

"Young People's Intercultural Dialogue on Sexuality, Politics and Human Rights"

Report of the study session held by
YouAct in co-operation with the
European Youth Centre
of the Council of Europe

European Youth Centre Budapest
12-19 November, 2006



This report gives an account of various aspects of the study session. It has been produced by and is the responsibility of the educational team of the study session. It does not represent the official point of view of the Council of Europe.

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Executive Summary

From 12 to 19 November, 2006, YouAct, a network of European youth who are active in the field of sexual rights and reproductive rights, in co-operation with the European Youth Centre organised a study session entitled "Young People's Intercultural Dialogue on Sexuality, Politics and Human Rights".

The overall goal of the study session was to raise awareness on the role of sexual and health and reproductive rights (SRHR) in a youth participation and human rights framework and enable the participants to take an active role in their own communities and social networks in advocating for SRHR and youth issues.

All twenty-three of the participants were active in NGO's working for sexual rights and or human rights. The week presented a valuable opportunity to exchange ideas and experiences and to learn about the widely varying situation for SRHR throughout different European countries. The topics of sexual rights, human rights, and youth participation were explored through a variety of methods.

In this document we will speak about Sexual Rights when we refer to Sexual and Reproductive Health and Rights. Both reproductive and sexual health and reproductive rights are included in Sexual Rights. Sexual Rights cover a broader spectrum; it's not just about having reproductive health, but also the right to choose your own partner, the liberty to live your own sexual orientation and the right to be free of (sexual) violence in relationships and being respected when you have HIV and so on. Therefore we prefer the term Sexual Rights as this contains all aspects and we make no difference, every right is equally important.

Sexual Rights = Human Rights

Through the examination of international documents and agreements we discussed the link between sexual rights and human rights. Despite the fact that a comprehensive sexual education, freedom to choose whoever you want for a partner and the right to effective and confidential medical services are easily linked to human rights, these sexual rights are often denied. Even in many European countries where human rights are acknowledged and protected, sexual rights are often overlooked and repressed.

Youth Participation

Young people are most affected by a lack of sexual rights; young girls are married away against their will, sexually abused and raped. Sexually transmitted diseases are most commonly spread by and to young people. Therefore, to ensure their fairness and effectiveness, decisions and laws made concerning sexuality and reproduction should be made in cooperation with young people. The reality today is that the voice of young people is seldom heard in government meetings and UN conventions, despite the fact that the decisions made there have a tremendous impact on their lives. Young people should be seen not as problems and recipients, but as resources and partners. No one understands the needs of young people better than young people themselves.

Advocacy and Taking Action

The participants learned several techniques for advocating for sexual and reproductive rights. This included training on identifying problems, creating an effective message and learning to utilise and communicate with media and news outlets. Each participant made a programme of action where they identified a single problem in their country and created a plan for how they would attempt to solve the problem when they returned home. Some examples were an awareness-raising campaign to improve the situation for homosexuals in Armenia, a campaign to influence a national abortion referendum in Portugal, and raising awareness of SRHR and making it easier for young people to discuss such themes in Azerbaijan.

Results

The participants are, three months later, still keeping us updated on the progress of their programmes of action. Alongside these individual efforts, a letter discussing the links between sexual rights and human rights was drafted on behalf of all who participated in the study session. The letter was sent directly to each Member of Parliament in our countries, to other organisations working with human rights and to local and national media outlets. Overall, The YouAct facilitators and the participants alike were very empowered and encouraged by this study session. The group quickly got to know each other and felt comfortable and had a lot of fun developing and learning together. Bonds were established, both strategic partnerships and friendships. We are very pleased with the outcome of the study session and are fully aware that it could not have been as successful as it was without the tremendous support of the EYC.

Introduction

YouAct: European Youth Network on Sexual and Reproductive Rights

YouAct is a network of young people throughout Europe who are active in the field of sexual and reproductive rights. The network was officially established in 2004, and today has 22 members from 16 different countries. All members are under the age of 28 and are volunteers.

After the successful launch and three-day conference in Portugal, at which 34 young people were present, many youth signed up to become a member and committed themselves to YouAct. In August 2004, YouAct had its first General Meeting with all members in Serbia. The second General meeting was held in Germany, in October 2005 and the last AGM was held in October 2006 in Bulgaria. In these meetings all members have the chance to plan the activities and structure of the network and elect their steering committee, composed of seven members.

What does YouAct do?

YouAct is fighting for the sexual and reproductive rights of young people. This is done through advocacy, awareness-raising and information sharing. We work for the acknowledgement of young people's rights on a political level, write articles and conduct workshops to raise awareness about the needs and rights of young people and we actively work together with other youth and adults. Not only do we advocate young people's rights, but, through trainings and collaboration, we also empower young people to stand up for their own rights. Young people have the right to participate meaningfully in decision-making processes and their voices need to be listened to.

Amongst other activities, YouAct has attended several governmental meetings in the European Union (EU) and United Nations (UN) conferences on SRHR and were able to represent the voice of young people. YouAct has conducted trainings on SRHR and HIV/AIDS advocacy for young people in the Central and Eastern European region and in Sri Lanka. We work with key players in the field on different levels. We formed partnerships for example with the International Planned Parenthood Federation, EuroNGO's and the Irish Family Planning Association for a Youth-Adult partnership training; we have representatives in advisory bodies to UN agencies, such as UNAIDS and UNFPA. And of course we work together with youth organisations to make the most effective advocacy efforts. For example the Global Youth Coalition HIV/AIDS, African network Lenswe La Rona, Youth Coalition and the Dutch youth organisation CHOICE for youth & sexuality.

The study session was designed by two volunteer members from YouAct in cooperation with the

coordinator. Through internet communication this team decided on the general and specific goals, target group, and strategies. Taking into account the experience YouAct has with sexual and reproductive health and rights, specifically for young people, we decided to focus on the links between these issues and human rights which are the focal point for the Council of Europe's mission.

