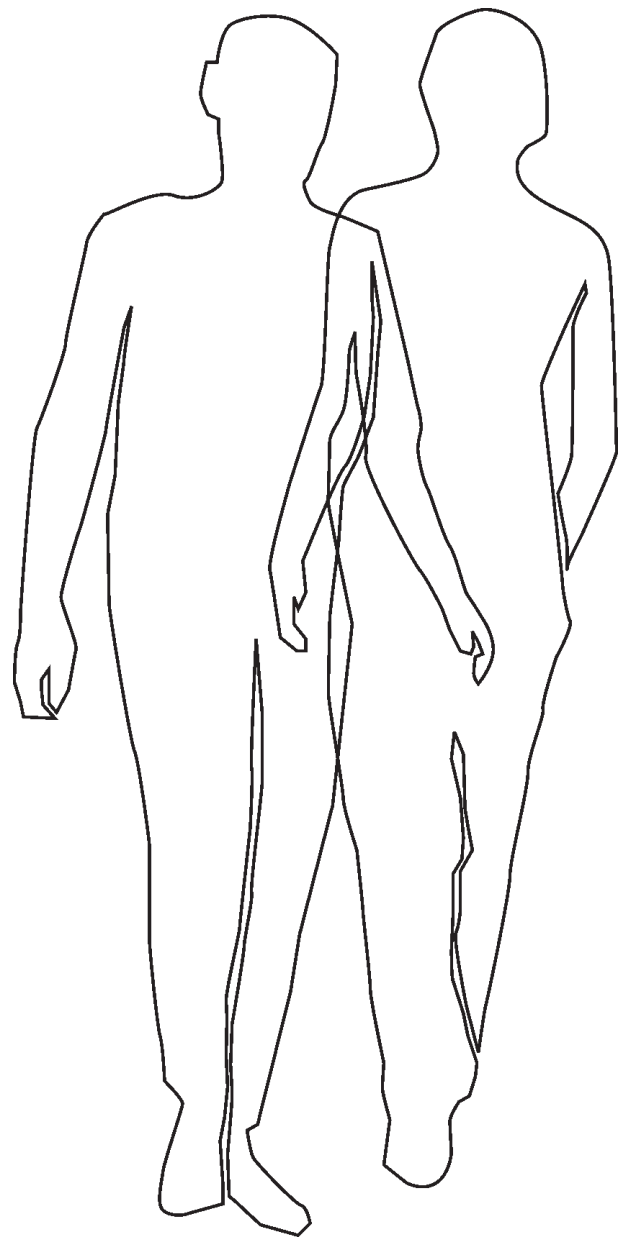


# Sex – the right to choose

In many places in the world people lack the power to make free and informed decisions regarding their sexuality and reproduction. Among many things, this includes choice of sexual partner and the timing and spacing of children. The consequences of such a lack of power are often serious, especially in developing countries. Thousands of people die every day because they do not have access to sexual and reproductive health care and information. Further, without knowledge, bodily integrity and access to contraceptives, one does not have the power to change one's situation.



## Sexual and reproductive health and rights

Sexual and reproductive health is a state of physical, mental and social well being in everything concerned with the reproductive system and its functions.

***Further, this means that all people have the right to a satisfying and safe sex life. They have the right to determine if, when and with whom they have sex, and if and when they have children and with whom.<sup>1</sup>***

Other rights associated with SRHR are:

- The right to decide if, when and with whom to marry.
- The right to safe, accessible and affordable abortion information and services.
- The right to health care that offers the highest possible standards for achieving sexual and reproductive health.
- The right of young people to sexuality education and contraception.
- The right not to be discriminated against on grounds of sexual orientation.

Sexuality and reproduction are issues concerning the individual, but are also integrated with the larger society. Lack of sexual and reproductive health affect one's ability to study, to work and to contribute to the community. Such a lack also has a negative impact on development, meaning that without linking sexuality and reproduction to poverty, eradicating poverty is not possible.

<sup>1</sup> UNFPA: Programme of Action of the International Conference on Population and Development, 1994

## The International Conference on Population and Development

At the United Nations International Conference on Population and Development (ICPD) in Cairo in 1994, 179 countries agreed on a new perspective on population issues. The Conference determined that issues concerning population must be linked to sexuality, reproduction and individual rights.

According to the ICPD Programme of Action, reducing poverty requires efforts to reduce the social cleavages in society. This cannot happen without investing in gender equality and strengthening women's position in society. Another key outcome of the ICPD was the recognition of young people's rights to sexual and reproductive health.

Sustainable development is impossible if people cannot control their own lives, with control over their sexuality and reproduction as one cornerstone. Without such options, people will be limited in their lives, and without capacity to contribute to development. In such a scenario, all efforts combating poverty will ultimately fail.

## Sexuality, reproduction, rights and poverty

Poverty is not only lack of money, health care and clean water; it also entails an inability to influence society and one's own life situation. Poverty is closely associated with repression, discrimination and stigmatisation.

The right to freely decide over one's sexuality and reproduction is equally related to one's individual opportunities and needs, but also to discrimination and stigma.

***The lack of sexual and reproductive health is not only caused by lack of money, it is also a result of denied rights, and perceptions that for example women and youth shouldn't make decisions over their own bodies or express their sexuality.***

### Why is SRHR important?

- ***Complications of pregnancy or childbearing represent the leading cause of mortality for girls aged 15–19 in developing countries.***<sup>2</sup>
- 536 000 women die every year from pregnancy or when giving birth, and as many as 8,7 million women suffer injury or infections giving birth.<sup>3</sup>
- 2,7 million are infected with HIV every year, young people 15-24 years old represent 45 percent of the new infections.<sup>4</sup>
- 19 million unsafe abortions are carried out every year, resulting in the death of 68 000 women<sup>5</sup> and an additional five million women are hospitalized every year for treatment of complications related to unsafe abortion.<sup>6</sup>
- More than 85 countries worldwide criminalise homosexual conduct. The sentences vary and in some countries it leads to imprisonment, whipping or even death.<sup>7</sup>

The development strategies dominating the international aid agenda often have economic growth as their primary goal. But social development, where equality and the enjoyment of rights are in focus, is just as important for the reduction of poverty. Therefore, an investment in sexual and reproductive health and rights promotes both economic and social development. This means that not investing in sexual and reproductive health and rights, restrains economic growth. The response to poverty must be both macro-economic investments, such as health sector reform, as well as investments at the individual level, such as securing access to contraception for all people.



