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YOUNG PEOPLE OF ASIA:
WHAT IS THE STATUS OF OUR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?

Examining the progress made since ICPD, identifying prevailing gaps, mapping the road towards a better future for young people in Asia, and recognizing the role of the 47th Commission on Population and Development 2014 in achieving this goal

Context

Young people make up nearly half of the global population, with approximately 88% living in developing countries.1 The Asia-Pacific region alone accounts for 60% of the youth population, amounting to approximately 750 million persons.[2]

In Asia, young people are heterogeneous, and have come from all walks of life. They are in-school and out of school, migrants, workers in the formal and informal sectors and unemployed, from rural and from urban areas. They are of diverse sexualities and gender identities, they live with HIV, they are sex workers, and they have disabilities. They are young girls and boys who have limited access to education due to many contributing factors. They face multiple challenges, such as poverty, migration, religious fundamentalisms, education, employment and health that intersect with harmful traditional and cultural norms.[3]

Therefore, the needs and rights of this large subgroup deserve greater attention, especially in light of the challenges they currently face. In terms of exercising and realising their SRHR, young peopleexperiencemany of the same challenges and barriers than their adult counterparts, but face greater stigma and discrimination, especially when it comes to issues relating to sex and sexuality. Young people, too, suffer the consequences of poverty, food insecurities, political unrests, geographical displacement, climate change, and the like, and how these intersect with their sexual and reproductive health and rights should be recognized and addressed.

The Commission on Population and Development 2014 can play a critical role in changing the course of the battle for young people's SRHR in Asia. If change is to occur within countries, governments should first commit to improving the experience of young people in realising their SRHR.

ISSUES FACED BY YOUNG PEOPLE IN THE REGION

Adolescent Pregnancy

Adolescent pregnancy has been recognized as a significant problem since the Cairo Agenda, which called to "substantially reduce all adolescent pregnancies."[4] In South Asia, there have been overall reduction in adolescent birth rate in the past 20 years; the Maldives and Pakistan have experienced the greatest percent change in adolescent birth rate, approximately 85% and 78%, respectively. However, some countries of South Asia are still experiencing high levels of adolescent birth rate. In the countries analysed for this report, Bangladesh observes the highest adolescent birth rate, up to 128 births per 1,000 girls.

South East Asia sees a less degree of reduction in adolescent birth rate, with some countries even showing an increase in recent years, as compared to previous years. Such is the case for the Philippines and Thailand, that both show a small increase in adolescent birth rate. We should be cautious as this may merely be an artefact, as a result of improved reporting systems in these countries. However, it does indicate that there has not been significant decreases in adolescent pregnancy in these countries, as well as Lao PDR and Vietnam.

These country-level rates are also not descriptive of the variances that occur within countries. In Bangladesh and Pakistan, for example, early child-bearing is more prominent in rural areas, as compared to urban areas.5,6 Socio-economic status and education completion are also factors correlated with early pregnancy.[7]

The past 20 years have seen vast improvements in reducing adolescent pregnancy; however, these rates are far from ideal.

	Adolescent birth rate per 1000 girls 15-19 years old						% change since 1990 (≈ 20 years)	
South Asia								
Afghanistan	194	[1993]	146	[2003]	90	[2008]	54%	↓
Bangladesh	179	[1990]	134	[2000]	128	[2009]	28%	↓
India	76	[1992]	51	[2000]	39	[2009]	49%	↓
Maldives	106	[1990]	30	[2000]	16	[2010]	85%	↓
Nepal	101	[1990]	116	[1999]	81	[2009]	20%	↓
Pakistan	73	[1992]	33	[2000]	16	[2007]	78%	↓
Sri Lanka	35	[1991]	31	[2000]	24	[2006]	31%	↓
South East Asia								
Bhutan	120	[1993]	61.7	[2000]	59	[2009]	51%	↓
Burma								
Cambodia	90	[1993]	52	[2003]	48	[2008]	47%	↓
Lao PDR	115	[1992]	102	[1997]	110	[2005]	4%	–
Malaysia	20	[1991]	12	[2000]	15	[2009]	25%	↓
Phillipines	52	[1991]	55	[2001]	53	[2006]	2%	↑
Thailand	42	[1990]	33	[2000]	47	[2009]	10%	↑
Vietnam	38	[1991]	25	[2000]	35	[2009]	8%	–

