the provider about his sex life, as he is not sure if he will face censure for having sex with other men. Finally, the provider asks and the young man reveals that he had unprotected sex with other men.



A 14-year old transgender girl goes to a clinic looking for hormone therapy. She has read on the internet about hormones that can block puberty. She thinks she would benefit from them. Her parents think that she is a 'gay man' and she has been struggling for their acceptance. At school she has faced bullying and isolation. The provider has concerns about the implications for this young person to start transitioning in a hostile environment with no social support,

and about her ability to understand the implications of hormone treatment. Also, parental consent would be necessary for her to start taking hormones.

Another factor that complicates access to hormone therapy is that it is very expensive. She is still under her parents' insurance and while some insurance schemes might cover parts of the treatment, others don't. Either way, there is a significant cost.

Legal factors: This trans girl requires the consent of her parents to access hormone therapy.

Practical factors: The trans girl wants to start transitioning, however, she hasn't taken into consideration factors such as her parents lack of acceptance, she is facing bullying in school and she has no social support. She is also under her parents' health insurance.

Ethical factors: The provider's ethical duty is to provide this trans girl with a friendly, safe, private and confidential space, to support her as she develops some social support, to provide her with the best available tools for her to understand all the implications of transitioning and for her to take decisions that have a positive impact on her health and life overall.

Balance of factors: The provider should refer this young trans woman to a mental health specialist who can help her understand the implications of transitioning and the importance of having the support of her parents (A7). Both the provider and the specialist should explore her home situation and strategize around it, trying to help her gain parental support without putting her at risk, as she takes decisions regarding her transitioning process (A6). They should also connect her with a support group for young trans women or/and with trans-affirmative resources, including online social media groups or platforms (A7). With these actions, the provider would be fulfilling an ethical duty, while also balancing the practical and legal factors that come into play.



A girl of 16 tells a teacher she trusts that she is pregnant. She is really distressed and anxious. Some months ago, she started a relationship with a boy she really likes. Their families don't know about this relationship, as the girl and her partner think they will disapprove because he is already 18, while she is not. They started having sex and the guy did not use condoms. She hasn't told her boyfriend about the pregnancy yet. She is very worried about telling her family about her pregnancy, because she thinks they will punish her or will do something to her boyfriend. She has decided that the best thing for her would be to have an abortion, but she doesn't know how to proceed. In her country the age of sexual consent is 18 and consent of at least one parent is needed for an adolescent to get an abortion. A judge could excuse her from this requirement.

Legal factors: The young woman had sex under the age of consent, however, the teacher has no evidence that abuse happened in the relationship between her and the boyfriend (who is two years older). Abortion is legal, however the consent of at least one parent is needed for young people under the age of 18. A judge could excuse her from this requirement.

Practical factors: The young woman seems to have decided that an abortion is the best solution for her situation but does not know how to proceed.

Ethical factors: The teacher has the ethical duty to provide a safe, confidential and friendly space to her student. Although she had sex under the age of consent, she did so with a man of a similar age; there seem to be no indications of abuse. The teacher also has the ethical duty of connecting her with a health clinic where they perform abortions, so she can receive the support she needs to obtain an excuse from a judge, as well as proper psychological care during the process.

Balance of factors: The teacher has no evidence of sexual abuse and her student had sex with a young man who is two years older than her (A2). She has the ethical duty of protecting the young woman's confidentiality (B2) while connecting her to a stigma-free service that can give her the support that she needs (A1). In an abortion clinic, her student would receive guidance on how to be excused from parental consent by a judge and how to access an abortion (B6). They could also provide her with adequate psychological support (B6), as well as with the sexual health education she needs to become more empowered to protect herself in future sexual encounters (C2).

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Annex 1. Basic definitions

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| Adolescents | Adolescents are below 18 years of age as per the Convention of the Right of the Child (CRC). |
| Comprehensive sexuality education (CSE) | “Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views ‘sexuality’ holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.” (IPPF Framework for Comprehensive Sexuality Education, 2010). |
| Empowerment | Empowerment is based on the idea that giving people the knowledge, skills, authority and opportunity - as well holding them responsible and accountable for outcomes of their actions - will help them take control of their lives. |
| Meaningful youth participation | Meaningful youth participation refers to a range of processes that empower young people to take an active role in decision-making. It enables young people to take up leadership roles in identifying, addressing and promoting the issues that matter most in their lives. Youth participation is about young people working in equal partnership with adults and supporting each other to achieve mutual benefits. |
| Sexuality | “...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO working definition, 2006) |
| Sexual health | “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO working definition, 2006) |
| Sexual rights | “The fulfilment of sexual health is tied to the extent to which human rights are respected, protected and fulfilled. Sexual rights embrace certain human rights that are already recognized in international and regional human rights documents and other consensus documents and in national laws.” (WHO working definition, 2006). |

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| Sexual and reproductive health and rights (SRHR) | This term denotes a focus specifically on the human right to sexual and reproductive health and to have access to related services (which encompass physical, mental and social wellbeing in relation to sexuality) including contraception; and for all persons to have the freedom to have choices and control. |
| Youth | Different definitions exist around the concept of “youth”, however, the UN indicates that youth are between 15-24 years old. |
| Youth-friendly | There is no international acknowledged definition. IPPF’s Medical Advisory Panel describes youth friendly services as follows: “They are able to effectively attract young people, responsively meet their needs, and succeed in retaining these young clients for continuing care. Youth friendly services should offer a wide range of SRH services relevant to adolescents.” |