Sex is politics 2009

<sup>2,3</sup> UNFPA: *No woman should die giving life*, 2008

<sup>4</sup> UNAIDS: *08 Report on the Global AIDS epidemic*, 2008

<sup>5</sup> UNFPA: *No woman should die giving life*, 2008

<sup>6</sup> Singh S: *Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries*, *Lancet* 2006

<sup>7</sup> RFSL: *HBT i utveckling* p. 33 2008

# Sex is politics

Sexual and reproductive health and rights (SRHR) are controversial, and are contested by moral conservative, religious, cultural and political forces in many parts of the world.

## It is a human right to determine over one's own body and sexuality

To be able to determine over one's body and sexuality is a right according to international agreements. To be free from discrimination based on sexual orientation, to choose one's partner, to have a private life, to enjoy good health and to avoid torture – including rape – are all human rights that impact upon an individual's sexual and reproductive health. At the International Conference on Population and Development (ICPD) of 1994 it was laid down that governments have a duty to ensure that “women and men have access to information, education and services to achieve good sexual health and exercise their reproductive rights and responsibilities”.<sup>1</sup>

## Abortion – a controversial right

Abortion is perhaps the most difficult issue for governments to agree upon within the broad concept of sexual and reproductive rights. The ICPD Declaration states that abortion must be safe where it is legal. However, abortion is still not regarded as a human right in international human rights agreements – although many organisations include abortion in the right to health; the right to life, liberty and security of person; and the right not to be subject to inhuman or degrading treatment. Institutions that monitor human rights repeatedly criticise

governments that do not offer legal abortion for breaching the human rights of the women seeking abortion services.

Regardless of legislation, women will terminate unwanted pregnancies. Where abortion is illegal, women seeking an abortion have no choice but to try to have an abortion performed in secret, often under dangerous and life-threatening conditions. This prevents them from participating in and influencing social and political life, and can harm them both physically and psychologically. An unsafe abortion is potentially lethal.

## Sexual rights apply to all

*The concept of sexual rights has still not been explicitly defined in international declarations and agreements on human rights. The reason behind this is that sexual rights include issues that in some forums are considered extremely controversial, such as rights for lesbian, gay, bisexual and transgender (LGBT) persons, and women's right to freely express their sexuality.*

In 2007 the Yogyakarta principles were launched at the UN Human Rights Council in Geneva. The Yogyakarta principles are a set of principles on the application of human rights law in relation to sexual orientation and gender identity. They affirm the already binding legal standards regarding human rights, such as, the right to life, the right to freedom, the right to privacy and the right not be discriminated.<sup>2</sup>

International Planned Parenthood Federation (IPPF) has developed a declaration on sexual rights that derives from the internationally agreed human rights and how they relate to sexuality.<sup>3</sup>

There are countless examples of violations against basic human rights motivated by oppressive political opinions regarding sexuality and reproduction. LGBT persons are often exposed to threats, violence and stigma on grounds of their sexual orientation. Women and young people (irrespective of their sexual orientation) exercising the right to pleasure often find themselves in conflict with their families and society. These situations are not only problematic in the sense that they signify

<sup>1</sup> UNFPA: Programme of Action of the International Conference on Population and Development, 1994

<sup>2</sup> Yogyakartaprinciples.org

<sup>3</sup> IPPF Sexual rights: an IPPF declaration 2008

violations of the right to freely express one's sexuality – they also have a negative impact on safer sex practises. If one cannot decide freely over one's sexuality, safer sex strategies and sexual partners, one's ability to protect oneself will be limited. Such sexual rights apply to all, regardless of age, gender, sexual orientation, level of sexual activity and marital status. Over 1,5 billion of the world's population are between the ages 10 and 25.<sup>4</sup> It is essential that this record-large generation of young people obtain sexuality education, clinical counselling and contraceptives. Without access to such services, young people cannot avoid unwanted pregnancies or sexually transmitted infections (STIs), such as HIV. Those who oppose sexuality education and access to contraceptives for young people often argue that such interventions will lead to young people having more sex. However, studies show that young people who have obtained correct information protect themselves better and talk more with their parents; also, they are more tolerant of others and thereby find it easier to reach informed decisions about their own sexuality.<sup>5</sup>

## Men have a responsibility for women's sexual health

Men's attitudes and sexual behaviours are of decisive importance for women's sexual and reproductive health. The gender roles and conceptions of men's and women's sexuality that prevail today are deeply rooted. In many places, they lead to harmful customs, such as female genital mutilation. These conceptions also prevent women from obtaining sexuality education, care and treatment. At the same time, a majority of the resources invested in gender equality is geared towards women, and thereby it becomes a "women's issue". Men and boys also need to learn more about gender roles to understand the differences between the life situations of men and women, and be empowered to become advocates for change.

One woman in three is sexually abused or harassed, or is forced into having sex, during her lifetime.<sup>6</sup> The perpetrator is usually a family member or someone she knows. Rape is the most serious form of sexual assault and risks leading to an unwanted pregnancy

or an STI, such as HIV. Due to the stigma to which a rape gives rise only a fraction are reported, and few reports lead to legal proceedings and conviction.<sup>7</sup>

## No one should be infected with HIV because they do not know how to protect themselves

There are approximately 33 million people living with HIV in the world. 45 percent of those who are infected yearly are between 15 and 24 years old.<sup>8</sup> Less than 40 percent of young men and less than 30 percent of young women have adequate knowledge on HIV and AIDS.<sup>9</sup>

In many cases, young people are forced into being sexually active. Due to poverty, sex becomes a commodity that can be traded, and provide food for the family, school-books, or even a ride to school. This further increases the risk for girls and boys of being infected with HIV and other STIs.