Table 1: Adolescent birth rate across select countries in Asia.[19]

CASE STUDY:

Pregnancy among Akha teens in Lao PDR

The Akha people are a Tibeto-Burman ethnic group that first appeared in Lao PDR around the mid-19th century. In a study conducted by the University of Lao on the sexual and reproductive health realities and needs of young Akha girls, it was found that early marriage and pregnancy in adolescence is common; so is the lack of knowledge and widespread taboos on pre-marital pregnancy. Some of the stories collected from this study are:

Girl, 14 years old:
One girl got pregnant; however, the parents did not know until she got abdominal pain and brought her to the hospital. Then they knew that her daughter was pregnant and delivered a boy. They gave the baby to the hospital as they felt shy and embarrassed in front of villagers.

Girl, 15 years old:
If the girls got pregnant without marriage, they have to keep the pregnancy. If they had abortions, they will commit a sin or violate spirit of the village, Then, they have to tell the boys. If the boys are single, they have to marry soon. If the boys or men are already married, they have to find or hire someone to marry with the girls. So, there is no abortion in the village.

These examples are clear evidence of the misconceptions placed by society regarding pregnancy and abortion. It solidifies the notion that girls do not have the rights to decide for themselves, and to choose if and when they want to have children. Early pregnancy, which induces an early married life in this community, is a great obstacle in an Akha girls' future.

Case study summarized from the University of Lao research article "Lao PDR Understanding the Sexual and Reproductive Health Realities and Needs of Young Akha Girls", taken from ARROW's Sex & Rights publication (http://www.arrow.org.my/uploads/Sex&Rights.pdf)

HIV/AIDS

HIV prevalence has been relatively stable in Asia; however, it is still a major concern in this region, especially among young people. Several countries in South East Asia, in particular, are observing relatively high HIV prevalence among its young men and women, namely Thailand, Cambodia, and Lao PDR.

What is of more concern is the access to quality prevention and treatment facilities and services, which is variable across the countries studied in this report. Data on this information is scarce; yet the implications of not knowing the status of this issue is far-reaching.

There is a need to expand the reach of awareness programmes, and to make voluntary counselling and testing for HIV/AIDS widely available in the region. There is also a pressing need to address the stigma and discrimination faced by young people living with HIV/AIDS, which is not only a great hindrance towards access to treatment and care, but also a tremendous burden on the individuals' physical and emotional well-being.

HIV PREVALENCE (%)					
	Female	Male		Female	Male
South and South East Asia	0.1	0.1	**South East Asia**		
South Asia			Bhutan	<0.1	0.1
Afghanistan	<0.1	<0.1	Burma	0.1	<0.1
Bangladesh	<0.1	<0.1	Cambodia	0.2	0.2
India	0.1	0.1	Lao PDR	0.2	0.2
Maldives	<0.1	<0.1	Malaysia	<0.1	0.1
Nepal	<0.1	<0.1	Phillipines	<0.1	<0.1
Pakistan	<0.1	<0.1	Thailand	0.3	0.3
Sri Lanka	<0.1	<0.1	Vietnam	0.1	0.2

Table 2: HIV Prevalence across select countries in Asia[20]

Traditional and harmful practices

In a region that is diverse in cultural practices and religious beliefs, there are some practices that intersect with the rights of women and girls, with a subset of these resulting in life-long physical and emotional harm. The most common discriminatory traditional practices in this region includes early/forced marriages, female circumcision, and honour killings.

Child marriage is a persistent issue in Asia, particularly in South Asia. While the legal age for marriage for women in most countries studied here is at least 18, with the exception of Indonesia and Pakistan, in some countries the many girls still marry at a young age. This reality is better reflected in the median age of marriage for women in that country. Bangladesh has the lowest median among these countries, at 15 years old. This is likely the main contributor of the high adolescent birth rate in Bangladesh.