Goals and Objectives of the Study Session

- To raise awareness on the role of sexual and reproductive rights in the Human rights issues
- Inform about the International Agenda and Agreements on the issue of SRHR and Human Rights, i.e. International Conference of Population and Development (ICPD) Programme of Action, Millennium Development Goals (MDG's), Convention on the Rights of the Child and of course the Universal Declaration of Human Rights
- To promote human rights, active citizenship and meaningful youth participation in the decision making processes, with adequate gender participation
- To increase intercultural dialogue for new solutions for SRHR problems and increase their knowledge on and peer education
- To do skill building in the area of information sharing, messaging and media. This will enhance their capability as to work as an advocate in general.
- Discuss the following essential issues, access to (sexuality) education, access to health services, integration of HIV/AIDS programmes with SRHR programmes, condoms supplies and other SRHR issues
- To create a plan of action for all NGO's and NYC's to incorporate sexuality education and access in their own strategic plans and aims.

The Participants

The participants ranged in age from 18-28 years old and are all active within the field of sexual and reproductive rights. A majority of the participants came from Central and Eastern European countries. There was a definite gender imbalance, only five males participated. This is an ongoing problem when working with sexual rights; it is difficult to get males involved. Sexual Rights are often associated with women's issues and therefore there is a lack of interest, but also cultural taboo for men to be involved. This is reflected in the number of males and females active in this field.

Many of the participants have positions of authority within their organisations. We chose them because they will have greater possibility to implement what they learn at the study session when they return home. We also, however, desired a balance with younger and less-experienced members. We believe that this study session would be a great opportunity for them to learn and expand their knowledge and confidence.

While sorting through applications we sorted out a few applicants who had more conservative views regarding SRHR. Past experience has shown that placing someone with a strongly conflicting opinion in the group can result in lengthy, heated and fruitless debates and can put these persons in an isolated position.

Overview of the Week

Sunday, the 12th

- Arrival of participants
- Welcoming party

Monday, the 13th

- Introduction to the programme, establishing goals and expectations
- Presentation of YouAct and the Council of Europe
- Presentation by participants of their home organisations
- Introduction to sexual and reproductive rights

Tuesday, the 14th

- Discussion of international agreements and documents
- Presentation of the differing realities for SRHR within Europe
- Human rights session
- Intercultural evening

Wednesday, the 15th

- Youth participation
- Free afternoon to explore Budapest

Thursday, the 16th

- Advocacy training
- Presentation by guest speaker on relations with the media

Friday, the 17th

- Identifying specific problems within our countries
- Field visit to The Sexual Education Foundation, Budapest
- Creating a programme of action

Saturday, the 18th

- Finalising programmes of action
- Evaluation and feedback session
- Farewell party

Sunday, the 19th

- Departure

Day 1, Sunday, 12 November

Welcome Evening

We had an informal welcome meeting on Sunday evening for those who had already arrived. We played a short game with some questions we had to ask each other to try to get to know one another a little better. We had drinks and snacks and everyone seemed to mingle and feel comfortable with each other quite well. We introduced the facilitating team and went over some of the rules and procedures of the European Youth Centre Budapest (EYCB).

Day 2, Monday, 13 November

The first full day, Monday, was spent getting acquainted with one another and establishing the practical guidelines for the week. We discussed the rules and procedures of the EYCB and together with the participants we decided on ground rules for how the group should interact with each other and also discussed what kind of expectations the participants had for the study session. There was a presentation explaining the history and organisation of YouAct and the Council of Europe. In the afternoon the participants had a chance to share information about their home organisations, which they represent and what they are working for back home. The day finished with an introduction to sexual and reproductive rights. Here we established a common understanding of what sexual rights are and specifically which rights we would be discussing throughout the week. We also discussed different aspects of the various sexual rights and whether or not one right is more important than another.

Introduction

The morning started off with a dance energiser to wake up the participants' bodies and minds. Joana led the introductory session, she welcomed the participants and introduced the facilitators team and went over some of the standard rules and information about the EYCB.

In order to set the stage for the week and to create a safe space for participants to work in, an informal introductory session was given. This included some get-to-know-each-other games, a review of the agenda and the objectives, sharing our expectations and setting a number of ground rules. Furthermore, a *pleasure lot* was introduced, this was a large paper posted on the wall where participants could write topics or thoughts they had during the week if they felt the need to further discuss a topic or issue at a later time, so that thought wouldn't be forgotten. Also, a social committee (consisting of participants who volunteered) was formed so that the participants themselves could plan the intercultural evening and the farewell party later in the week. This was dually advantageous as it allowed the participants to be more directly active in

the formation of the study session and allowed us facilitators to better concentrate on the rest of our responsibilities.

Safe learning environment

The ground rules were formed by the entire group. Participants and facilitators thought together about what we felt was important for a well-functioning group and how we could get the most out of the week ahead of us. These are the ground rules that we came up with:

- be on time and punctual
- everyone should speak slowly and clearly
- switch off mobile phones
- pee freely (don't ask to use the toilet, just get up and go)
- respect the silence (don't feel pressured to speak out, give the group time to digest and ponder things during moments of silence)
- raise your hand if you want to speak when someone else is speaking. respect and listen to other people when they are talking
- be active and participative
- have fun!
- the rules can change at any time if the group feels it is necessary
- respect confidentiality, everything said of a sensitive nature should stay within the group
- feel free to ask for clarification, no one should be afraid to ask when they don't understand something that was said

Expectations

So that we could get to know their needs and desires, the participants were asked to think of two expectations for the week and these were shared with the whole group.