<sup>4</sup> UNFPA: *Youth and Climate change: Time for Action*, 2008

<sup>5</sup> SIECUS: "What does the research say about abstinence-only-until-marriage programs and comprehensive sexuality education?", 2007

<sup>6</sup> UNFPA: *A Practical Approach to Gender-Based Violence*, 2001

<sup>7</sup> Amnesty International: *Stop violence against women*, 2008

<sup>8,9</sup> UNAIDS: *08 Report on the Global AIDS epidemic*, 2008

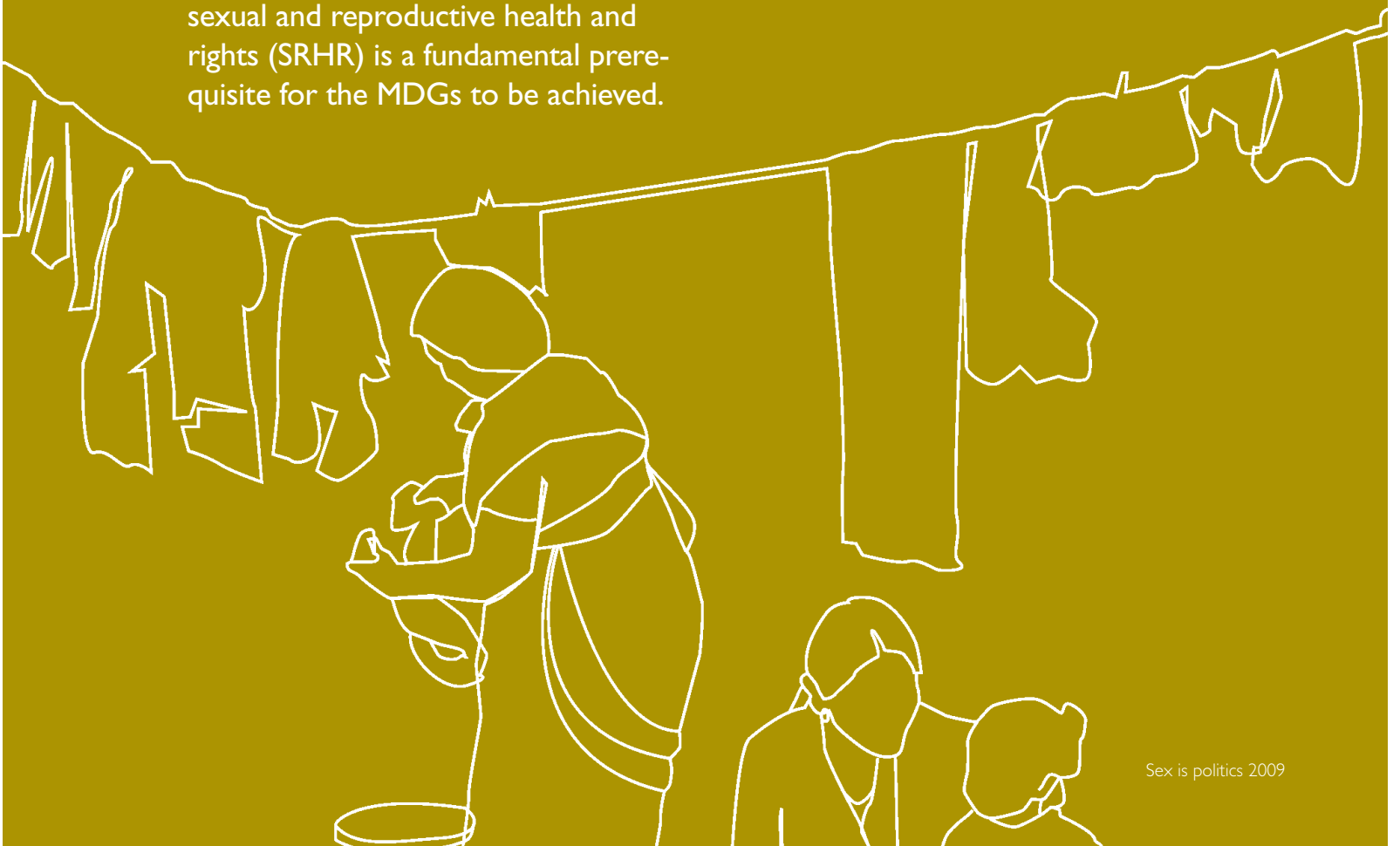
# Sex and poverty

The UN Millennium Development Goals (MDGs) are the eight development goals jointly adopted by members of the UN in the year 2000. The purpose of the MDGs is to give UN member states a common framework for meeting the challenge of poverty until the year 2015. Today, we are halfway to 2015, but the global community is falling behind its goals. The importance of sexual and reproductive health and rights has also been underestimated.

The gathering of the global community around a common agenda is positive. But in order to reach consensus, issues of controversy have not been given enough attention. Among these are issues of sexuality. Attainment of sexual and reproductive health and rights (SRHR) is a fundamental prerequisite for the MDGs to be achieved.

## The UN Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality by two thirds
5. Reduce by three quarters the maternal mortality ratio
6. Halt and begin to reverse the spread of HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development through increased aid, fair trade, and reduction in the burden of debt of developing countries



***Millennium goal 1: Eradicate extreme poverty and hunger***

Lack of sexual and reproductive health and rights is closely connected with poverty and oppression.

- Increased access to reproductive health services, including voluntary family-planning programmes, leads to fewer children, which enables families and governments to invest more in each child.<sup>1</sup>
- In many countries homosexuality is illegal. Lesbian, gay, bisexual and transgender (LGBT) people are exposed to repeated discrimination and social exclusion, which is a major cause of poverty.

***Millennium goal 2: Achieve universal primary education***

To increase school enrolment is crucial for development. With more children in school the chance of a life free from poverty and ill health increases.

- Education is one of the most important tools for strengthening the situation of women, thereby leading to an increase in their influence in society. Despite free education and special programmes to stimulate girls' schooling, girls account for 55 percent of the out-of-school population.<sup>2</sup> Many factors contribute to this, one being that teenage girls who become pregnant often have to leave school.

***Millennium goal 3: Promote gender equality***

- In Sub-Saharan Africa, 24 percent of women lack the means to decide the timing and spacing of children.<sup>3</sup>

***Millennium goal 4: Reduce child mortality***

- Every year four million children die during the first month of life, and approximately just as many are stillborn. 99 percent of these cases occur in developing countries.<sup>4</sup> Increased opportunities for women to plan if and when to have children, alongside access to safe maternal healthcare, would drastically reduce these figures.