Regions/Countries	LEGAL AGE OF MARRIAGE		Median age of marriage for women
	Men	Women	
South Asia			
Bangladesh	21	18	15
India	21	18	17.4
Maldives	No minimum		19
Nepal	20	20	17
Pakistan	18	16	19.1
Sri Lanka	18	18	22.4
South East Asia			
Cambodia	20	18	20.1
Indonesia	19	16	19.8
Lao PDR	18	18	19.2
Philippines	18	18	22
Vietnam	20	18	21.1

Table 3: Evidence of early marriage in certain countries of Asia[16,19]

Female genital mutilation (FGM) is common in some cultures in this region, and is still practiced in Indonesia, Pakistan, and India.[8,9] The reasons behind it vary; some consider it a part of their religious responsibility, others as a rite of passage into womanhood or ritualistic "cleansing" of women.[10] However, FGM is an internationally agreed upon violation of human rights of women and girls. According to a recent report by the WHO, this intentional mutilation of the female genitalia has been showed to have no benefit to the woman. Instead, it predisposes her to various acute and chronic medical complications ranging from frequent urinary tract infections to infertility and pregnancy complications.[13]Apart from the biological implications, the practice of FGM violates a girl's rights to her bodily integrity and autonomy, leaving her with little to no control over her sexuality. There is much to do, especially at the national-level, if we are to see the eradication of FGM in the near future.

Another common harmful practice in this region is honour killings. As the name suggests, young girls may find themselves subject to this practice if they do something that could potentially bring "shame" to the family. This is still a prominent problem in certain areas of Afghanistan and Pakistan, and is typically gender-biased towards girls. Between 2010 and 2011, 14 cases of honour killings were recorded in Afghanistan[11], and this is likely a grave underestimation of the true number of cases in the country.

Homophobia and Transphobia

In Asia, more than half of the countries in the region still criminalize homosexuality. Same-sex sexual relations are illegal in Afghanistan, Bangladesh, Bhutan, Burma, Malaysia, Maldives, Pakistan, and Sri Lanka.[12] In Vietnam, the government has passed a law criminalizing same-sex marriages in Vietnam, although there is no specific legal framework against same-sex sexual preferences or relations. In Cambodia in 2004, former King Sihanouk called for the legalization of gay marriage, yet any policy is yet to be issued.[13]In this region, Nepal is the most progressive country; in 2008, the Supreme Court of Nepal recognized LGBTI persons as natural persons. This ruling has several important implications, including the enactment of laws to afford equal rights to persons of diverse gender and sexual orientation, and the amendment of discriminatory laws.[14]

What is needed to alleviate these issues?

There is no doubt that political will is required to make a difference in the life experience of young people in Asia. Revision of laws and policies that are conducive to the realization of SRHR are required, and its enforcement should be prioritised. These include, but are not limited to, establishing and enforcing a legal age of marriage and removing discriminatory policies of young people's access to information and services, independent of sexual orientation and gender identities. The legal framework should be reflect and protect the rights of young people.At the ground-level, the remedy for most of the SRHR violations faced by young people is increasing availability and access to SRHR information and services. The key components of this remedy is the provision of comprehensive sexuality education and youth-friendly services, including access to contraception and safe abortion services.

Access to SRHR Information and services

COMPREHENSIVE SEXUALITY EDUCATION

Despite the contentious debates surrounding the provision of comprehensive sexuality education to adolescents and youth, it is a globally recognized need and right of young people. This right has been recognized by various international human rights agreements, including but not limited to the Convention on the Rights of the Child, the International Covenant on Economic, Social, and Cultural Rights, and the Convention on the Elimination of All Forms of Discrimination against Women. However, in Asia, this need is, for the large part, unmet.