- learning new issues
- learn about each others' organisations
- learn how to promote SRHR more efficiently
- learn more about human rights
- gain political knowledge
- have lots of fun and good times
- learn more about youth participation
- learn more about advocacy
- see Budapest
- learn how to apply all the information
- learn new energisers and other informal education techniques
- improve knowledge
- discuss and share experiences
- go to the sauna
- establish personal and business contacts
- get to know different cultures

- be inspired
- meet new people
- have an unforgettable farewell party
- to know more about HIV and SRHR
- share SRHR situation in own country and learn more from other countries
- learn more about international conditions and challenges within SRHR
- be effective and not fall into useless debates
- team-building
- to exchange thoughts
- learn about intercultural views

YouAct & the Council of Europe

To introduce both organisations a presentation of YouAct was given by Ruth and Joana. Please see above for a brief explanation of YouAct. Next, Iris gave a presentation of the Council of Europe (CoE), the Directorate of Youth and Sport (DYS) and The European Youth Centre (EYC).

A short quiz was distributed to see what the participants already knew about the CoE, the correct answers were then discussed. She then gave a PowerPoint presentation of the organisation. She explained that there are 46 member states of the CoE, only Belarus and The Vatican City are not members. There is, however, a Cultural Convention which makes it possible for young people from Belarus and The Vatican City to participate in CoE-organised youth activities.

The CoE is divided into six directorates of which one of these is The Directorate of Youth and Sport. The DYS promotes and practises active youth participation and active democratic citizenship amongst young people. There are two bodies which co-manage the DYS. The first consists of 46 government representatives (one from every CoE member country) and the other body consists of youth representatives from NGO's and other youth organisations.

The priority programmes of the DYS for 2006-2008 are:

- human rights education and intercultural dialogue
- youth participation and democratic citizenship
- social cohesion and the inclusion of young people
- youth policy development

The European Youth Foundation was established in 1972 and provides financial support for international youth meetings organises youth activities other than meetings and helps with the

administration of international non-governmental youth organisations and networks and pilot projects.

The CoE cooperates with The European Commission in the youth field and makes possible the training of European youth workers on citizenship issues, organises training activities, provides training materials and manuals (T-kits, Compass) and a magazine (Coyote). Information and materials are provided freely at www.training-youth.net.

The European Youth Centres in Strasbourg and Budapest host a number of activities to further CoE and DYS youth policies. These activities include:

- study sessions
- training courses (including training for trainers)
- intercultural language courses (3-4 weeks)
- seminars, symposia
- research, publications
- youth policy development

The current youth campaign for diversity, human rights, and youth participation is called All Different- All Equal. <http://alldifferent-allegal.info>

Organisational Presentations

The participants gave presentations of the organisations that they work for at home. These presentations were done by each participant setting up a stand with pictures, brochures, movies, media information, etc. concerning their organisations. Then the others could walk around and look at the different information displays and ask questions about things that interested them. The participants were happy with this way of presenting their work; they felt it was much more comfortable and interesting than a traditional presentation in front of the whole group. We all gained a lot of knowledge about the differing situations for SRHR throughout Europe and learned more about each other's passions.

Introduction to Sexual and Reproductive Health and Rights (SRHR)

To familiarize participants with the terminology surrounding Sexual Rights, Elina and Tim started off with an introduction to the issue by discussing what is going on in the world concerning SRHR, where the terminology comes from and which definitions there are. They began by presenting the following confronting statistics:

1. HIV – more than 40 million people infected world_wide
2. Other Sexual transmitted infections – 330 million new infections every year
3. Sexual violence – in some countries, nearly one in four women experience sexual violence by and intimate partner and up to one girl in three reports that her first sexual experience was forced
4. Forced marriage – in some countries, half of all the girls are married before age of 18
5. Complications of pregnancy, abortion and childbirth are the leading cause of death for girls aged 15-19
6. Unwanted pregnancy – 150 million women who wish to prevent pregnancy are not using contraception
7. Lack of medical supplies
8. Unsafe abortions – 20 million per year worldwide
9. Unsatisfying sex life – untold numbers

Sexual and reproductive rights entail everything that has to do with sexuality and having children. For example, everybody has the right to be informed about sexuality and reproduction and to know how to protect oneself from sexually transmitted diseases (STI's), HIV/AIDS and unwanted pregnancies. Additionally, every person has the right to decide over their own body and nobody can force another person to have sex. People have the right to make their own choices and should not face discrimination on the basis of their sexual orientation. Moreover, people have the right to health care services; information, medical treatment and contraceptives should be equally accessible to all. In summation, one can say that when people can practise their sexual and reproductive rights, they have sufficient information and access to services to make informed choices about all aspects of their sexuality. Sexual and reproductive rights are specifically important for young people because they are the most vulnerable group and the choices they make can affect them for the rest of their lives. Young people around the world often do not have the information they need and are not protected against harmful practices. Young people around the world and especially in developing countries have the highest risk of

contracting HIV/AIDS and for girls aged 15-19 pregnancy complications is the leading cause of death.

What are the official definitions of SRHR?

Sexual rights: embrace human rights that are already recognised in national laws, international human rights documents and other international agreements. These include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services
- to seek and impart information in relation to sexuality
- sexuality education
- respect for bodily integrity
- choice of partner
- decide to be sexually active or not
- consensual sexual relations
- consensual marriage
- decide whether or not and when to have children
- pursue a satisfying, safe and pleasurable sexual life

The responsible exercise of human rights requires that all persons respect the rights of others
(WHO, Draft Working Definition, October 2002)

Sexual health: A state of physical, emotional, mental and social well-being related to sexuality: not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

(WHO, Draft Working Definition, October 2002)

Sexuality: a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

(World Health Organisation, Draft Working Definition, October 2002)

Reproductive health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

(UN Programme of Action adopted at the International Conference on population and Development, Cairo, 5-13 September 1994, Para 7.2)

Discussion

After this introduction, we started with a discussion in general over how society views sexual rights, what factors influence people's opinions, for example. Then we asked people to think about their personal views and why they believe as strongly as they do in sexual rights and if some rights are more important to them than others.

We then gave them nine cards; one sexual right was printed on each card. We asked the participants in small groups to discuss the meaning and importance of each sexual right and use the diamond the shape of a diamond to put them into order of importance.

