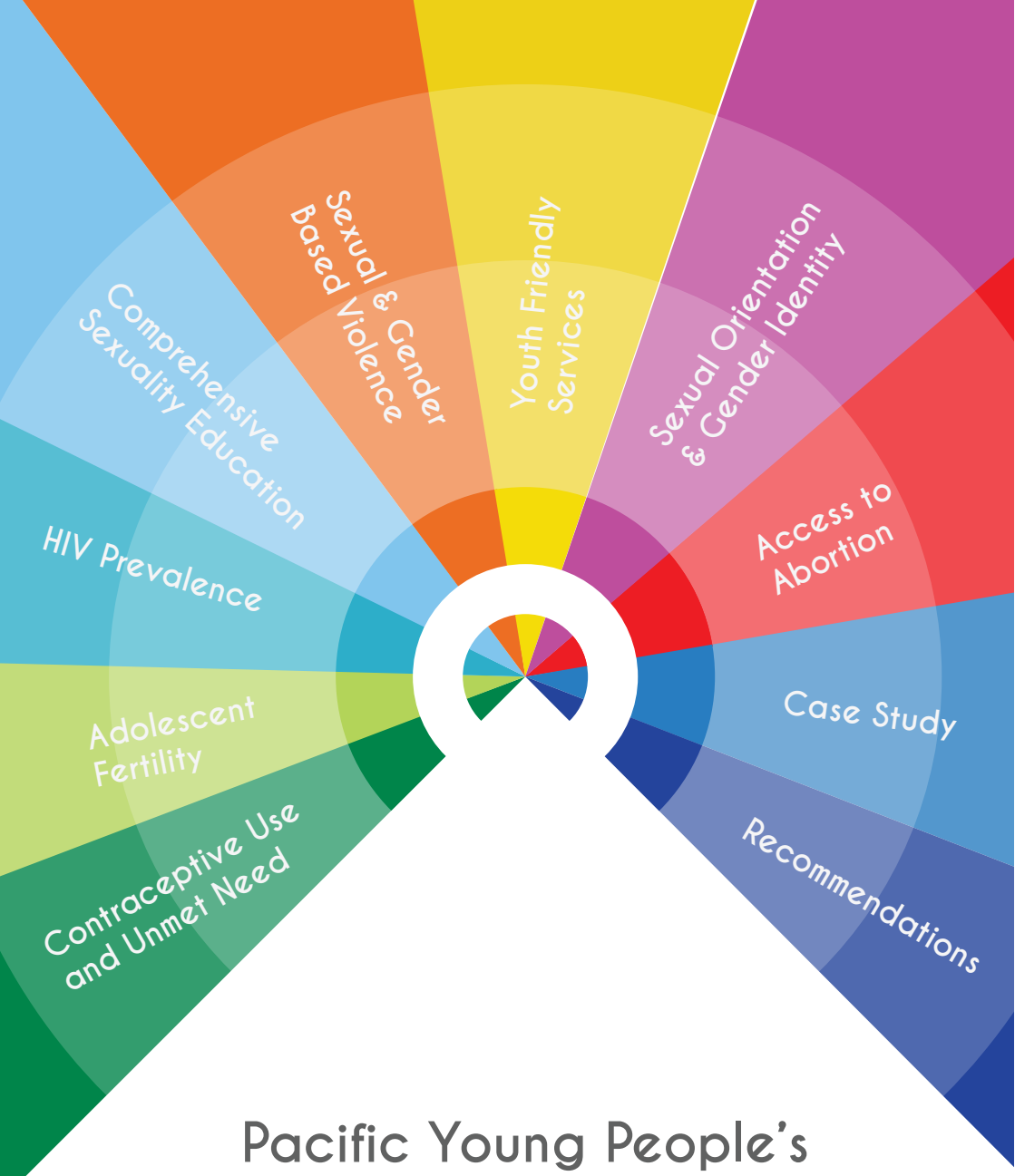


Pacific Young People's Sexual Reproductive Health and Rights Factsheet.

Context

In the Pacific region 56% of the population is under the age of 25. Pacific young people have diverse needs, opportunities and experiences, living as they do across 20,000 islands around the Pacific ocean. This dynamic group of young people live in urban and rural areas, on remote islands and in large cities. They have diverse sexualities and gender identities. They are young people living with disabilities, they are sex workers, they are young women and men living with HIV and AIDS. They are from diverse socioeconomic backgrounds, they are students, politicians, homemakers and business people. They are young mothers and fathers, brothers and sisters and daughters and sons. They face discrimination due to multiple, intersecting challenges, such as poverty, migration, climate change, religion, ethnicity, gender and age.

One thing that too many Pacific Island young people share is a disproportionate burden of poor sexual and reproductive health and rights. There are high rates of adolescent pregnancies, endemic levels of sexual and gender based violence and a growing prevalence of sexually transmitted infections (STIs). Restrictive abortion laws in most countries mean information about abortions, including the prevalence and effects of unsafe abortion, is limited. Restrictive laws around sexual orientation and gender identity, also prevent many young people from accessing their sexual and health rights.