Sex education is defined as basic education about reproductive process, puberty, and sexual behavious.[31] Comprehensive Sexuality Education (CSE), on the other hand, may incorporate other components of sexual and reproductive health and rights, including attitudes toward sexuality, gender relations, and information about services pertaining to sexual and reproductive health, such as contraception or HIV testing services.[32] The importance of a comprehensive sexuality education program lies in its ability to create a safe and open environment for youths to learn and discuss their SRHR. It provides a gateway for adolescents to receive beneficial and accurate information, so that they are empowered to make an informed decision when the time calls for it. CSE is also an opportunity to create awareness of the services that are provided for them in exercising their SRHR, such as contraception, STI treatment and postpartum care, and it is also a medium by which we can address gender issues, including the alleviation of gender-based violence among young people.

The reasons for the lack of implementation of CSE in the region are complicated by various political, religious and social factors. Religious conservatism have restricted or eliminated CSE programmes in many communities.[35] In the Asian region, Afghanistan, Bangladesh, Indonesia, Nepal and Thailand have national strategies that make direct reference to reproductive health in education, however, most of these countries have yet to formally employ CSE in their primary or secondary education curricula, potentially due to cultural or religious conservatisms .[15] The lack of political will to overcome the challenges posed by religious and cultural fundamentalisms is the main reason for the lack of implementation of CSE in the region.

YOUTH-FRIENDLY SRHR SERVICES

Creating a youth-friendly environment in health care is key in enabling young people's access to these services. Sexual and reproductive health services for young people should be legal, non-discriminatory, accessible without restrictions on age and/or parental consent, affordable, and of high quality, to ensure that the rights of these individuals are protected. Sadly, the provision of youth-friendly services has taken a step back on national agendas. In many countries in Asia, youth-friendly clinics are provided by non-governmental entities, but the reach of these programmes are usually limited. Youth friendly SRHR services includes, but is not limited to, access to a wide range of contraception methods, access to safe abortion services, HIV treatment and care, counselling services, and many more.

Adolescent pregnancy rates can be greatly reduced with the uptake of contraception in Asia. Young people have the right to choose the timing and spacing of children, if they choose to have children. However, the full and free access to contraception by young people is often complicated by societal taboos and widespread lack of knowledge. The sensitivity of this topic is also reflected in the lack of data available on current contraceptive prevalence rates among adolescents and youth. In countries where premarital sex is prohibited by law, data on contraceptive access and use among unwed adolescents is non-existent. Even in the MDGs, the contraceptive prevalence rate for youth is subsumed under the overall prevalence rate of women of reproductive age, and this data is typically collected among married women. Only in the recent country Demographic Health Surveys are there age-disaggregated data on contraceptive prevalence rates, but again, the sample in many countries consists of married women only.

In Asia, Indonesia and Bangladesh observes the highest prevalence rates of contraceptive use, approximately 60% of married youth between 20 and 24 years old and 45% of married youth between 15 and 19 years old reported current use of contraception.[16] For other Asian countries with available data, the contraceptive prevalence rate among youths is among the lowest in the Global South region. In Cambodia, for example, the contraceptive prevalence rate of any method among younger youths is only 2% and it is 19% for older youths.[16] Considering that these data came primarily from the pool of married youth, it is alarming to note that there is such a high degree of lack of use among presumably sexually active young women. It is important to reiterate that these data only captures the prevalence of contraception use among married youths; data on contraceptive use in unmarried youth and those under 15 years of age are scarce.