The groups were then asked to summarise their discussions for the rest of the participants and explain why they chose the order of importance that they did. Some of the main ideas which came out of the discussions included the following ideas.

Each person has different experiences, different cultures and realities. Therefore each person has a different opinion of which rights are most important. If, for example, abortion is illegal in one person's country they often said that that was one of the most important rights, but to those who live in countries where abortion is easier, abortion didn't seem as important to them as other rights. Therefore, the most important rights are dependent upon the individual's perception of which of his or her rights are most threatened. And the cultural experience made a big difference on the participant's opinions of the rights. This exercise would be much faster if the groups consisted of people from the same country, less compromising and debating would be necessary.

Furthermore, some rights are dependent upon each other, for example, if all the other rights are fulfilled there is no need for the right to participation. From this discussion it can be concluded that *there is no possibility to differentiate between the rights, every right is just as important and our reality might make one right seem more important, but we all require all the rights equally.* A separate point is language; standard verbal interpretation of the rights wasn't always reached within the groups. Different interpretations can lead to different levels of importance. For example, equality is a very broadly-used word, so people had differing views on what this right actually means and who it exists for. However it should always be kept in mind that *rights apply equally to everyone.* Later on in our discussion on Human Rights this point will be explored more.

Two more conclusions were made from these discussions. First of all we want our governments to recognize their responsibilities in this field and we need to hold them accountable, if these rights are not implemented.

Second, in relation to other human rights, we need sexual rights because for many individuals, there is no hope to realise their other rights if they cannot decide about issues affecting their sexuality or reproduction or be protected from violence and discrimination in connection with them. Sexual rights and human rights are intertwined and dependent upon each other.

Day 3, Tuesday, 14 November

International Human Rights Agreements

Sexual and Reproductive Health and Rights are part of different international documents and agreements. There is not one document available that accepts all aspects of Sexual and Reproductive Health and Rights, as they always tend to be controversial and part of political trade offs. Advocates therefore have to use smaller bits and pieces of other documents to include SRHR in the International Rights framework. The following documents are relevant for an SRHR advocate:

- Convention on the Elimination of Discrimination Against Women (1979)
- International Conference on Population and Development and +5 and +10 (1994, 1999 and 2004)
- Fourth World Conference on Women and +5 (1995 and 2000)
- Millennium Development Goals (2000)
- United Nation General Assembly Special Session on HIV/AIDS and +5 (2001, 2006)
- Greater Involvement of People living with AIDS (1994)
- Convention on the Rights of the Child (1989)

Advocates must use the different documents in order to remind governments of the fact that they signed up to these agreements. It can be used as moral pressure on the governments to let them know that they are not living up to their promises.

There is a difference between a convention, programme of action and declaration. Conventions are the only documents with actual legal power, however at the moment there are no institutions in place internationally to complain if rights are violated.

The only tool at the moment is the Security Council of the UN. The Council can instate international sanctions to a country which condemn the violations.

However Conventions are internationally widely accepted and this puts a moral obligation on all countries to implement them. By shaming a country for their lack of human rights, their international reputations can fall down and this could have severe political and economic implications.

Programmes of action are outcome documents which usually state actions that need to be taken on a specific issue over a certain amount of time. For example the Millennium Development Goals need to be achieved in 15 years time, by 2015.

A declaration operates in a similar way. Governments sign on to a declaration at the end of international conferences on a specific topic at the UN level. In the declaration there the acknowledgement of the problem and actions that need to be undertaken by governments to improve the situation. If a declaration or programme of action does not contain specific targets (amount of money necessary to solve the issue, number by which i.e. infant mortality has to drop) the declaration can become a very weak document.

Advocates try to influence the process in order to create a strong document with clear targets and indicators i.e. each government should spend 5% of their yearly health budget on HIV/AIDS. They try to influence the process of negotiation in order to realise progressive texts on SRHR.

Useful advocacy tool

When observing or participating in international conferences, shadow reports are a useful tool to supplement and challenge official statistics. Shadow Reports supplement, or "shadow," governments' reports on human rights issues. They are useful lobbying tools for calling attention to positive results as well as setbacks.

The participants were split up into small groups; each group discussed one of the five international agreements and made a poster presentation of the most important points from the document. They were asked to read and discuss the documents keeping the following questions in mind:

- when was the agreement conceived?
- what are the main points?
- is it a convention or regular agreement?
- what does it mean for women?
- what does it mean for youth?
- how is it related to SRHR?

CEDAW UN Convention on the Elimination of Discrimination against Women 1979

The Convention is the only human rights treaty which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. It affirms women's rights to acquire, change or retain their nationality and the nationality of their children. States parties also agree to take appropriate measures against all forms of traffic in women and exploitation of women.

This was the first time gender and reproductive rights for women were discussed internationally.

- emphasises gender equality
- protection of women
- elimination of discrimination by persons, organisations and role of woman in procreation should not be a basis for discrimination
- only HR treaty which affirms the reproductive rights for women

International Conference on Population and Development Cairo 1994

This was a milestone which marked a change in perspective from population control to individual rights.

- aims to make family planning universally available by 2015
- focus on education, especially for girls
- reduction of infant and mother mortality
- empowerment of women through education and services

The Programme of Action set out the following 20-year goals in four related areas:

- 1 - Universal Education
- 2 - Reduction of Infant and Child Mortality
- 3 - Reduction of Maternal Mortality
- 4 – Universal Access to Reproductive and Sexual Health Services Including Family Planning.

Review: After reviewing the topics highlighted in the ICPD Programme of Action 1999, the special session (known as ICPD+5) agreed on a new set of benchmarks in four areas:

1. Education and literacy
2. Reproductive health care and unmet need for contraception
3. Maternal mortality reduction
4. HIV/AIDS

Beijing 1995 Fourth World Conference for Women, Equality and Peace

Aims to ensure equal opportunities for men and women. This means equal access to economic resources, science, technology, vocational training, information, communication and markets.