> “These sexual and reproductive health and rights (SRHR) challenges directly contribute to a wide range of negative short and long-term consequences for the health and wellbeing of Pacific young people, their families and communities. It is also increasingly contributing to broader social and economic challenges that significantly hinder the development of Pacific Island Countries and Territories. Therefore, Pacific Island Countries are unlikely to reach their development goals without addressing the sexual and reproductive rights and health of their young people.”

Context *cont'd*

This factsheet is designed to give policy makers and advocates a snapshot of some of the key indicators related to young people's SRHR in the Pacific and to provide recommendations, taking into consideration the evidence and lived realities of young people in this region. Although there are 22 small Island countries and territories within the Pacific region, this report focuses mainly on the following 14 independent states: Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. Definitions of 'young people' across the Pacific vary widely, and are deeply rooted in cultural traditions, however for this paper we have taken young people to mean between 15-25yrs old, unless otherwise specified.

Adolescent Fertility

In the Pacific, adolescent fertility rates (ages 15-19) are relatively high, however there is much variation across the region. Rates in the Marshall Islands (85 in 2011), Nauru (81 in 2011), PNG (65 in 2011)[1], Vanuatu (66 in 2009), and the Solomon Islands (62 in 2009), are particularly high, and have remained high throughout the past decade at over 50 births to women aged 15-19yrs old per 1000 women of that age[23]. Adolescent fertility has increased in Kiribati, Palau, Samoa and Tuvalu over the last decade, while it has declined over the last decade in Cook Islands, FSM, Marshall Islands, Nauru, PNG, Solomon Islands, Tonga and Vanuatu (rates in Fiji have stayed the same)[2].

Adolescent fertility is particularly high across the Pacific for young people living in remote and rural settings. In the Marshall Islands, for example, the rate of adolescent fertility is high in urban areas at 80 births per 1000, but even higher on the outer islands, at 100. Similarly, in the Solomon Islands and Vanuatu, rural adolescent fertility is a high 70 and 77, respectively, while only 34 and 40 in urban areas[2].

Lack of access to a range of youth friendly SRH services and comprehensive sexuality education, particularly in rural areas, are some of the causes of the high rates of adolescent fertility in the Pacific. However, even when young women do have access to information and services, many still lack the autonomy over their own bodies and fertility to avoid early pregnancy if they wish to.

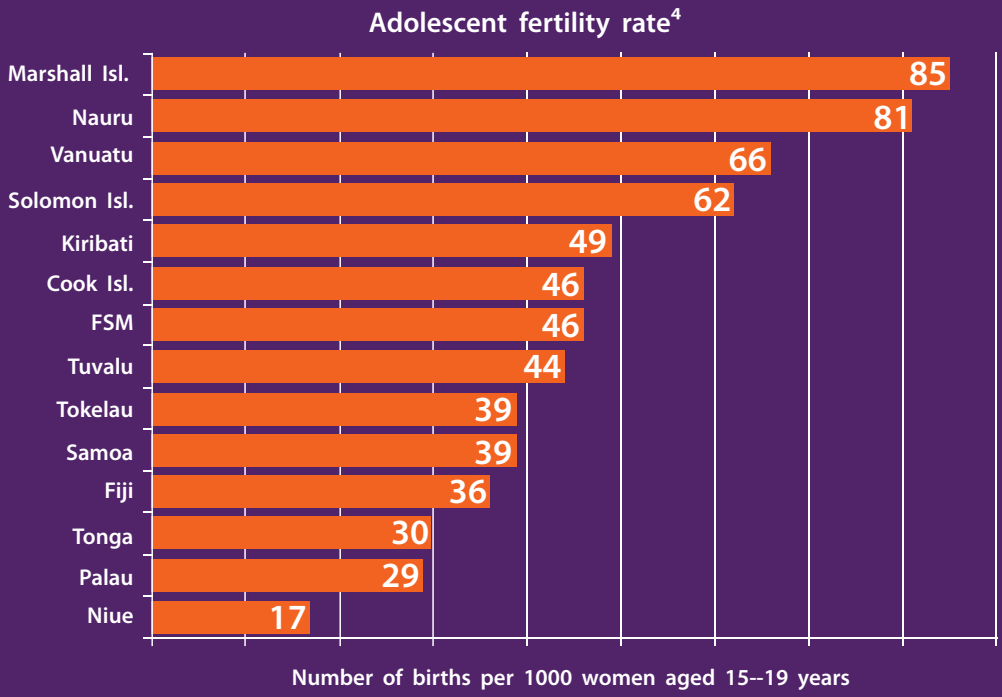
> "Gender inequality, and a lack of respect for women's sexual autonomy and bodily integrity, can therefore be seen as the key driving factor for the high rates of teenage fertility in the region."

The consequences of early motherhood are varied. While for some young women, having children at a young age is a matter of choice, teenage pregnancy can entail heightened risks. Adolescent mothers face a higher risk of complications such as severe bleeding, infections, high blood pressure as well as unsafe abortions. The children of young mothers, similarly, tend to have higher levels of morbidity and mortality[2].