CONTRACEPTION PREVALENCE RATES AMONG ADOLESCENTS AND YOUNG WOMEN

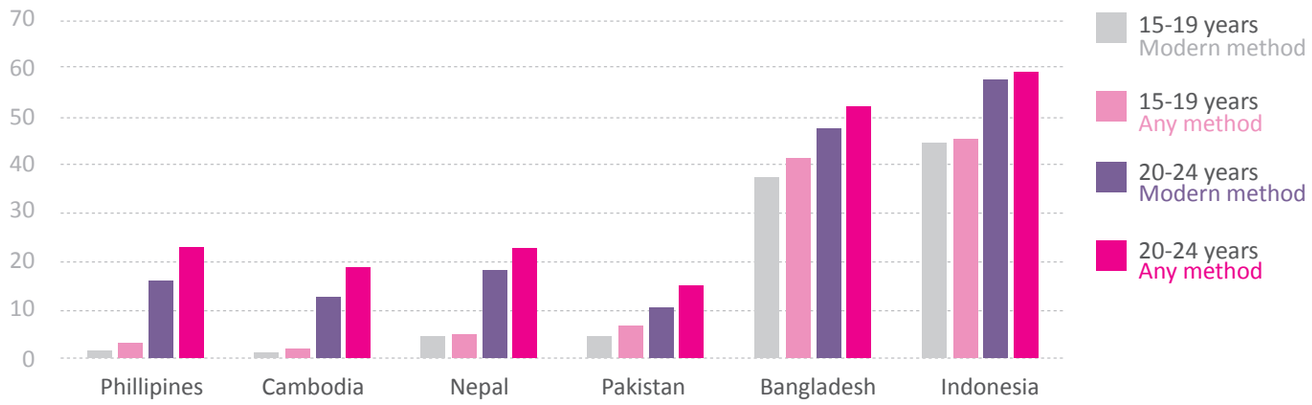

Figure 1: Contraceptive prevalence rates in countries where data was available16

The provision of safe abortion services for young people is also insufficient in this part of the world. In developing countries, adolescent girls account for over 2 million unsafe abortions yearly. However, unsafe abortion rates are predominantly estimates; there is no direct way to measure the extent of unsafe abortion among young women in a country, given the cloaked nature of these practices. In 2004, the WHO published estimates of unsafe abortion rates from 2000.[17] According to this data, about 14% of unsafe abortions occur among women younger than 20. In Asia, these figures are over 30%. Evidence has shown that the risk of death due to abortion-related complications is highest for unmarried adolescents.18In Asia, access to safe abortion services are hurdled by cultural stigmas and religious taboos, as well as legal barriers that stipulate age and term restrictions, as well as consent requirements.

These are just some of the barriers to SRHR services and information that young people face, leading them into the cycle, of early pregnancy and sexually transmitted infections, of discrimination and prejudice, and of gross violations of their sexual and reproductive health and rights. Changes in policy that fully protect these rights is a first, and important, step in reducing the burden of young Asians, and full implementation of these changes into effective programmes will change the course of these young lives.

BASED ON YOUNG PEOPLE'S EXPERIENCE IN ASIA, WE CALL ON GOVERNMENTS, NON-GOVERNMENTAL BODIES, YOUNG PEOPLE, AND OTHER STAKEHOLDERS TO:

1. Put youth at the center of all the processes, including in the planning, implementation, monitoring and evaluation stages, and at all levels, ranging from local, national, regional and global arenas.

2. Prioritize the adoption and successful implementation of evidence-based, universally accessible, quality, non-judgmental comprehensive sexuality education in a safe and participatory environment that caters to formal, informal, and non-formal education systems.

3. Prioritize the implementation of youth-friendly services that is high quality, integrated, equitable, comprehensive, affordable, needs and rights based, accessible, acceptable, confidential, and free of stigma and discrimination for all young people, in alignment with international standards

4. Ensure that young people have comprehensive information about and access to a choice of the widest possible range of safe, effective, affordable and acceptable modern methods of contraception, including both long-term and short-term methods.

5. Provide access to safe abortion information and services and remove barriers such as gestational limits, parental/ spousal consent, mandatory waiting periods and counseling.

6. Enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. Laws concerning the minimum legal age of marriage should be raised, where necessary, to meet the requirements of previously ratified international agreements.

7. Tighten and fully implement laws that restrict traditional practices that are harmful to adolescents and young people, including the practice of FGM and honor killings.

8. Scale up efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, free of stigma and discrimination and with a gender perspective, and to provide comprehensive information, voluntary counseling and testing to adolescents and youths living with HIV.

9. Monitor the status of young people's SRHR in order to identify gaps and formulate effective intervention strategies. Data collected should be disaggregated and represent the diversity of young people, so that the specific needs of particular sub-groups can be addressed.