Basis for the Platform of Action, acknowledging and combating:

- The persistent and increasing burden of poverty on women
- Inequalities and inadequacies in and unequal access to education and training
- Inequalities and inadequacies in and unequal access to health care and related services
- Violence against women
- The effects of armed or other kinds of conflict on women, including those living under foreign occupation
- Inequality in economic structures and policies, in all forms of productive activities and in access to resources
- Inequality between men and women in the sharing of power and decision-making at all levels
- Insufficient mechanisms at all levels to promote the advancement of women
- Lack of respect for and inadequate promotion and protection of the human rights of women
- Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media
- Gender inequalities in the management of natural resources and in the safeguarding of the environment
- Persistent discrimination against and violation of the rights of the girl child
- Reviews: Beijing+5 (2000), Beijing +10 (2005)

Millennium Development Goals 2000

An ambitious set of goals combat *poverty, hunger, disease, discrimination against women, degradation of land and illiteracy*. MDG's grew out of the agreements and resolutions of world conferences organised by the United Nations in the past decade. The goals have been commonly accepted as a framework for measuring development progress.

The goals focus the efforts of the world community on achieving significant, measurable improvements in people's lives.

- set of 8 international goals for 2015

- establishes a system of measurement to monitor and evaluate progress

- signed by 189 states

- all the goals are directly related to SRHR and youth, although SRHR is not mentioned specifically in the document, which make the realization much harder.

A review was held at the World Summit in 2005. Universal access to reproductive health was adopted as a new target.

United Nations General Assembly Special Session on HIV/AIDS 2001

The Declaration of Commitment asserts that Member states should:

- Acknowledge the particular role and significant contributions of young people in addressing all aspects of HIV and AIDS.
- Involve youth fully in designing, planning, implementing, and evaluating effective responses to the epidemic.
- Reduce HIV prevalence by 25 percent among young men and women ages 15 through 24 by 2005 in the most affected countries; by 2010, reduce HIV prevalence by 25 percent among youth worldwide.
- Ensure youth's access to information and services by 2005 so that at least 90 percent of young men and women ages 15 through 24 can reduce their vulnerability to HIV infection. By 2010, assure access to HIV prevention information and services for 95 percent of the world's youth, ages 15 through 24.
- Ensure access to primary and secondary education for both girls and boys by 2003, including HIV prevention curricula and safe and secure environments, especially for young girls.
- Expand good-quality, youth-friendly, sexual health education and counseling services and strengthen reproductive and sexual health programmes.
- Involve families and youth as much as possible in planning, implementing, and evaluating HIV prevention and care programmes.

Importantly, the General Assembly also established a Global HIV/AIDS and Health Fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment.

Sexual and Reproductive Rights in Europe

This session was intended to give participants a deeper understanding of sexual and reproductive rights and a clearer picture of the actual situation in different European countries. This was one of the first sessions where the participants really started to open up. Many were eager to share their experiences from their own countries.

We started by discussing in what ways women are still violated and discriminated. Some examples include: female genital mutilation; armed conflicts; not included in decision-making processes; mental, physical, sexual violence against women; poverty issues; education and training; human rights of girls/children; maternal and infant deaths; access to health services. Handouts on the political situation for women were disseminated. See Appendix II.

Participants' comments:

A Ukrainian participant was asked to comment on the low activity of women in parliament. She mentioned that in fact they had a woman prime minister who was well-respected, but conceded that she probably had difficulty dealing with a male-run government system.

An Armenian participant noted that women contribute to the discrimination themselves; they follow the patriarchal structures rather than follow their own women's agenda. She suggested that we need to change the cultural mentality of women, not just focus on men.

On the 'natural' gender role of women a Swedish participant commented that it is not the case that all women love children and men do not. Men may really like children too and should be free and encouraged to spend time with their children. The mother, father and the child all benefit from this. And if neither the woman nor the man like children, please don't create children! In addition, an Irish participant remarked that it shouldn't matter who has a formal job and who is working in the house, relationships should be equal within families, tasks should be shared and decisions should be made together.

To discuss gender roles and the discrimination of women there an on-going, wide-ranging, evidence-based education designed and appropriate for all different ages, genders and sexual orientations is needed. Furthermore, we need to get men involved. It is too often assumed that women should work as sexual educators, teachers, caretakers and social workers. The few men who are doing these jobs are often not taken seriously or discriminated against, which is part of the standard gender paradigm. We need to empower both men and women to think and act differently, to be strong enough as individuals to be themselves completely and to be able to accept differences in others. In relation to this, Joana mentions that her mother couldn't wear trousers, but that almost all the girls in the room are today wearing trousers. And that this, in fact, is a big step forward that we shouldn't take for granted. She also adds, though, that we will not be satisfied until it is just as acceptable for the men here to wear skirts!

What is sex and gender?

Sex is the biological definition of our bodies, whether we are physically male or female. Gender is the social construction of what it means in everyday life to be a male and a female. Gender includes what is considered masculine and feminine, how we are expected by society to behave as a woman or a man. These social norms can cause strife, frustration and embarrassment to those who don't clearly fit into the socially acceptable masculine or feminine roles.

HIV/AIDS

As of the end of December 2004, there have been 294,571 reported AIDS diagnoses in Europe. Of these people, at least 163,831 have died. The 50 European countries that have national HIV reporting systems had reported 646,142 HIV diagnoses by the end of June 2005.

Because a large proportion of HIV infections, AIDS cases and deaths are never reported, the above figures understate the true extent of the epidemic. In addition, the reliability of reporting systems varies between countries, making comparisons difficult. It is therefore useful to look at estimates based on surveys as well as reported cases.

According to UNAIDS estimates, around 2.4 million people were living with HIV in Europe and Central Asia at the end of 2006.¹ Estimated HIV prevalence (the proportion of adults living with HIV) varies from below 0.1% in parts of Central Europe to above 1% in parts of the former Soviet Union.²

Across the continent, HIV infections through heterosexual contact are increasing steadily and women account for a rising proportion of cases.