***Millennium goal 5: Reduce maternal mortality***

This is the goal that is furthest away from succeeding. One step was taken during a UN summit in 2005, UN member states met to follow up and reinforce the Millennium Declaration. The concluding document affirmed

the importance of achieving reproductive health for all by the year 2015, and it was included as a target under MDG 5.<sup>5</sup>

- Complications in relation to pregnancy is the greatest cause of death among 15–19 year-old girls worldwide.<sup>6</sup>

***Millennium goal 6: Stop the spread of HIV/AIDS***

- Around 33 million people worldwide are living with HIV. Every year, 2.7 million people contract HIV, most of them through sexual contact.<sup>7</sup> These infections could be prevented with access to information and condoms.

***Millennium goal 7: Ensure environmental sustainability***

- Climate change increases the risk of more people becoming refugees. Being a refugee involves vulnerability and access to contraceptives, condoms and sanitary towels, for example, deteriorates dramatically. Absence of health care services in refugee camps makes pregnancy and childbirth very risky and the number of unsafe abortions rises. Humanitarian aid calculations seldom include the increased need for prevention and care, including supplies related to SRHR.

***Millennium goal 8: Develop a global partnership for development through increased aid, fair trade, and reduction in the burden of debt of developing countries***

To achieve the goals set at the International Conference on Population and development in Cairo in 1994 and thus the millennium development goals the funding for sexual and reproductive health and rights needs to increase. According to the United Nations Population Fund, UNFPA, investments of 64.7 billion US dollars are needed in 2010 to meet the needs for sexual and reproductive health and rights.<sup>8</sup> In Sweden, at least ten percent of the development aid should be directed to sexual and reproductive health and rights.

<sup>1</sup> Population Action International: *How Access to Sexual and Reproductive Health Services is Key to the MDGs*, 2005

<sup>2,3</sup> UNDESA: *The Millennium Development Goals Report*, 2008

<sup>4</sup> The World Bank: *Accelerating Efforts to Save the Lives of Women and Newborns*, 2008

<sup>5</sup> United Nations: *Official list of MDG indicators*, [mdgs.un.org/unsd/mdg](http://mdgs.un.org/unsd/mdg), 2008

<sup>6</sup> UNFPA: *Giving Girls Today & Tomorrow*, 2007

<sup>7</sup> UNAIDS: *08 Report on the Global AIDS epidemic*, 2008

<sup>8</sup> UNFPA: *Global UNFPA Population Policy Update, Issue #87 – 06 April 2009*

# Political action is crucial

In Sweden sexual and reproductive health and rights (SRHR) are regarded as human rights. Abortion is regarded as a right essential for women to realise their human rights. There is strong political unity behind the perspective that sexuality and reproduction have a large impact on welfare of people. Work on assuring these rights in the rest of the world has been given priority for quite some time, through both diplomacy and development cooperation.

## SRHR-politics: A Swedish priority

Sweden and the other Nordic countries, together with the USA and the women's movement from the Global South, were a driving force behind the changed perspective on population issues agreed upon at the International Conference on Population and Development (ICPD) in Cairo in 1994. At the ICPD, the participating UN member states agreed on abandoning the demographic view on family planning, and instead to put people's individual rights at the centre. In 2005, the Swedish government approved *Sweden's International policy on sexual and reproductive health and rights*. The policy emerged from a context within which SRHR enjoyed a privileged position on the development cooperation politics agenda. The major challenge for Sweden within the area of SRHR is now to implement these policies, as well as establishing mechanism for monitoring and evaluation.

## The international consensus on SRHR issues must be defended!

Sweden's contribution to SRHR is influenced by more than domestic SRHR politics. International development agreements, such as the Millennium Development Goals (MDGs) and the Paris Agenda, greatly impacts what Sweden does, and how Sweden's response is carried out. The Paris Agenda, in short, aims to make development cooperation more effective through enhanced coherence between donor governments, and more focus on local ownership of the poverty reduction. In principle these are important perspectives, but there is a risk that governments in developing countries choose to ignore SRHR-issues because of the controversy attached to them. Non-governmental organizations (NGOs) working for the rights of women, young people and lesbian, gay, bisexual and transgender people (LGBT), are often marginalised. Donor governments such as Sweden, with an ambition to focus on specific SRHR issues, have a more complex situation to manage in this context, when the level of earmarked funding is decreased. With this trend, one must stress the importance of investing in SRHR within bilateral cooperation, and through strong support of UN programmes and funds and NGOs working on SRHR.

*It is also of importance that Sweden finds partners within the EU who are willing to work for SRHR. Both to make sure that EU's development aid is driven by real needs and is not tampered by political or religious struggles over controversial issues, but also to change the environment for safe abortion and the rights of LGBT-persons within the union.*

## Sexual and reproductive health and rights are threatened

People's right to control their own sexuality and reproduction is a radical concept, and often has to give way to religion and culture. Today, many countries are trying to turn the clock backwards, reversing the decisions reached at the ICPD in 1994. Moral conservative and religious forces are fighting to make countries downsize their financial and political support for SRHR.

Within the EU there are strong lobby groups that oppose the rights of women and young people to determine over their own bodies and the right to information and education. Another strong opponent to SRHR is the Vatican. The Vatican advocates against condom use, sexuality education and abortion. The rationale of these groups consists of blunt misinformation, such as the idea that sexuality education leads to a number of negative consequences. These negative consequences include increased sexual activity, more cases of HIV, paedophilia, mental ill-health, and suicide among the young.

## Sweden must act now

It is of utmost importance that Sweden continues to advocate for issues of sexual and reproductive health and rights, both within and outside Sweden. Swedish diplomats and civil servants have an obligation to give the issues high priority within the EU, and push for universal respect and realisation for SRHR.

### Swedish laws on SRHR

- Access to contraceptives (1952)
- Sex education in school (1955)
- Ban on rape within marriage (1965)
- Free abortion (1975)
- Foreign women allowed to have an abortion in Sweden (2008)
- Same-sex marriage (2009)





# Pregnancy kills

Maternal mortality and unsafe abortion are among the major causes of death for women worldwide. This is unfair and unnecessary and could be avoided by investing more in women's sexual and reproductive health and rights.



## Maternal mortality

Maternal mortality refers to the number of women who die in connection with a pregnancy. Death may follow an abortion, or be due to complications during pregnancy or delivery, or after a birth.

