

Calling for Action on Young People's Need for Contraception

GUIDE FOR YOUTH ADVOCATES

The Youth Coalition for Sexual and Reproductive Rights in collaboration with UNFPA has developed this short guide to help you celebrate the anniversary of an agreement that is making a difference in the lives of adolescents and youth around the world. We're getting ready for a global event to mark the 25th anniversary of the International Conference on Population and Development (ICPD) and its groundbreaking Programme of Action. The ICPD reflects the commitment of 179 governments to promote sustainable and meaningful progress towards a more inclusive and equitable world. One of its key focus areas is to ensure the sexual and reproductive health and rights of all people, including the most vulnerable people in our societies.

Thousands of people will gather together at the Nairobi Summit on ICPD25 in November 2019 to assess the progress made by governments and to make new political and financial commitments to advance and implement the ICPD Programme of Action. They will also share experiences and good practices, and build a community that can accelerate progress towards keeping the ICPD promise.

The world will not be able to advance this work if we do not involve all stakeholders. That is why we, as youth advocates, need to mobilize and come together to speak in one voice and to put forward a strategic vision for our "asks". We need to think about the commitments we'd like to see at the Nairobi Summit and future agreements, and what can we bring to the table.

This guide is about how to use the latest evidence to support your key messages, and how to be an effective advocate for adolescent sexual and reproductive health and rights – with a focus on contraception. Whether you work at the grass roots, regional or international level, your voice counts.

The current situation: Our health needs are too often overlooked or denied

Many adolescents do not have access to contraception and protection, which puts them at risk of unintended pregnancies and sexually transmitted infections. This is unacceptable. And, if you dig deeper, you can see some specific needs among the youngest adolescents and those among vulnerable and marginalized groups.

- Adolescents aged 14-19 who report being sexually active are much less likely than other sexually active adults to access contraceptives and half of them experience an unintended pregnancy.



- As a group, younger adolescents (aged 10–14) are likely to be left behind when it comes to their sexual and reproductive needs, and data on their lives is lacking.
- Adolescents aged 15–19 are the only age group that is rapidly experiencing more new HIV infections.
- Adolescents below the age of 18 represent more than half of the 25 million refugees worldwide. Living in fragile and humanitarian settings increases adolescents' risk of experiencing sexual violence, forced marriage, human trafficking, unintended pregnancy and sexually transmitted infections.

We could say that being an adolescent is almost a risk in itself, with the many social and economic challenges faced by young people in the world today, but it doesn't have to be that way! We can change these realities and demand that the rights of adolescents and youth are ensured and promoted for EVERYONE EVERYWHERE.

The path to change the future

The first thing we need to do as youth advocates is to know which practices work. Here are a few examples of evidence-based approaches:

1. **Investment:** Each dollar spent on contraception programmes returns \$120 in benefits and constitutes only a small fraction of the national health expenditure. This means that ALL countries can afford it, and will in fact save money and boost economic growth if they invest in contraception.
2. **Laws that actually defend adolescents:** Too often laws create barriers that deny access to much-needed contraceptive information and services, especially laws that focus on age of consent, and require permission from a spouse or parent. Age is not an indicator of maturity, and this prevents adolescents and youth from making decisions about their lives.
3. **Quality of care:** Health care providers are crucial allies. Their values and opinions influence how adolescents are able to meet their needs or not, and continue to utilize services. Values clarification methodologies help health care providers to separate their personal and professional opinions when working with adolescents and youth.
4. **Talking about sexuality as normal (as it is):** Sexual and reproductive health service providers can make contraception more relevant if they talk about how contraceptives can help girls and young women achieve their aspirations, talk about pleasure and talk about other ways contraceptives can improve health.

When we see these practices in our countries, we will be able to see the progress towards zero gender-based violence and harmful practices such as child marriage; zero unmet need for family planning so that women can decide if, when and how many children to have; and zero preventable maternal deaths. It will also propel us towards the establishment of equal and open gender norms. HUGE benefits!

What does the evidence tell us to advocate for?