In more traditional societies where Sexually Transmitted Infections and sexuality are regarded as taboo or shameful, especially in Central and Eastern Europe, the problem is obviously exasperated. UNAIDS estimates that HIV prevalence among adults exceeds 1% in Estonia, Ukraine, Moldova and Russia and that 1% of the population in the Russian Federation and other parts of the former Soviet Union is injecting drugs. Given the high odds of transmission through needle sharing, the fact that the young people are also sexually active, the lack of motivated HIV prevention work and the high levels of sexually transmitted infections in the wider population, a massive HIV & AIDS epidemic may be unavoidable.

It is also likely that in several countries in the East, AIDS is grossly under-reported due to the stigma and discrimination surrounding the disease. In particular, AIDS data from the Russian Federation have not been available since 2000. From the available statistics it appears that AIDS incidence in the East, which was previously extremely low, is now increasing rapidly. The number of newly reported diagnoses nearly doubled from 1,571 in 2002 to 3,057 in 2004. This is essentially due to an increase in Ukraine, which has accounted for 85% of all AIDS cases reported in the East in the last 4 years.¹ A table showing HIV/AIDS statistics organised by country is attached in the appendix III.

Conclusions & participants' comments

When examining how we and society talk about HIV we found that it is almost always equated with AIDS, death, drug-use, poverty and prostitution. This adds to the stigma and discrimination of those living with HIV. With access to medication, many people infected with HIV still are able to continue living a normal life. People with HIV need support and empowerment rather than stigmatization and discrimination. This is only possible if the facts about HIV and people living with HIV are made readily available to everyone. A Portuguese participant adds that we need to change our own thinking about HIV and our treatment of people living with HIV. A participant from Azerbaijan agrees that information should be positive, concerning health and survival rather than negative and defeatist. It gives the impression that it is not possible to enjoy life and definitely not able to enjoy sex if you have HIV, but there are ways to protect yourself.

Marije commented that even in Western Europe there is a basic knowledge gap concerning how HIV is transmitted. A recent experience in a high school revealed that 14 year-old girls in The Netherlands believed that birth control pills protected them from being infected with HIV. The first thing we need is education so everyone knows how to protect themselves and so that people with HIV are not unfairly discriminated against, excluded from schools, etc.

Lesbian, Gay, Bisexual, Transgender, Transsexual, and Queer (LGBTQ):

According to a 2006 survey by Amnesty International, non-heterosexual orientation was illegal in 96 out of 200 surveyed countries. However 1 in 10 people is most likely to have a different sexual orientation. Therefore we need to work on improving this situation dramatically. However attitudes towards LGBTQ are cross-cultural filled with taboos, discrimination and prejudice. This has severe implications for sexual rights of LGBTQ's.

For example the World Health Organisation (WHO) recommends asking clients if they participate in heterosexual or homosexual relationships, rather than specifically asking about one's sexual activity. This is problematic because the HIV transmission rate is much higher through anal sex when compared with vaginal sex. Even at the level of The WHO, this kind of discomfort regarding talking about sexual relationships in detail causes clients to receive a lower level of help than necessary.

Other facts:

- Non-heterosexuals are 3 times more likely to attempt suicide and 7 times more likely to successfully commit suicide.

- In many countries homosexuality may be legal, but it is often not socially accepted or tolerated.
- In many countries the age of sexual consent is different to participate in non-heterosexual sex.
- Homosexual rapes are almost always more severely punished than heterosexual rapes.
- Many countries lack anti-discrimination laws, or sexual-orientation is not recognised as a basis of discrimination.
- Many people are forced to seek asylum in other countries due to their sexual orientation.
- The right to marriage (registered partnerships, civil unions) is often restricted or completely illegal.
- Heterosexuals have easier access to insemination and adoption services.
- Gender reassignment is illegal and/or impossible in some countries while it is subsidised by the governments in The Netherlands and Sweden.

When we think about the slogan “All Different, All Equal” it brings some questions to mind... Just how *different* are we allowed to be? How *different* are we allowed to talk, act, or dress? Is love between the same sexes really that *different* from love between opposite sexes?

Some of the opposition groups active in Europe

There are different groups opposing the realisation of sexual rights for people in general and for young people in particular. They base their opposition on their traditional beliefs, claim of superior (religious) morality or (collective) culture and nationalistic or populist politics. Within Europe we see different opposition views and groups working against the realisation of sexual rights. Some are more active than others, but each tries to influence the debate in their own significant way. Their main arguments used:

- traditional family values
- nationalism and family unity
- pro-choice people are hyper-individualistic and only care about themselves
- abortion is talked about in terms of murder and killing
- focus on the unavoidable attachment of mothers to their babies

The Vatican

Despite its minuscule size with only 600 inhabitants, the Vatican's influence on world affairs is immense by virtue of its moral and spiritual authority and they are always in the forefront of the

debate doing everything they can to restrain the progression of sexual rights.

Dei Verbum (The Dogmatic Constitution on Divine Revelation) is the foundation of the Second Vatican Council. The Constitution was promulgated by Pope Paul VI in 1965 and reaffirms the necessity of literal translation of the Bible. One effect of this is the Catholic Church's continual resistance to condone the use of condoms. Despite the obvious detrimental effect this has on the spreading of HIV, tradition prevents them from revising their opinion on this matter. Adam illustrated the situation with this simile: "imagine that tradition mandates that we call a certain animal a pig, but if this animal we call a pig turns out to be a horse, tradition forces many otherwise logical people to confidently continue to call it a pig".

Conservative Governments, USA & Poland.

The USA, under the Bush administration, has placed very tight restrictions on the way the money they invest in HIV prevention can be used. With very few exceptions, all U.S.-funded projects must stress the abstinence-only method of prevention rather than disseminate condoms. Because the U.S. invests such huge amounts of money, many organisations, despite their objections, have gone along with these demands because they have no other sources of funding.