Adolescent fertility can also lower the education status and socioeconomic independence of the adolescent mother and is often related to depression, suicide, alcohol abuse and harmful abortions. This can be as a result of social exclusion and stigma as

Adolescent Fertility *cont'd*

well as policies such as those preventing young mothers from continuing their education. Rural and remote young women, young women living in poverty, those who are HIV positive, young women with disabilities and other marginalized groups are particularly vulnerable to these negative consequences.



Reference

[1]UNFPA, Pacific Regional ICPD Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014, July 2013, pg 23.

[2]Population and Development Profiles: Pacific Sub-Region, Prepared by UNFPA-PSRO, February, 2014.

[3]UNFPA-PSRO, "I am Not a Lost Cause! Young Women's Empowerment and Teenage Pregnancy in the Pacific", October, 2013.

[4]UNFPA Pacific Sub-Regional Office

Contraceptive Use and Unmet Need

Contraception is the best way to prevent unintended pregnancy and also reduce the need for abortion and the prevalence of unsafe abortion, especially for young people. For all countries in the Pacific, Contraceptive Prevalence Rate (CPR) remains extremely low at less than 50%[7].

CPRs generally measure the number of women of reproductive age at risk of pregnancy who are currently using (or whose partner is using) a contraceptive method at a given point in time. However, in the Pacific CPR mostly measures the contraceptive usage of married women only. This measurement technique therefore invisibilizes the portion of the population who is sexually active, but unmarried, thereby excluding many young people and members of the LGBTQI community.

Unmet need for contraception for young married people (the gap between intended and actual contraceptive behavior) varies widely between countries in the Pacific. For Nauru, Samoa and Tuvalu, there are insufficient married women aged 15-19 in the sample to provide a valid measure of unmet need. While in Kiribati, PNG and Marshall Islands, this age group has very high rates of unmet need (all above 25%), which is consistent with the high adolescent fertility rates in those countries[7].

In the Pacific Regional ICPD Review, conducted in 2013, all countries reported that they had addressed the ICPD priority regarding 'increasing women's accessibility to information and counseling on sexual and reproductive health' as well as increasing access regardless of marital status or age. All countries in the Pacific also reported that at least three types of contraception were available as well as emergency contraception and male and female condoms (except Samoa, who indicated that emergency contraception and female condoms were not available).

"Despite these reports, however, unmet need within most countries in the Pacific is similar in urban and rural areas, indicating that unmet need may not be simply due to a lack of access to sexual and reproductive services and contraception, but rather due to factors such as cultural taboos around sex in the Pacific, gender inequality and sexual and gender based violence, making it difficult for young women to negotiate safe sex."

Contraceptive Use and Unmet Need *cont'd*

Young women involved in the Pacific Young Women's Leadership Alliance (PYWLA) Online Dialogue in 2013 identified ongoing stigmatization when accessing reproductive health services, a lack of support from families and communities, religious and cultural beliefs, inadequate facilities and services, unqualified service providers, lack of education and awareness, peer pressure and violence against women and girls as barriers to them accessing sexual and reproductive services including contraception.[9] During environmental disasters such as cyclones and tsunamis, which are increasingly frequent and severe due to climate change, access to SRH services including contraception is further restricted.

Reference

[7]UNFPA, Pacific Regional ICPD Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014, July 2013.

[9]PYWLA, Pacific Young Women's Leadership Alliance: Online Dialogue Issues Series, 2013, pg 10)

HIV Prevalence

Excluding PNG, the Pacific is experiencing a low level HIV epidemic, meaning that HIV prevalence has consistently not exceeded 1% in the general population nationally, nor 5% in any sub-population. HIV Prevalence for youth populations (15-24years) in 2011 in the Pacific was 0.1 in Fiji, 0.2 in the Marshall Islands and 0.8 in PNG (2010) and zero for all other countries[10].

In 21 Pacific Island Countries, excluding PNG, the cumulative HIV incidence (rate of new infections) per 100,000 was 56 (2011), compared to PNG's incidence rate which was 459 (2010)[11]. The HIV infections rate of increase in the Pacific has slowed, but the infection is becoming more and more feminized as the percentage of women with HIV continues to increase in some countries[12].

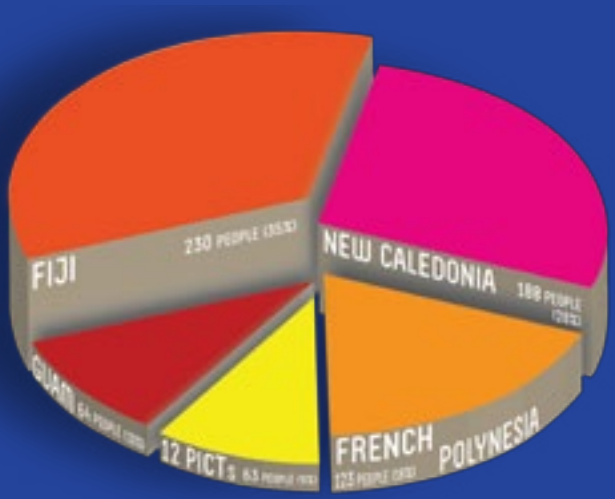
The two most common modes of HIV transmission in the Pacific (in 21 countries, excluding PNG) are unprotected heterosexual sexual contact (52%) and male to male sexual contact (27%).