Contraception is a KEY tool for people to achieve life goals and well-being. For adolescents and youth, avoiding unintended pregnancies increases the possibility that they can stay in school, advance in education, boost economic prospects and create different life projects. This ultimately results in improved well-being and opportunities.

We can present evidence-based demands to all decision makers (these are our “asks”).

DEMANDS

- 1. Realize our rights with universal access to comprehensive sexual and reproductive health information and services** that are good quality, integrated and non-judgemental. Only then can we make satisfactory and informed decisions about our sexual and reproductive health, including contraception.
- 2. Make all methods of modern contraception available for adolescents and youth**, including long-acting reversible contraception. Only then can each young person seeking services make an informed choice depending on their life situation.
- 3. Remove barriers in policies and laws** that prevent us from using contraception.
- 4. Champion comprehensive sexuality education** in and out of schools, starting in primary school.
- 5. Build capacity among health care providers and front-line workers to respect our rights and choices.** Promote participation in values clarification training so they can set aside personal opinions and provide rights-based comprehensive care.
- 6. Integrate contraception into existing health service delivery channels**, including STI and HIV services, maternal health, post-abortion and postpartum care.
- 7. Include sexual and reproductive health as core to Universal Health Coverage**, and ensure the needs of adolescents and youth are considered in its planning and implementation..
- 8. Make humanitarian programmes responsive to the specific protection, health and development needs of adolescents and youth.** Recognize that emergencies make adolescent girls more vulnerable to gender-based violence, unintended pregnancy and human trafficking.
- 9. Generate better data with stronger measurement and reporting mechanisms** to capture the realities of all adolescents and youth, including very young adolescents aged 10-14. Use national surveys and vital statistics systems to fill evidence gaps and create evaluation plans to reach the youngest adolescents and those who are migrant, displaced, refugee, nomadic, living with HIV, belonging to indigenous groups or LGBTI+.
- 10. Make a commitment** as a decision maker or health care provider to reach out and deliver for ALL adolescents and youth.

Tips on how to use this information

- When communicating these messages, first establish rapport and know your audience (Who are you speaking with?). All of the information might not be effective for all types of audiences and partners. Keep in mind that the term “family planning” may be more familiar to some audiences, and connect it with what you are asking for (need for contraception).
- Remember that your audience is diverse. Think of different and creative ways to communicate this information such as through videos, images, sharing stories on the experiences of adolescents and youth (storytelling), infographics, podcasts (radio), theatre plays and posters.
- Always state your references. Sometimes we deliver statements and are called out for a lack of theoretical support. We know that our statements are well-grounded in evidence, and we need to remind our listeners.
- Everyone is strong enough to know and talk about their own lives. Remember that we are using our voices to echo people’s experiences, and this can be a privileged position. Avoid patronizing or condescending language when talking about oppression and vulnerability (e.g. assuming how someone feels about any experience mentioned, pointing out people we think fit into certain categories/experiences, or expressing pity towards someone who has experienced aggression).
- If you want policies and programmes that leave no one behind, start with yourself. Make inclusion a cross-cutting principle of your work and language. For example, if you will talk about pregnancy from the individual perspective, remember pregnancy can be experienced by different people, such as cisgender women, trans men and non-binary people.
- Call out oppression, but don’t use your opportunity to speak out as finger-pointing or blaming exercise. This might generate immediate aversion, rather than awareness or motivation for change.
- Sometimes it is inevitable to feel anger or sadness when talking about vulnerability. You can try to use a “neutral” tone. But, because emotions are core to our humanity, it might be helpful to acknowledge these emotions to your audience and express how this evidence resonates in you.
- Always give yourself a space for listening, learning, reflecting and improving. Unexpected people can be meaningful teachers. We can learn from everyone.
- Come to meetings prepared, define and prioritize your asks carefully in advance. Try to not ask for too much at once, but rather focus on one or two key actions. You have been given a seat at the table: use it wisely to advance adolescent and youth sexual and reproductive health for the world we want.

Reference: The content in this advocacy guide is based on a technical brief prepared for the UNFPA Global Consultation on Ending Unmet Need for Family Planning held June 2019 in Antalya, Turkey.

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