536 000 women die every year in pregnancy-related complications, and as many as 8,7 million women suffer injury or infections giving birth. Complications of pregnancy or childbearing are the leading cause of death for girls aged 15–19 in the world.<sup>1</sup>

High maternal mortality is a sad indicator of underperforming health care systems. For example, 35 percent of pregnant women in developing countries do not have access or contact to health personnel prior to delivery.<sup>2</sup> Within the area of maternal mortality we can identify the massive health differences between poor and rich countries with a troubling clarity. 99 percent of maternal deaths occur in the developing world, of which 74 percent are preventable.<sup>3</sup> The poorer the household is, the greater the risk of maternal death. In Africa, where most maternal deaths occur, the risk of dying from a complication related to pregnancy or birth is one in 26. In Sweden, the same risk is one in 17 400.<sup>4</sup>

High maternal mortality also indicates that women's fundamental rights to life and health are being violated. Distribution of resources within health systems and in society is guided by political decisions. If women's health is poor, it means that women's rights are ignored on one or several levels in the political system.

***Reducing maternal mortality will require that priority is given to women's health and rights, politically and economically, to a far greater extent than they are today.***

<sup>1</sup> UNFPA: *No woman should die giving life*, 2008

<sup>2</sup> UNFPA: *No woman should die giving life*, 2008

<sup>3</sup> UNFPA: *Giving Girls Today & Tomorrow*, 2007

<sup>4</sup> UNFPA: *No woman should die giving life*, 2008

## Investing in women's health is strategic

Governments investing in maternal health and family planning can save up to US\$ 31 for each US\$ invested.<sup>5</sup> Today far too little is invested, and maternal mortality is decreasing with less than 1 percent per year.<sup>6</sup> Only a fragment of what is needed to reverse the negative trend is funded today.<sup>7</sup>

Women who receive adequate health care during pregnancy and birth are more inclined to seek help when their children are sick. The same applies when, in the future, they themselves need help with prevention or treatment.

Sweden currently has the lowest infant mortality rate in the world. Even children who are born many weeks prematurely have a good chance of surviving. An important explanation lies in preventive maternal health care.

## Unsafe abortions

68 000 women die every year from unsafe abortions.<sup>8</sup> Virtually all of these deaths are in developing countries, and all of these deaths are preventable. Abortions are safe if they are performed in accordance with modern medical routines, as they are in those developed countries where abortion is legal and accessible to all women.

The most dangerous abortions are performed by untrained personnel, either under inadequate hygienic condition and/or illegally. Complications following unsafe abortions account for 13 percent of maternal mortality worldwide, and also impose a heavy load on healthcare in poorer countries.<sup>9</sup> Further, many young women attempt to perform abortions on their own. A common method in Ethiopia is to use the inner tube of an ink pen. Other methods are to eat crushed glass or large quantities of chloroquine (a malaria-

prophylaxis drug). Chloroquine is an “effective” abortion-inducing agent for some, but for others it causes serious harm, or death.<sup>10</sup>

Unsafe abortions are not just a problem for poorer countries. Today, abortion is illegal or inaccessible in several EU countries. The differences in policy create problems when the EU is to make common statements at international meetings and negotiations.

## Women in emergencies

Reproductive health services are an essential part of the basic health care of all people, also for the over 33 million men, women and children who are displaced and in need of humanitarian assistance, such as refugees, asylum seekers, internally displaced persons, returnees and stateless persons.<sup>11</sup> People who had to flee their homes, live under special circumstances, they might have to sell their body in order to survive, which in turn increases the risk of sexually transmitted infections, HIV and unwanted pregnancies. In refugee camps and other settings, the access to reproductive health care and services is often limited.

Women's right to their own bodies is quickly disregarded in conflict zones. Rape becomes a weapon, used to humiliate men on the other side in the conflict. Making the rape victim pregnant is sometimes seen as particularly successful. Sometimes rape occurs to induce fear and humiliation among civilians, one example is rape carried out in front of the woman's family. Women who are victims of rape in conflict also risk stigmatisation and social exclusion. Further, many of these women refrain from seeking health care and counselling because of internalized guilt and shame.<sup>12</sup>

To provide medical care and counselling to women and men subjected to sexual violence is absolutely essential as well as making sure women have access to contraceptives and medicines as well as the supplies needed to perform safe abortions and deliveries and to prevent sexually transmitted diseases.

<sup>5</sup> UNFPA: *No woman should die giving life*, 2008

<sup>6</sup> UN Department of Public Information: *Goal 5: Improve Maternal Health*, 2008

<sup>7,8</sup> UNFPA: *No woman should die giving life*, 2008

<sup>9</sup> IPPF: *Death and denial - Unsafe abortion and poverty*, 2006

<sup>10</sup> RFSU: *Sexuality and rights. Sexuality's importance to health and welfare – analysis by the Swedish Association for Sexuality Education*, 2000

<sup>11</sup> *Reproductive health matters*, volume 16, nr 31, May 2008

<sup>12</sup> *Kvinnor till Kvinnor: Pushing the Limits*, 2007

# Spread information – not HIV

HIV is largely spread through sexual contact. Sexuality and health are closely linked, with the effect that people with less access to health care and services face a greater risk of getting infected. HIV affects the poor more than the rich, and in the worst affected regions, it affects women more than men.<sup>1</sup>

Today, around 33 million people are living with HIV. More than 20 million have already died from illness caused by AIDS. Southern Africa is the part of the world that is hardest hit by the HIV epidemic.<sup>2</sup> As well as straining health care resources, the agriculture system, the education system and the administrative functions in society are heavily affected. Multiple problems emerge when large parts of a population of working age are unable to contribute to society, due to illness or death.

Halting the HIV epidemic is an enormous challenge. Most people living with HIV do not know their status.<sup>3</sup> At the same time, it is imperative that efforts to halt the HIV epidemic involve people living with HIV as key actors.

## HIV and sexual rights

The majority of all HIV infections occur through sexual contact, and a significant number of children contract the virus during pregnancy or through breastfeeding. This clearly shows the link between HIV, sexuality and reproduction.