"Despite the low prevalence of HIV in the region, numerous risk factors exist to increase the potential for a rapid spread of HIV across the Pacific, including; high levels of sexual and gender based violence, homophobia, gender inequality, very high rates of other STIs (including chlamydia), a high proportion of young people reporting unsafe sex practices, stigmatization and discrimination against people living with HIV, cultural taboos and religious beliefs around sex, uneven access to health services (prevention and treatment), and weak economies and limited economic opportunities.[12]"

The high prevalence of sexual and gender based violence also contributes to the HIV prevalence in the region. Fear of partners' violent reactions can make women and young women less willing to negotiate safe sex, or to question their partners about their sexual activities. It can also deter people from getting tested or disclosing their status, thereby delaying their access to treatment and other services.

HIV Prevalence *cont'd*

Additionally, forced sex poses a direct biological risk of contracting HIV and other STIs by tearing and lacerating the genitals, thereby increasing the likelihood of HIV infecting the bloodstream. This risk is even higher for young women and girls, because their vaginal tracts are immature and more easily torn during sexual intercourse[14]. This is particularly worrying, given that data from violence against women studies undertaken in Kiribati, Samoa, Solomon Islands and Vanuatu reveal that between 3 to 8% of women had their first sexual experience before the age of 15, and of those young women 23-50% reported their first sexual experience was forced, meaning that the younger a woman's sexual debut, the more likely that it was forced[15].



People living with HIV by PICT as of 31 December 2012[11]

Reference

[10]SPC, National Minimum Development Indicators, http://www.spc.int/nmdi/MdiSummary2.aspx?minorGroup=23

[11]Wanyeki, Ian., SPC Surveillance and Operational Research team Reseearch, Evidence and Information Programme, Public Health Division, HIV Surveillance in Pacific Island Countries and Terriotries, 2012 Report, pg 27.

[12]UNFPA, Pacific Regional ICPD Review: Review of the Implementation of the International Conference on Population and Development Programme of Action Beyond 2014, July 2013, pg 23.

[14]UN Women, Ending Violence Against Women & Girls: Evidence, Data and Knowledge in the Pacific Island Countries: 2nd Edition, 2011, pg 4.

[15]UNFPA-PSRO, "I am Not a Lost Cause! Young Women's Empowerment and Teenage Pregnancy in the Pacific", October, 2013.

Comprehensive Sexuality Education

When young people are not given comprehensive information about their own sexuality, it leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and STIs, including HIV. Research has shown that Comprehensive Sexuality Education (CSE) can help young people to abstain from or delay the debut of sexual relations, reduce the frequency of unprotected sexual activity, reduce their number of sexual partners and increase the use of protection against unintended pregnancy and STIs during sexual intercourse[20]. Evidence also suggests that rights-based and gender-sensitive CSE programmes can lead to greater gender equality.

According to the UNESCO's 2009 International Technical Guidelines on Sexuality Education, in order to reach desired health outcomes, CSE should include information about human sexuality, including growth and development, sexual anatomy and physiology, reproduction, contraception, pregnancy and childbirth, HIV/AIDS, STIs, family life and interpersonal relationships, culture and sexuality, human rights, non-discrimination, equality and gender roles, sexual behavior, sexual diversity, sexual abuse, gender-based violence and harmful practices, values attitudes and social norms and responsibility[21].

The majority of sexuality education in the Pacific has long been taught from a traditionally conservative and often religious perspective, where abstinence has been the main message.

A study was conducted in 2013[22] of 8 countries and territories (FSM, Fiji, Kiribati, Nauru, RMI, Tonga, Tuvalu and Vanuatu) in the Pacific on comprehensive sexuality education, or Family Life Education (FLE) - the preferred term in the Pacific.

The results were varied, but encouraging, with all eight countries at some stage of implementing a CSE curriculum into schools. Fiji, Kiribati and Vanuatu have a defined national policy framework to support CSE/FLE, and Tuvalu and Nauru are in the process of developing policies. FSM, the Marshall Islands and Tonga have no overarching national policy.

Curricula vary in their adherence to international standards of CSE. Vanuatu and Fiji's curricula are closely aligned to UNESCO's 2009 International Technical Guidelines on Sexuality Education. Kiribati, FSM (Chuuk and Pohnpei local curricula) and Nauru reflect some aspects of the UNESCO guidelines, but improvements could be made to ensure they are in line with international standards.

Comprehensive Sexuality Education *cont'd*

"Studies and practical experience have shown that sexuality education programmes can be more attractive to young people and more effective if young people play a role in developing the curriculum."

While some community outreach to NGOs, teachers, parents, faith based organisations and community leaders, has been undertaken in the development of the CSE curricula, none of the countries surveyed reported actively engaging young people and youth groups in the development and review of their curricula.

