

Access for Young People to Reproductive and Sexual Health Information, Services and Supplies

The Programme of Action defines sexual and reproductive health as “a state of complete physical, mental and social well being, and not just merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”¹ Thus, access to reproductive and sexual health information and services is critical to young people’s ability to become productive members of their society.

The world now boasts the largest generation in history of youth between the ages of 15 and 24—1.1 billion. The decisions they make today regarding their reproductive health will shape the quality of life for generations to come. Youth come from diverse backgrounds with different experiences and differing political, economic, religious and cultural realities. Yet, they have the same need for access to complete reproductive and sexual health information and services. Meeting these needs requires cooperation between governments, communities, parents, families, spiritual leaders and youth.

Many factors, including gender and age inequities, sociocultural norms, educational opportunities, provider attitudes, and economic opportunities, affect each young person’s ability to use reproductive and sexual health information and services. Political systems must include young people in decisions about reproductive and sexual health services. Parents, communities and spiritual leaders must provide young people with the educational opportunities and guidance that will empower them to make responsible decisions about their own reproductive and sexual health.

Reproductive and Sexual Health Information, Service and Supply Needs of Young People

- One in every 10 births worldwide is to a teenage mother. In the least developed countries, one in every six births is to a teenage mother.
- Worldwide, some 14 million women between the ages of 15 and 19—married and unmarried—give birth each year.
- Pregnancy is a leading cause of death for young women aged 15 to 19 worldwide, mostly due to complications of childbirth and unsafe abortion.
- 52% of women obtaining abortions are younger than 25 years old and over 19% are teenagers.
- More than 4.4 million young women aged 15 to 19 undergo abortion each year, nearly half under unsafe conditions.
- About 350 million couples do not have access to a range of effective and affordable family planning services. Experts estimate that demand for these services will increase by 40% in the next 15 years.

Preventing Sexually Transmitted Infections (STIs), Including HIV

- Every day, 500,000 young people are infected with an STI. Most infections occur in the 20 to 24 age group, followed by the 15 to 19 age group.
- The female condom is the only currently available method that women can initiate and in some ways control, and that also provides protection from both unwanted pregnancy and STIs, including HIV.
- Research has shown that youth, especially young women, are more able to successfully negotiate the use of prevention methods, particularly condoms, to prevent pregnancy than to prevent STIs. This indicates the need for increased education among youth about their risks for STIs.
- The option of using *microbicides* (see box) would provide young people with another method of protection against STIs, including HIV.
 - Microbicides are of particular importance to young women, as they are applied before sex and do not require a partner’s cooperation, offering an alternate method of female-controlled protection against STIs and HIV.

What are Microbicides?

“A microbicide is a product which, used internally (vaginally or rectally), can prevent HIV transmission as well as offer protection against a variety of STIs. It can take many different forms as a gel, cream or suppository that could be active in the body for several hours. Microbicides are not to be confused with spermicides, which prevent contraception, although it is possible that a microbicide could also act as a contraceptive...”

Microbicides are still in the process of being developed and it is unlikely that they would be available before 2007. There are three versions in the final stages of clinical trials to determine whether they are safe and effective. However, no large pharmaceutical company is interested in funding microbicides because of the perceived lack of a global market.”

<http://www.worldaidday.org/facts/micro.cfm>

¹(Population and Development Vol. 1: *Programme of Action adopted at the International Conference on Population and Development: Cairo 5-13 September 1994*, paragraph 7.2. New York: Department of Economic and Social Information and Policy Analysis, United Nations)

- Youth's involvement in research and development of microbicides is imperative if the needs, behaviours and preferences of youth are to be taken into consideration in the product's development. Young people must also participate in developing strategies to market microbicides effectively to youth.
- Youth's participation in clinical trials of new sexual and reproductive health products is also necessary. However, youth's participation also introduces ethical and legal complications into scientific research. Young people need to work with governments and researchers in order to resolve the complications while still ensuring youth's participation in important research.
- Once microbicides become available, young people's access to them will be key to microbicides' success as a method of protection. Advocacy *now* regarding access is essential to ensuring widespread availability later on.

Treatment and Care of Young People Living with HIV or AIDS

- For most young people living with HIV or AIDS in the countries most severely affected by the epidemic, treatment and care is not readily available, and where it is available, it is not affordable. Some countries, such as Brazil, provide support by producing generic drugs, reducing their costs by 70% per patient, per year. The normal cost of the drugs (up to U.S. \$15,000 per patient, per year) is usually beyond the reach of individuals in poorer countries. Finally, efforts to produce generic drugs are dampened by fear of lawsuits by pharmaceutical companies.
- Addressing treatment and care of young people living with HIV or AIDS is especially complicated, because treatment requires strict regimens of complex medications and self-care. Providers must work with individual young people to address their individual psycho-social issues and to develop a realistic, tailored plan for their treatment and care.
- The availability of antiretroviral therapy prompts debate about the relative merits of prevention versus treatment and care. While some countries can afford both, others must make hard decisions regarding allocation of limited resources. Public health proponents believe that prevention is crucial to slowing the pace of infection among youth, and that treatment for HIV and AIDS (including antiretroviral drug therapy) should be available wherever possible.

Ethical Debates Regarding New Reproductive Technologies (NRTs)

Young people lie at the centre of a debate about the ethics of new reproductive technologies (NRTs), including those that correct male and female hormonal disorders leading to infertility. In many cases, NRTs could enhance the sexual and reproductive lives of youth. However, NRTs related to infertility are often inaccessible to youth due to high costs and to the scarcity of health care establishments with the appropriate technology. Additionally, as policy makers debate the reproductive future of the largest population ever of reproductive age, human rights and reproductive rights advocates express concern that NRTs may be used to control or limit young people's fertility. Awful stories of experimentation with developmental-stage contraceptives and of sterilizing women without their informed consent make advocates wary of new reproductive technologies. These concerns must be addressed, and a note of caution must accompany any efforts to promote NRTs anywhere in the world.

Unless otherwise noted, information and statistics cited from:

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- The Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs. (2001) "Youth and HIV/AIDS: Can we Avoid Catastrophe?" *Population Reports*. Volume XXIX, Number 3. Baltimore: Johns Hopkins. <http://www.inforhealth.org/pr/12edsum.shtml>
- PATH. "Youth Advocates for Microbicides: Changing the Future of HIV Prevention." (July 2004) Global Campaign for Microbicides, Fact Sheet #18.
- Notes from: Mies, Maria, "New Reproductive Technologies: Sexist and Racist Implications," *Quilt*, 09-01-1994, pp 41+ (Asian Women's Human Rights Council, 1994). <http://www.hsph.harvard.edu/rt21/race/Mies.htm>.
- Other websites consulted: <http://womensissues.about.com/cs/abortionstats/a/aaabortionstats.htm>; <http://www.unfpa.org/supplies/facts.htm>; <http://meds.queensu.ca/medicine/obgyn/IIE/technology.htm>; <http://www.uccs.mun.ca/~alatus/2800a/Cloning&OtherNRTs.html>;

If you have any questions or comments about any of the Fact Sheets produced for the Working Group on Youth, please contact Youth Coalition at research@youthcoalition.org or Advocates for Youth at questions@advocatesforyouth.org.