Similarly, The Global gag rule/Mexico City policy mandates that no U.S. assistance can be provided to foreign NGO's that use funding from any other source to: perform abortions in cases other than a threat to the woman's life, rape or incest; provide counselling and referral for abortion; or lobby to make abortion legal or more available in their country. Thousands of community-based efforts to prevent unwanted pregnancy have been shut down as a result of loss of funding. For more information see <http://www.globalgagrule.org/>.

Purity rings are an American trend that is spreading throughout the world. The ring acts as a symbol and reminder of a religious vow to practice celibacy until marriage. The Bush administration has invested millions of dollars in organisations that promote abstinence by encouraging teens throughout the world to sign virginity pledges and wear purity rings.

The current Polish government has vowed to retain the strict limits to abortion as well as limit and distort the national sexual education. For example, there is currently a proposition suggesting that warning labels be placed on condoms and birth-control pills warning the user that these products cause infertility. And there is also a proposal to ban "homosexual propaganda".

Human Rights

Human rights are the basic framework that should guarantee a set of rights for any human being to lead a dignified and equal life. Acceptance of human rights means accepting that **everyone** is entitled to make the claim: *I have these rights, no matter what you say or do, because I am a human being, just like you.* Ultimately, human rights are a moral claim and rest on moral values. *It would be wrong to violate a human right and everybody knows this as they are an essential part of being human.*

The **key values** of human rights are **dignity** and **equality**. Human rights define all the basic standards that are necessary for a life of dignity. And their *universality* is derived from the fact that everybody is equal in having them. Other values can be derived from the key values, such as freedom, respect for others, non-discrimination, tolerance, justice and responsibility. For example, if you are discriminated, people do not accept that you are equal. Or, if there is no justice, people are not treated equally and with dignity, etc.

These ideas on human rights are hardly controversial as they are mostly accepted by all governments. They are written up based on the idea that governments should guarantee this basic set of rights and put instruments in place to make this happen. The Convention on the Universal Declaration of Human Right was drawn up and accepted on 10 December 1948.

The following characteristics of human rights are in place:

I. Human rights are **inalienable**.

This means that you can never lose your human rights. You have them, because you are human.

II. They are **indivisible, interdependent and interrelated**.

No right is more important than another right, they are all connected and you cannot have one without the other.

III. They are **universal**

They apply equally to all persons and they are the rights of every individual.

There are 3 generations of rights:

I. First Generation: Liberty or Civil and Political Rights

These are based on the ideas of **personal liberty** and **protection of the individual against violations by the states**.

1. *Civil rights* should guarantee a minimum of physical and moral well being of people.
2. *Legal rights* should provide legal procedures that protect civil rights.
3. *Political rights* guarantee participation in society.

II. Second Generation: Social, Economic & Cultural Rights.

These are based on the idea of **equality** and **guaranteed access to essential social and economic goods, services & opportunities**.

1. *Social rights* are necessary for full participation in the life of society.
2. *Economic rights* reflect the fact that a certain minimal level of material security is needed to achieve human dignity.
3. *Cultural rights* to respect a communities "way of life".

III. Third Generation: Collective Rights

The basic idea is that to ensure I and II you need **solidarity** and **collective rights of society and peoples**.

Useful documents

- Convention on the Rights of the Child
- International Covenant on Civil and Political Rights
- International Covenant on Economic and Social and Cultural Rights

To better familiarise ourselves with international human rights documents, we broke up into five groups. Each group discussed one of the three documents; Convention on the Rights of the Child, European Convention on Human Rights, and Universal Declaration of Human Rights.

To keep in mind...

It is important to distinguish between a *declaration* and a *convention*. A declaration is not legally binding. The states signing the declaration agree to strive for the goals stated within, but there is no overseeing body to enforce that they actually adhere to this.

Conventions have more powerful binding power. The European Convention on Human Rights is legally binding for all the states who have signed it. Individuals or other states can bring a state before The European Court of Human Rights with complaint a complaint of a human rights abuse.

The European Convention on Human Rights is inspired by and quite similar to its predecessor, The Universal Declaration of Human Rights.

What Rights are directly linked to SRHR?

All of the articles in the documents can be connected to sexual rights. We can find examples in all the articles of The Convention on the Rights of the Child, i.e. the right to education, to privacy, to healthcare.

Articles 3 and 5 of the European Convention on Human Rights, freedom from torture and the right to liberty and freedom is directly applicable to the right to be free from discrimination. This includes discrimination based on sex, age, sexual orientation, and physical appearance, amongst other things.

Article 10 (ECHR), the right to freedom of expression is also directly related to SRHR. There are many people who are ashamed, embarrassed or disgusted to discuss sexual matters and therefore try to prevent others from discussing such subjects.

You can connect them in any way. More superficially though it's not connected but in depth it is.

Article 12 (ECHR) provides a right for men and women of proper age to marry and establish a family. Despite several attempts, the European Court of Human Rights has refused to apply the protections of this article to same-sex marriage, maintaining that the article only applies to traditional marriages

Despite these blatantly obvious connections to human rights, sexual and reproductive rights are not specifically mentioned in any of the documents.

Where do you stand?!

We finished off the day with an active and physically illustrative form of discussion. One sign side of the room was a sign that read "completely agree", on the other side of the room the sign read "completely disagree". Statements related to human rights and sexual rights were read aloud and the participants were asked to stand between the two signs at the point which illustrated their level of agreement with the statement. After each person found their place on the scale, time was given for comments, discussion and motivation of the position they chose. As was observed with earlier exercises, participants from the same country often had the same levels of agreement with the statements. This is an indicator of the culturally differing definitions of what is ethical, morally acceptable and even what is a human right and what is not.