While there are encouraging steps by many Pacific countries to introduce CSE into schools, many young people do not have access to formal education for a variety of reasons. Peer and informal education around SRHR is, therefore, also extremely important. There are a variety of NGOs around the Pacific who provide such programmes, however these are mainly centered in urban areas[23].

Reference

[20]UNESCO, International Technical Guidelines on Sexuality Education, 2009.
[21]ARROW, An Advocate's Guide: Strategic indicators for Universal Access to Sexual and Reproductive Health and Rights, 2013.
[22]UNFPA Pacific Sub-Regional Office.
[23]New Zealand Parliamentarians' Group on Population and Development, Pacific Youth: Their Rights, Our Future, Report of the New Zealand Parliamentarians'

Youth Friendly SRH services

In order for young people to access sexual and reproductive information and services, they must be confident that their privacy will be protected, that providers will be respectful and non-judgmental, and that services are affordable and operate at convenient hours and locations[16].

Youth friendly sexual and reproductive health services are not widespread in the Pacific. Where they do exist, they are largely in urban centers, excluding young people who live in rural settings and on remote islands.

Even when they can access health services, young people in the Pacific are often reluctant to visit health clinics for treatment and advice, for fear of embarrassment, fear that their family will find out, or a misinformed fear of being sexually abused during examinations and treatment for STIs. Contraception, is often seen as only a married couple's issue by health workers and young unmarried people are sometimes turned away from clinics[17].

A study [17] of youth friendly SRH services in Tonga, Solomon Islands, Vanuatu, Kiribati, Cook Islands and Tuvalu, conducted in 2010 found overwhelmingly that these clinics were falling far short of being 'youth friendly'.

The study found that:
- NGO clinics were more youth friendly than government clinics;
- None of the clinics studied had opening hours outside of normal;
- All service providers felt that they did not have sufficient training on how to provide adequate services for young people or how to provide effective counseling;
- Attitudes around providing young people with reproductive services varied, with some showing judgmental attitudes towards young people having sexual relationships;
- Most facilities did not set aside youth-specific waiting areas or clinic hours to protect the confidentiality of young people; and
- There was no youth involvement in the design, implementation or evaluation of SRH services.

Due to government subsidies, most government clinics offer free consultation which was beneficial to young people. The study also found that there was a wide range of services available, including information and counseling on sexuality, safer sex and reproductive health, contraception, STI diagnosis and management, HIV testing and counseling, pregnancy testing and antenatal and postnatal care and counseling on

Youth Friendly SRH services *cont'd*

sexual violence and abuse. However, the majority of providers advised that they only provide condoms to young women under the age of 20, and not any other form of contraceptive.

"One young girl came to the school counselling clinic and said that her stomach was getting bigger and she didn't know why. I suspected that she was pregnant and I did a test without telling the girl. I found that she was pregnant. I did not tell the girl that she was pregnant. I went and told the school principal and the principal called her parents. They had a meeting at the school with the parents the principal and the girl. They told the girl that she was pregnant. She had to leave school. Tonga[19]."

Reference

[16]New Zealand Parliamentarians' Group on Population and Development, Pacific Youth: Their Rights, Our Future, Report of the New Zealand Parliamentarians' Group on Population and Development, Open Hearing on Adolescent Sexual and Reproductive Health in the Pacific, 11 June, 2012.

[17]SPC, "Assessment of Youth-Friendly Services in Pacific Island Countries", 2010.

Sexual & Gender Based Violence

National Violence Against Women research shows lifetime prevalence rates for physical or sexual violence by anybody among Pacific island women (15-49 years of age), is extremely high at approximately 60-77%.

Intimate partner violence is extremely high in Melanesia, although the highest prevalence is in Kiribati with 68% of women experiencing physical and/or sexual violence in their lifetime, compared with 66% in Fiji, 64% in the Solomon Islands, 60% in Vanuatu, 46% in Samoa and 40% in Tonga. Lifetime experience of emotional partner violence is highest in Vanuatu (68%), followed by Fiji at 60%, Solomon Islands at 56%, Kiribati at 47%, Tonga at 24% and Samoa at 20%[24].

Although the rates of intimate partner violence are much higher than non-partner violence in Melanesia and Kiribati, this picture is reversed in Polynesia. Intimate partner violence affects about 2 in every 3 women in Fiji, Vanuatu, Solomon Islands and Kiribati; in Tonga and Samoa, non-partner physical violence affects about 2 in every 3 women. Tonga has the highest rates of non-partner physical violence against women over the age of 15, with 68% of women experiencing this in their lifetime. This compares with 62% in Samoa, 29% in Fiji, 28% in Vanuatu, 18% in the Solomon Islands and 11% in Kiribati[24].

Young women and the girl child are particularly vulnerable to sexual and gender based violence, as they are generally at the very bottom of the social hierarchy. In Fiji, for example, amongst young women aged 18-29, 2 in 5 women experienced physical violence in the 12 months before the survey, compared to 1 in 5 for Fiji as a whole (double the prevalence). Similarly, more than 1 in 4 women under 29 in Fiji were subjected to sexual violence in the 12 months before the survey, compared with 14% for Fiji as a whole[24].