To be able to tackle the HIV epidemic it is important to focus on the real causes. Gender inequality, discrimination on grounds of sexual orientation, poverty and an opposition towards speaking openly about sex are all factors of key importance. HIV is not merely an issue of health and strengthening of health systems, it is an epidemic that hits hardest at those who live in the margins of society, a society from which they are excluded. People who lead lives in which their sexuality does not conform to dominating views in society often face this marginalisation. The efforts to fight the spread of HIV need to be inclusive and non-discriminatory.

People living with HIV/AIDS are often exposed to stigmatisation. One risk of this di

scrimination is that people who are aware of being HIV positive refrain from negotiating safer sex, or telling others that they are living with HIV. Stigma against people living with HIV also means that testing oneself for HIV is to take a great social risk. Many therefore choose not to take an HIV test.

Due to discrimination, lesbian, gay, bisexual and transgender (LGBT) people have limited access to health care and counselling in large parts of the world. In particular, this leads to an excess prevalence of HIV among men who have sex with men in many countries. Currently, there are indications that only 40 percent of men who have sex with men are reached by HIV prevention programmes.<sup>4</sup> Further, LGBT people living with HIV are exposed to double stigmatisation. Specific messages and HIV prevention programmes are therefore necessary, but at the same time it is vital that they do not point fingers and blame LGBT-people for HIV, as happened in parts of the global North in the 1980's and 1990's.

<sup>1</sup> UNAIDS: 08 Report on the Global AIDS epidemic, 2008

<sup>2</sup> UNAIDS: 08 Report on the Global AIDS epidemic, 2008

<sup>3</sup> UNAIDS: The Greater Involvement of People Living With HIV, 2007

<sup>4</sup> UNAIDS: 08 Report on the Global AIDS Epidemic, 2008

## HIV and gender

In the early stages of the HIV epidemic, men were most affected, but since the late 1990s, about half of the infected are women.<sup>5</sup> HIV is transmitted primarily via sexual contact, often within marriage. For many women it is impossible to demand condom use with a long-term partner, even when they are aware that the partner has other sexual partners.

Women and girls run a greater risk of being infected with HIV. This is associated with social, cultural and physiological factors.<sup>6</sup> Poverty, lack of food, lack of education, inadequate access to contraceptives and healthcare, and sexual violence, are other reasons why HIV is affecting women to an even greater extent, where the HIV epidemic has hit hardest. 60 percent of people living with HIV or AIDS in Sub-Saharan Africa are women.<sup>7</sup>

But the fact that women are heavily affected by HIV and AIDS must never have the consequence that women become the sole target group in efforts against the feminization of HIV and AIDS. It is crucial to involve boys and men in work to halt the troubling gender aspects of the HIV epidemic. In many situations men exercise control over women's sexuality, and thereby women's ability to practise safer sex. Men also reproduce societal norms that determine what is masculine and feminine. "Masculine" often includes sexually hazardous behaviour, which jeopardises the lives of both women and men. Therefore, efforts must be aimed at men and boys with the goal that men and boys take larger responsibilities.

## Young people and HIV

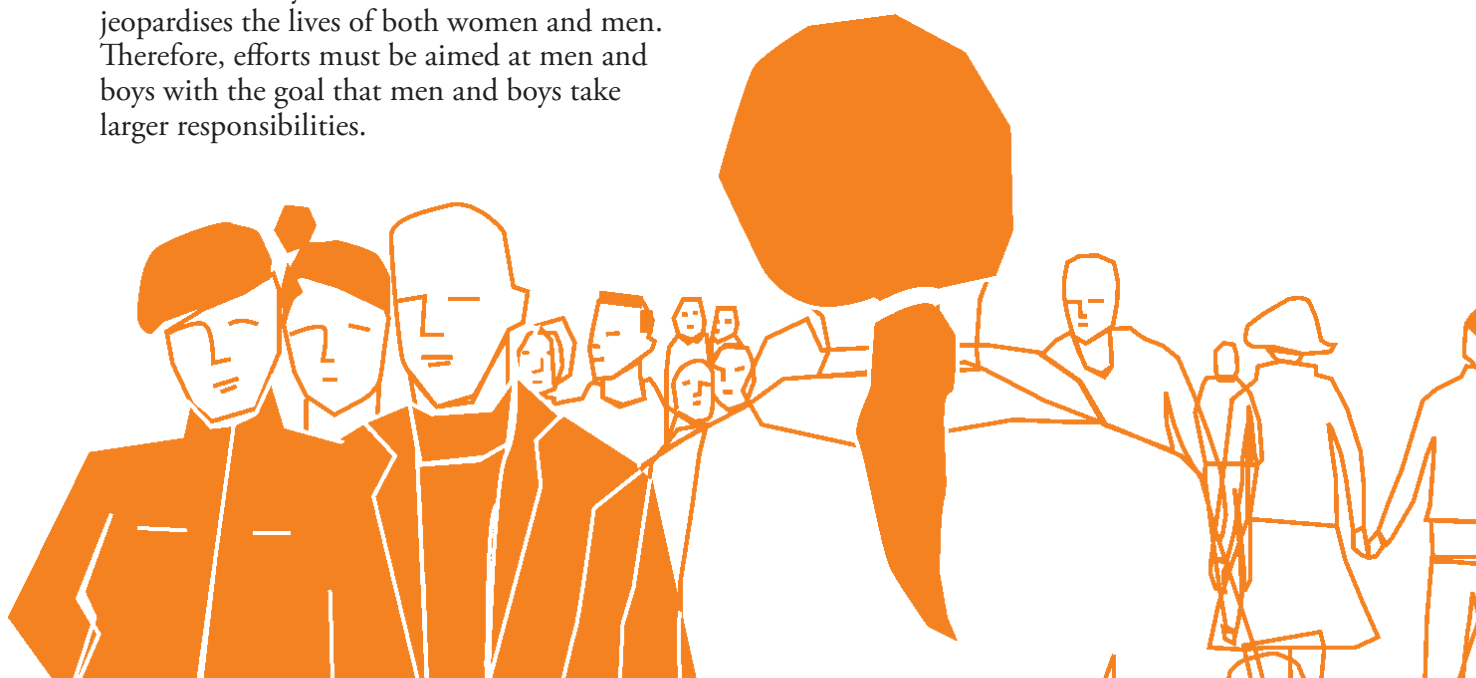
Young people represent a large proportion, 45 percent of new HIV infections among the population above 15 years. At the same time, only 40 percent of young people aged 15-24 have adequate knowledge to protect them against HIV.<sup>8</sup> Progress is far too slow.