WORK CITED:

1. UNFPA. Adolescents and Youth. Retrieved February 24, 2014, from http://www.unfpa.org/public/adolescents

2. United Nations ESCAP. (2012). *Youth.* Retrieved August 26, 2013 from the United Nations ESCAP Website: http://www.unescapsdd.org/youth

3. Nandagiri, R; Judhistari, R. (2012). Young Activists and Advocates from Asia Pacific Demand Full Recognition of Young People's Sexual and Reproductive Rights for the 45th Session of the Commission on Population and Development.

4. United Nations Population Information Network. (n.d.). Report of the ICPD. Retrieved February 24, 2014, from http://www.un.org/popin/icpd/conference/offeng/poa.html

5. The Asian-Pacific Resource and Research Centre for Women (ARROW). (2011). Reclaiming and Redefining Rights – Thematic Studies Series 4: Maternal Mortality Morbidity in Asia. Kuala Lumpur, Malaysia: The Asian-Pacific Resource and Research Centre for Women (ARROW).

6. Afghan Public Health Institute, Ministry of Public Health, Central Statistics Organization, et al. (2011). Fertility, Marriage and Family Planning in Afghanistan. Calverton, Maryland, USA: APHI/MoPH, CSO, ICF Macro, IIHMR, and WHO/EMRO.

7. Dev Raj, A., Rabi, B., &Amudha, P. (2010). Factors associated with teenage pregnancy in South Asia: a systematic review. Health Science Journal, 4(1), 3–14.

8. Thanenthiran, S.; Racherla, S. (2011). In Reclaiming and Redefining Rights-Thematic Studies Series 1: Sexuality & Rights in Asia (p. 19). Kuala Lumpur, Malaysia.

9. Female Genital Mutilation in Pakistan, and Beyond. (2011). Retrieved October 11, 2012, from Tribune Website: http://blogs.tribune.com.pk/story/7523/female -genital-mutilation-in-pakistan-and-beyond/

10. Female Genital Mutilation. (2013). Retrieved August 23, 2013, from WHO Website: http://www.who.int/mediacentre/factsheets/fs241/en/index.html

11. "Honour Killings" Rising in Afghan West. (2011). Retrieved October 11, 2012, from UNCHR Website: http://www.unhcr.org/refworld/topic,45a5fb512,45a6o86e2,4e1c657d2,0,,,AFG.html

12. Ottoson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October 12, 2012, from the International Lesbian and Gay Association)ILGA) Website: http://ilga.org/historic/Statehomophobia/State_sponsored_homophobia_ILGA_07.pdf

13. Cambodian King Backs Gay Marriage. (2004). Retrieved August 10, 2009, from BBC News Website: http://news.bbc.co.ukj2/hi/asia-pacific/3505915.stm

14. National AIDS/STD Programme (NASP) Ministry of Health and Family Welfare. (2008). 2008 UNGASS Country Report: Nepal (Januray 2006 – December 2007). Retrieved July 28, 2009, from UNAIDS, Uniting the World Against AODS Website: http://data.unaids.org/pub/ReportJ2008/nepal_2008_country_progress_report_en.pdf

15. Thanenthiran, S., Jyothir, S., &Jahanath, S. (2013).*Reclaiming & Redefining Rights: ICPD+20, Status of Sexual and Reproductive Health and Rights in Asia Pacific*. Asian-Pacific Resource and Research Centre for Women.

16. Measure DHS. Demographics and Health Surveys. Retrieved February 24, 2014 from the Measure DHS Website: http://www.measuredhs.com/Data/

17. Ahman, E., Shah, I., Butler, P., & World Health Organization. (2004). *Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000.* Geneva: World Health Organization.

18. Olukoya, A. ., Kaya, A., Ferguson, B. ., &AbouZahr, C. (2001). Unsafe abortion in adolescents. *International Journal of Gynecology & Obstetrics*, *75*(2), 137–147. doi:10.1016/S0020-7292(01)00370-8

19. United Nations. Millennium Indicators (Data). Retrieved September 24, 2013, from http://mdgs.un.org/unsd/mdg/data.aspx

20. Joint United Nations Programme on HIV/AIDS. (2012). Global Report: UNAIDS Report on the Global AIDS epidemic: 2012. [Geneva]: UNAIDS. Retrieved from http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_en.pdf