"There is a culture of silence and shame around sexual and gender based violence in the Pacific, making it difficult for young women to speak up about abuse, for fear of bringing shame to herself, her family and the perpetrator."

Young women and girls who have experienced violence also face a number of other barriers in accessing support services. Services are frequently concentrated in urban areas, often there is little coordination of support services as they are far apart and few

Sexual & Gender Based Violence *cont'd*

support programmes have trained counselors. Contexts of political unrest and militarism, such as in Fiji, PNG and the Solomon Islands, also heighten the risk of sexual and gender based violence.

Some innovative approaches to service provision are evident however, such as 'one stop shops' which provide multiple services in a single location, such as PNG's Stop Violence Centres, located in hospitals. The Fiji Women's Crisis Centre also provides a biannual training institute for counselors, which incorporates a gender and human rights focus and prioritizes women's safety and autonomy[27].

Reference

[24]Fiji Women's Crisis Centre, Somebody's Life, Everybody's Business! National Research on Women's Health and Life Experiences in Fiji (2010/2011), A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, 2013.

[27]UN Women Pacific Sub-Regional Office, Ending Violence Against Women and Girls: Evidence, Data and Knowledge in Pacific Island Countries, Literature Review and Annotated Bibliography, 2nd Edition, July 2011.

Sexual Orientation & Gender Identity

"There have always been diverse and constantly shifting expressions of gender identity and sexual identity in the Pacific Islands region. Identity expressions that would be defined as homosexual or transgendered using western vocabulary have often fulfilled important and well-established cultural or ritual functions within various parts of the Pacific."

In more recent times, however, repressive legal environments and cultures of homophobia and transphobia have become prevalent. This has very negative impacts on the sexual and reproductive health and rights of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) young people across the Pacific.

Young LGBTQI people in the Pacific face multiple forms of discrimination on the basis of their age and their sexual orientation and gender identity. Young LGBTQI people face a variety of health issues including social exclusion, mental illness, suicide, discrimination by health service providers, lack of access to tans-specific healthcare, violence and sometimes death. Young LGBTQI people, particularly women, are also at heightened risk of violence either by family members, communities, police or other state or non-state actors. This violence often goes unreported due to fear of reprisals, or threats to confidentiality.

In 9 Pacific countries, the Cook Islands, Samoa, Tonga, Tuvalu, Papua New Guinea, the Solomon Islands, Kiribati, Nauru and Palau, male-to-male sexual relations are illegal. Samoa and Tonga have criminal offences for 'so called cross-dressing'[28].

Fiji's new constitution (2013) is the only one in the Pacific to specify protection from discrimination on grounds of sexual orientation, and gender identity or expression. However, it limits this right in the case of marriage, adoption, and inheritance, violating the principle of non-discrimination. No laws of any other Pacific Island country provide legal recognition of gender variant/trans people .

While many of the above laws are not enforced, their existence contributes to stigma and negative community opinion of people with diverse sexual orientation and gender identities, thereby contributing to the negative health outcomes of LGBTQI young people.

Sexual Orientation & Gender Identity *cont'd*

"X is a transgender and because of the difficulties faced at home, he went out to the streets doing what normal street kids do - pick pocketing, drugs, stealing etc. One day he got caught by the police. Taken to the police station, he was abused and sexually molested. X was badly injured and bruised. He wasn't even recommended to the doctor by the Police because they thought he deserved it. He did not place a complaint." - Fiji[30]

Reference

[28]Asia Pacific Coalition on Male Sexual Health, Policy Brief: Pacific Legal Environments for Men who have Sex with Men and Transgender People, 2012.

[30]Diverse Voices and Action for Equality (DIVA) Collective, Suva, Fiji, Submission

Access to Abortion

Until the full spectrum of sexual and reproductive health and rights, are provided to young people in the Pacific, young women will continue to have unwanted pregnancies.

"When young people in all their diversity have full access to SRHR information, services and rights, abortion should rarely be necessary. However, until this goal is realized, abortion may be necessary and should be accessible and safe."

Across the Pacific, abortion laws limit legal abortion. In FSM, Palau, the Marshall Islands, the Solomon Islands, Tonga and Tuvalu, abortion is only legal to save the life of a woman. In Kiribati, abortion is legal to save the life of a woman or if the mother's physical health is in danger. In the Cook Islands, Fiji, Nauru, Niue, PNG, Samoa and Vanuatu, abortion is legal to save the life of a woman or if the mother's physical or mental health is in danger. In Fiji, it is legal for social or economic issues, rape or incest and due to feotal impairment*[32]

When abortion is criminalized, the prevalence of unsafe abortions increases, often leading to maternal mortality and disability. There are very few statistics on abortion in the Pacific, however, globally, where abortion is against the law, adolescent populations are the most likely to seek out unsafe abortions. Mortality is frequently highest among adolescents, since they are slow to recognize the pregnancy, are least able to afford appropriate care, are most vulnerable to stigma and discrimination in the health care system leading to poor quality care and use of dangerous termination methods[31]

In the Pacific, there is very little research available regarding the impact of these highly restrictive laws on young women. Health professionals report that abortions do occur frequently, however more details of where, when, why and how are needed in order to gain a full picture of the extent and severity of the harmful effects of unsafe abortion on young Pacific women and their communities.