But implementing programmes aimed towards young people is not enough for success. Young people must be leading in designing, implementation and follow-up. Therefore, increasing the capacities of young people to participate in sustainable development must be a part of the global response to HIV.

## Universal access by 2010?

In a number of high level meetings on HIV/AIDS, time bound targets have been set. One of the most important targets, added in 2006, is the goal of universal access to HIV prevention, testing, treatment, care and support by 2010.<sup>9</sup> It is clear that universal access by 2010 is unlikely to happen. For example, only 31 percent of those in need received antiretroviral therapy at the end of 2007.<sup>10</sup>

***Political leaders of the world must step up and redouble their efforts.***



<sup>5</sup> UNAIDS: 08 Report on the Global AIDS epidemic, 2008

<sup>6</sup> Guttmacher Institute & UNAIDS: Meeting the Sexual and Reproductive Health Needs of People Living With HIV, 2006

<sup>7</sup> UNAIDS: 08 Report on the Global AIDS Epidemic, 2008

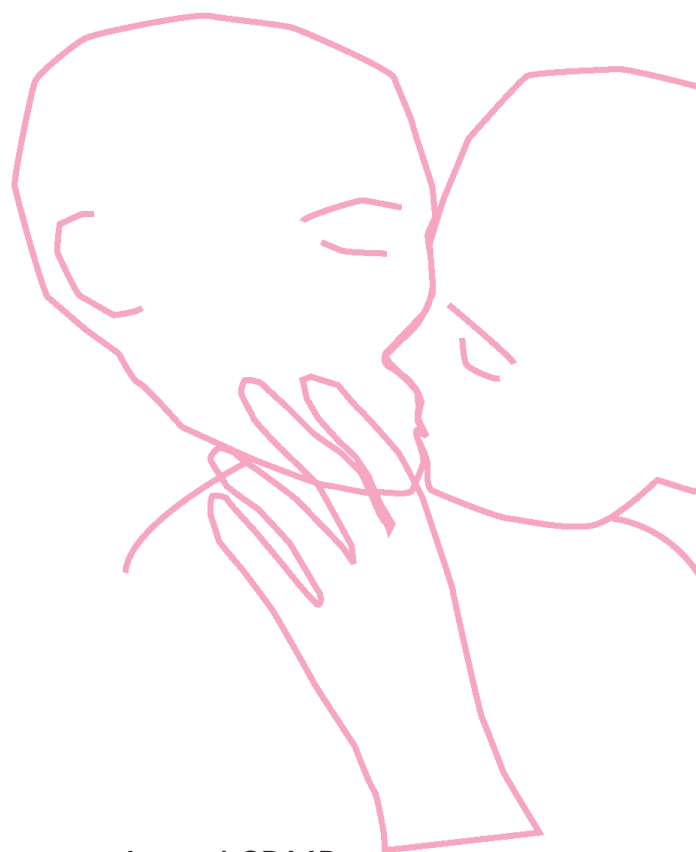
<sup>8</sup> UNAIDS: 08 Report on the Global AIDS epidemic, 2008

<sup>9</sup> Youth Coalition: Toward the Finish Line, 2008

<sup>10</sup> WHO: Towards Universal Access Progress Report, 2008

# Young people have sex

More than 1,5 billion people in the world are between 10 and 25 years old. This is the largest group of young people in history. They are a diverse group, but share that they relate to thoughts and manifestations of sexuality. They are also in many ways at risk because they are often denied access to information and services. For example, complications related to pregnancy or childbirth is the leading cause of death for girls aged 15-19 in the world.<sup>1</sup>



## Young people and SRHR

In many countries it is not accepted that people are sexually active before marriage. The effect for individual people's sexual and reproductive health and rights (SRHR) is that it is difficult for many young people to obtain contraceptives, counselling or health-care. Young women are legally restricted from seeking safe abortions in many parts of the world. It is even more difficult for young lesbian, gay, bisexual and transgender (LGBT) people to obtain their SRHR. Their sexual orientation is sometimes even considered criminal, punishable with life imprisonment or even capital punishment. Overall, the respect and realisation of young people's SRHR is sadly a distant vision, not a reality.

At the International Conference on Population and Development (ICPD) in 1994, 179 states agreed on a special section on young people in the joint declaration. In this section, it is stated that young people have the right to sexuality education, contraception and safe abortion where it is legal. This recognition of young people's rights was pioneering, but it was also a compromise. The section states that consideration must be taken of cultural values and religious beliefs.<sup>2</sup> In practice, this restricts the realisation of young people's rights, above all the right to abortion.



<sup>1</sup> UNFPA: *No woman should die giving life*, 2008

<sup>2</sup> UNFPA: *Programme of Action of the International Conference on Population and Development*, 1994

## Girls and young women

Unequal power structures constrain girls' and young women's opportunities to control their own sexuality and reproduction. There is a greater risk, stemming from physiological, social, economic and cultural factors, that girls and young women contract sexually transmitted infections through sexual relations. In some countries in Southern Africa there are at least two young women living with HIV for each young man.<sup>3</sup>

Families living in poverty may see early marriage for girls as a way of gaining social and economic stability, but early marriage is itself closely related to poverty. Postponing marriage, and thereby pregnancy as well, greatly improves prospects of obtaining an education, and later a job.<sup>4</sup> Even though progress has been made in delaying marriage in many countries, 100 million girls will be married off before their eighteenth birthday in the coming decade.<sup>5</sup>

## Deliveries can ruin girl's lives

Early marriage is related to early pregnancy, which is linked to obstetric fistula. Obstetric fistula is caused by complications during delivery when emergency care is not available, and labour is prolonged. The consequences include chronic incontinence, and possibly also kidney problems; fistula can sometimes lead to death. Damage to the nerves in the legs means that some women may not be able to walk. The child dies in 95 percent of the cases. Without care, the future prospects of any woman affected are strongly diminished with regard to both work and private life. The women are often excluded from their community and abandoned by their families.

Obstetric fistula is a condition more common among women who are married early in life, give birth early in life or have short spacing between children. More than two million women in developing countries are living with obstetric fistula, and at least a further 75 000 are affected each year.<sup>6</sup> Fistula can be prevented if women married and gave birth later, received proper care during pregnancy, and obtained emergency obstetric treatment when complications arise. Skilled

surgeons can repair fistula with a 90 percent success rate.<sup>7</sup>

Globally, 60 million women give birth without skilled attendance each year.<sup>8</sup>

## Young people must be involved in decision-making

Young people have potential to be a powerful actor in the eradication of poverty. Involving young people in the issues that directly affect them helps improve their self-confidence and gives them the opportunity to exercise their human rights. It is important to involve young people in both the shaping and implementation of programmes that concern their sexual and reproductive health and rights. It is an issue of personal interest for individual young people, but also a political struggle in solidarity with all young people in the world.

Young people's participation is a concept easily made a case in theory. It is the right of people to participate in decisions affecting them, it is an issue of democracy in an age where so many are young, and it improves results. However, involving young people requires that efforts of improved education that reaches more young people, special trainings and capacity enhancement for youth activists and increased funding for non-governmental organizations working for young people's rights. But it also requires that young people's rightful place at the decision-makers table is supported by power-holding adults. This is a challenge for governments and global institutions. For developing countries, one major challenge is to integrate young people in civil society consultations, like in the process of developing national plans for poverty reduction.

<sup>3</sup> UNAIDS: *08 Report on the Global AIDS epidemic*, 2008

<sup>4</sup> UNDESA: *The Millennium Development Goals Report*, 2008

<sup>5</sup> UNFPA: *State of the World Population*, 2005

<sup>6</sup> FCI & UNFPA: *Living Testimony Obstetric Fistula and Inequities in Maternal Health*, 2007

<sup>7</sup> UNFPA: *Obstetric Fistula in Brief*, 2006

<sup>8</sup> WHO: *Primary Health Care – Now More Than Ever*, 2008

# Lack of condoms weakens the efforts to end poverty

Since the International Conference on Population and Development (ICPD) in 1994, major efforts have been made throughout the world to advocate safer sex, and to prevent HIV and unwanted pregnancies. A self-evident precondition for this work to be effective is that contraceptives such as condoms, and other required sexual and reproductive health supplies, are made available to those who need them. However, in many developing countries there is a severe lack of condoms and other sexual and reproductive health supplies.

## What are sexual and reproductive health supplies?

In order to ensure sustainable development, all people, regardless of age, gender or sexual orientation, must be able to make individual and informed choices, free from coercion, regarding their sexuality and reproduction. This means that they must have access to the commodities needed to make such choices and health service possible. Sexual and reproductive health supplies are those commodities.

Sexual and reproductive health supplies include not only male and female condoms\*, but also other contraceptives, medicines and materials to ensure healthy pregnancy and delivery, emergency contraception, and medicines for prevention and treatment of sexually transmitted infections and HIV and AIDS.<sup>1</sup>

## A shortfall with serious consequences

In many developing countries there is a severe lack of sexual and reproductive health supplies. Contraceptives and birth-control pills are

*\*Female condom is a condom that you insert in the vagina or anus. It protects in the same way as the condom that is put on the penis. It is used by both women and men and can be inserted hours before the intercourse.*

hard to obtain, and even when they are available, young people might be denied access to them because of values saying they shouldn't be sexually active. Equipment needed for childbirth and maternal care, and for the treatment of sexually transmitted infections (STIs) and HIV testing are also lacking in many parts of the world, as are supplies needed for safe abortions and post-abortion care.

There are many and serious consequences of this shortfall. Young women who do not have access to contraception risk giving birth early and to more children than they want and can take care of. Unwanted pregnancies risk leading to unsafe abortions, and people who do not have access to condoms have no means of protection from STIs and HIV.

Globally, 32 percent of the disease burden of women aged 15–44 is related to reproductive health.<sup>2</sup> Lack of reproductive health account for 18 percent of the total global disability adjusted life years. 536 000 women die every year from pregnancy or when giving birth, and as many as 8,7 million women suffer injury or infections giving birth. Complications in relation to pregnancy are the leading cause of death for girls aged 15–19 in the world.<sup>3</sup> The poorest people in the world carry most of this burden, and at the same time the poorest people have the least access to sexual and reproductive health supplies.

<sup>1</sup> WHO: *The Interagency List of Essential Medicines for Reproductive Health*, 2006

<sup>2</sup> Bernstein, S & Juul Hansen, C: *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, 2006

<sup>3</sup> UNFPA: *No woman should die giving life*, 2008

## The demand is increasing

The shortage of sexual and reproductive health supplies has not arisen overnight. Intense advocacy for sexual and reproductive health and rights has meant that more people than ever are demanding contraceptives, and the risk of HIV has meant that more and more people are demanding condoms. Also, the number of people of sexually active age is increasing every year, since the total global population is getting younger. It is estimated that the demand for contraceptives will increase by 40 percent between 2008 and 2023.<sup>4</sup>

Many countries do not have the economic or logistic capacity to meet this constantly increasing demand.<sup>5</sup> Despite this, the overall development-aid contribution to sexual and reproductive health supplies has remained constant, or even declined, in recent years. Estimates indicate that the cost of covering developing countries' need for condoms and other contraceptives amounted to US\$ 1.2 billion in 2008. Right now, the funding for reproductive health supplies is US\$ 550 million short. The total cost will increase to US\$ 1.6 billion per year by 2015.<sup>6</sup>

## Access to anti-retroviral therapy

Since the early 2000's, the work to ensure access to anti-retroviral therapy for people living with HIV has been redoubled. In 2007 the number of people receiving anti-retroviral therapy increased by 950 000, making the total around 3 million. This is still inadequate in the light of the 30 million people living with HIV who are not receiving therapy.

The fact that the HIV epidemic is still running far ahead of the treatment efforts only points to the strong need for more investments in sexual and reproductive health supplies, as they are one core pillar in the halting of the epidemic.

<sup>4</sup> UNFPA: *A Global Need For Family Planning*, 2008

<sup>5</sup> UNFPA: *Reproductive Health Essentials – Securing the Supply*, 2002

<sup>6</sup> UNFPA: *A Global Need For Family Planning*, 2008