Reference

[31]Guttmacher Institute, Ina K. Warriner & Iqbal H Shah eds., "Preventing Unsafe Abortion and its Consequences: Priorities for Research and Action", New York, 2006.
**Additional clarifications exist for the laws in Fiji, PNG, Niue, Nauru, Marshall Island and Solomon Islands, see reference for more details*
[32]Jalal, I., "Law for Pacific Women, A legal Rights Handbook, 1998 and Jalal, I., "Gender equity in justice systems of the Pacific Island Countries and territories, Asia-Pacific Human Development Report Background Papers Series 2010/14.

Yoshiko's Story

Like a rite of passage, a part of growing up in the Pacific is hearing the stories about someone's cousin or friend or a neighbour who becomes pregnant before she reaches the age of 16 years and the resulting shock voiced by those around her.

But teenage pregnancy need not be a sentence. Yoshiko Yamaguchi, from the Marshall Islands, found her life had changed drastically at 17. She was pregnant and society was poised to seal her fate with the usual stigma and discrimination that greets a single, young pregnant Pacific woman. However, with the support of her parents and her partner, Yoshiko went on to graduate with a Bachelor's Degree through a scholarship from the University of Hawaii. She is now the National Coordinator of UNDP's Global Environment Facility (GEF) Small Grants Programme. Even more admirable is her role as a national and regional advocate for young people and for sexual and reproductive health and rights (SRHR). Yoshiko, now a mother of 2 children, says she will continue to motivate young girls to plan their lives and to encourage young girls who are pregnant and teenage mothers to stay strong.

Yoshiko's story is inspiring for her courage and determination. However, a young woman's successful passage from childhood to adulthood should not oblige her to exercise such courage or determination. We know that, in reality, it is the opportunities and choices to which a young woman has access during her adolescence that determine whether she will arrive in adulthood empowered, equipped, active and resilient or instead, entrenched in poverty, voiceless and bearing the scars of neglect and violence.

When teenage pregnancy occurs, a girl's healthy development into adulthood is side swiped and her chances of achieving her full potential are placed at serious risk. Early pregnancy can impede a girl's rights, including her rights to education and social supports. Child marriage, coercive sex, and gender- based violence are often key elements in the context in which a girl becomes pregnant and all are human rights violations, as are denials of access to sexual and reproductive health information and essential services. Under these circumstances, the consequences of pregnancy in a woman's teenage years can be felt throughout her life and carry over to the next generation.

If girls are to reach their goals and realize their potential then early pregnancy must be prevented and their rights must be upheld and protected.

Yoshiko's Story *cont'd*

"Respecting young people's rights means involving them in decision-making about their own lives and their own communities."

It means the relevant policy approaches must be inclusive and non-coercive while the relevant systems (health, education, social welfare, and labour) must also be human rights based. This needs governments and community leaders to stand up for the rights of young people in general and young women in particular[33] .

Reference

[33]Adapted from UNFPA-PSRO, "I am Not a Lost Cause! Young Women's Empowerment and Teenage Pregnancy in the Pacific", October, 2013.

KEY RECOMMENDATIONS

1. YOUNG PEOPLE'S INVOLVMENT AS CENTRAL TO ADDRESSING YOUNG PEOPLE'S SRHR

Enabling young people in all their diversity to be at the center of decision making around young people's SRHR is essential, given that policies and laws on this issue will inevitably be more effective if they include the full and direct participation and leadership of the populations they target. Therefore, at CPD47 Pacific governments are encouraged to:

Maintain *Moana Declaration*[34] language regarding young people's meaningful participation in decision making:

"Increase women's and young people's participation in decision making and in political, social and economic processes at all levels"

Maintain *APPC 2013*[38] language:

PP145. Respect the sexual and reproductive health and rights of adolescents and young people and give full attention to meeting their sexual and reproductive health, information and education needs, with their full participation and engagement, and respect for their privacy and confidentiality, while acknowledging the roles and responsibilities of their parents, as well as of their teachers and peer educators in supporting them to do so and that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to youth-friendly sexual and reproductive health services"

Advocate for *Pacific Feminist SRHR*[35] language:

"We recognise young women and girls as leaders and urge all stakeholders to include and strengthen young women's full and equal participation at all levels and types of decision-making on SRHR. For too long young women's inclusion has been tokenistic. Young women's full and equal participation in the design, delivery, monitoring and evaluating of sexual and reproductive health and sustainable development programs is critical."

2. COMPREHENSIVE SEXUALITY EDUCATION

Comprehensive Sexuality Education (CSE) has been proven to delay the debut of sexual relations, reduce the frequency of unprotected sexual activity, reduce the number of sexual partners and increase the use of protection against unintended pregnancy and STIs during sexual intercourse. Evidence also suggests that rights-based and gender-sensitive CSE programmes can lead to greater gender equality and can reduce sexual and gender based violence. Therefore, implementing high quality CSE can address a number of the urgent SRHR challenges facing young Pacific people. Therefore, at CPD47 Pacific governments are encouraged to:

KEY RECOMMENDATIONS *cont'd 1*

Maintain *APPC 2013*[38] language:
PP146. Design, ensure sufficient resources and implement comprehensive sexuality education programmes that are consistent with evolving capacities and are age appropriate, and provide accurate information on human sexuality, gender equality, human rights, relationships, and sexual and reproductive health, while recognizing the role and responsibility of parents

Advocate for *Pacific Feminist SRHR* Outcome Document language:
"We call for the implementation of programs that educate and empower women and girls, to provide rights-based, non-discriminatory, non-judgmental, age appropriate, gender-sensitive health education including women-friendly, evidence based comprehensive sexuality education that is context specific in formal and informal settings, through reducing barriers and allocating adequate budgets. All CSE programs and activities must be provided in a manner that is human rights based and upholds global human rights standards and with reference to the WHO working definition of sexual rights, the Yogyakarta Principles and that meets the needs of diverse Pacific women and girls."

3. YOUTH FRIENDLY SERVICES

When SRHR services are youth friendly, young people are more likely to access the full range of SRHR services on offer. This has the potential to significantly increase the effectiveness of services currently offered Pacific governments, and therefore to reduce the impact of the variety of SRHR challenges discussed in this factsheet. Therefore, at CPD47, Pacific governments are encouraged to:

Maintain *Moana Declaration* language regarding adolescent SRHR, particularly:
"9. Prioritize adolescent SRHR, including through comprehensive sexuality education, and establish accessible SRH and mental health services for youth in schools and other educational institutions, youth organizations, faith based organizations and communities, ensuring their meaningful participation."

Advocate for *Bali Global Youth Forum Declaration*[37] language around Access to Health Services:
"Governments must provide, monitor and evaluate universal access to a basic package of youth-friendly health services (including mental healthcare and sexual and reproductive health services) that are high quality, integrated, equitable, comprehensive, affordable, needs and rights based, accessible, acceptable, confidential and free of stigma and discrimination for all young people.

KEY RECOMMENDATIONS *cont'd 2*

As part of this basic package governments must provide comprehensive sexual and reproductive health services that include safe and legal abortion, maternity care, contraception, HIV and STI prevention, care, treatment and counseling to all young people.
Governments should ensure that all healthcare providers receive training on youth-specific health issues and provision of adolescent and youth-friendly services through pre-service and in-service training and professional development."

4. Sexual Orientation and Gender Identity

There have always been diverse and constantly shifting expressions of gender identity and sexual orientation in the Pacific island region. Young Pacific people with diverse sexual orientations and gender identities are valuable members of society and deserve to enjoy full dignity and rights. For too long, LGBTQI young people have been denied access to their Sexual and Reproductive Health and Rights, due to stigma and discrimination. Therefore, at CPD47, Pacific government are encouraged to:

Maintain APPC 2013[38] language:

PP6. Expressing grave concern at acts of violence and discrimination committed against individuals on the grounds of their sexual orientation and gender identity,
OP15. Work to reduce vulnerability and eliminate discrimination based on sex, gender, age, race, caste, class, migrant status, disability, HIV status and sexual orientation and gender identity, or other status;

Advocate for the *Yogyakarta Principles*[39] Article 17:

• "Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right."

Advocate for *Pacific Young Women's Leadership Alliance*[40] language:

• "We stress that bodily integrity and autonomy is at the core of all work on SRHR. Pacific young women ask our Governments to recognise that sexual rights are different to reproductive rights, and that sexual rights are human rights. Women are sexual beings and have a right to enjoy their sexuality and sound reproductive health. "

Advocate for Ending acts of violence and related human rights violations based on sexual orientation and gender identity (signed by 85 States including, Fiji, Marshall Islands, Micronesia, Nauru, Palau, Samoa, Tuvalu and Vanuatu) language:

• "We call on States to take steps to end acts of violence, criminal sanctions and related human rights violations committed against individuals because of their sexual orientation or gender identity."

Reference

[34]*Moana Declaration: Outcome Statement of Pacific Parliamentarians for Population & Development, 15 August, 2013*

[35]*Pacific Feminists and Activists: Re-framing, Re-articulating and Re-energizing Sexual and Reproductive Health and Rights!, 14 February, 2013*

[36]*The Commission on Population and Development, Resolution 2012/1, Adolescents and youth*

[37]*International Conference on Population and Development Beyond 2014, Bali Global Youth Forum Declaration, 6 December, 2012*

[38]*Economic and Social Commission for Asia and the Pacific, Sixth Asian and Pacific Population Conference, E/ESCAP/APPC(6)/WP.1/Rev.3, Bangkok, 18 September 2013*

[39]*The Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity, March 2007.*

[40]*Pacific Young Women's Leadership Alliance: The Future We Want, October, 2013.*

[41]*Joint Statement Delivered by Colombia to the 16th session of the UN Rights Council Ending acts of violence and related human rights violations based on sexual orientation and gender identity, 22 March, 2011*

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