"Condoms should be free at schools for 13 years old and upwards"

The participants opinions varied on the subject. In Bulgaria the nurse in the schools already hands out condoms anyway and it was seen as useful. The situation was similar in Finland

However a boy only receives 10 condoms, whereas a girl can receive the pill for a year. One person was of the opinion: "That it shouldn't be like candy or toys, it's wasting money if you just hand them out to everyone." However another participant countered this with the following argument: "Maybe some are too young and they will just play with them, but getting young people comfortable playing with condoms at that age is a good step towards them later being comfortable using it when having sex."

"Abortion should be the woman's choice"

There was a mixed feeling on this statement. Although many people believed it was ultimately a woman's choice expressed by opinions such as "Woman must be respected when she makes her choice," and "in the end it's always a woman's choice," they'd preferred if the male was involved. Statements like these supported that idea: "Men and women should make the decision together as they made the conception together." And, a female participant wondered: "If I love my boyfriend I should consider his feelings if we have the economic opportunity." And even stronger: "If a man is never spoken to, his rights are violated" and "I don't accept it as only a woman's choice, and also not to be abused as simply a form of contraception." Others preferred a more pragmatic approach and concluded: "Of course in an ideal situation, the man is equally involved and concerned with the pregnancy and therefore should have equal say in what happens with it. But, in reality all situations are different, some men are very involved and some are not concerned at all. It would be a disaster to give the uninvolved man equal say in the matter. The only universal factor in every pregnancy is that the baby is inside the mother and she has to carry it and give birth to it. Therefore, the mother must decide in each case just how much, if any, the man's opinion should be valued, based on her individual situation."

"Homosexual and heterosexuals should have equal opportunities to adopt children"

This discussion touched closer to home for many participants and opinions were strong. Some thought, "it might not be a good influence on the child, as it might cause uncertainty for their sexual identity," and "Maybe the child will not feel comfortable; other children might ridicule the child." However these arguments were countered with: "Homosexuality is not a virus that will infect the child, either you are gay or you are not - Many people grow up fine with only one parent, isn't that worse?" and "This could be seen as two single parents, two must be better than one!" More importantly looking at societal gender roles and which relations a child can have in his childhood it was said: "Men and women are equally capable of caring for a child. Gender

roles are socially constructed, so it's possible to change them," and "Children can have many different male or female figures in their life through other relationships, not just their parents." Most important, "If there is love for children it is fine!"

Still not all participants were convinced, although they realized this was a fundamental rights discussion they raised the concern for societal prejudice and that children are not able to deal with that: "This issue is very closely related to human rights, if we do not give them this right, we are violating their rights, but at the same time, the various positive and negative theories deal with the possible threat to the child's equality with other children."

"HIV positive people should be legally obliged to inform their partners"

In Sweden this already turned out to be the case and people were satisfied with how it worked in practice: "In Sweden it is legally obliged, along with several other communicable diseases, it seems to work fine, there is no discussion or questioning of this practise." And this was driven by the fact that you should take care of others and that this might go over the privacy of another person: "It is never possible to be totally sure, condoms can break. It is putting an innocent person at risk and taking advantage of their trust to hide something like that." However other's wondered: "At first it seems like common sense, but then you think about the practicalities: what kind of punishment should be given if you don't disclose it? Where do we draw the line when you make a person with a disease punishable? For example, what about spitting on someone, is that punishable, too? And, "How do you know at what moment you should disclose this?" and looking at the rights from people living with HIV: "It is violating the HIV person's integrity, it is degrading. If the person has really taken care then it is not necessary." It turned out to be an issue with many complications and not one straight answer.

"Nazi groups should have the freedom of expression to do public demonstrations"

"Freedom of speech ends where you violate other people's rights," but this seems sometimes difficult to allow for very explicit groups. Some said: "You should not forbid freedom of expression, but if they say discriminatory things, should they still be having that right?" another person said: "You don't have to agree with what they say, but they have the freedom of expression." However, "They should not be allowed to lie and distort historical facts."

One person thoroughly opposed: "Europe has a very complicated social situation, the situation is too sensitive to have people voice these kinds of opinions and inciting further conflicts." From a rights context the following can be concluded: the rights of a single of person can be temporarily restricted if the interest for other people are violated. Freedom of speech can be temporarily

taken away from an individual if the speech endangers other people.

“Female Genital Mutilation is a way of participating in cultural life and therefore a human right”

This discussion also touched upon the conflict of rights. People were torn between a personal cultural choice (the right to culture and religious practices), cultural pressure and a clear human rights violation. Therefore it was stated: “If its really the woman’s choice, then it’s fine, but I find it impossible to believe that anyone would truly and freely choose such a thing.” People found it hard to judge: “In Western Europe we are not used to the practice we cannot question it with our values and women want it themselves, they take trips to countries where it is legal so that they can have it.” Lack of education was an argument to counter it and the perception that culture was static also influenced the practice. People often don’t realize that culture is dynamic and can go in different ways. Its capable of change, which also includes changing the practice of FGM.

Important points to keep in mind...

- Don’t always talk to people with the exact same opinion. Challenge yourself in a debate with other opinions. This helps you practice your own standpoint and which arguments are effective and which are not.
- Don’t just listen to your own arguments, really try to see your opponents perspective and put a convincing argument against that. Find also where you can meet in the middle, are there things in your argument that you have in common?
- It’s always easier to convince people in the middle then those who are totally on the opposite side. They are the people that can actually help your advocacy effort. They might not have known the right facts about your issue and just by telling them this they could be convinced.
- Using the right facts in your argument increases your credibility and makes your argument more convincing. Especially since you look like you really know what you are talking about.
- Personal stories help as convincing argument. However you should not lose yourself emotionally in a story as this will not help you think clearly about what you want to bring across exactly.
- Always approach your opponent with respect. No one has ever won a debate by screaming.

Day 4, Wednesday, 15 November

Trafficking and Sexual Rights

To make the link between SRHR and trafficking we had a presentation of the organisation EURO MEDITERRANEAN NETWORK FOR YOUTH TRAFFICKING PREVENTION by Borislava Daskalov. She presented on the question: Is there a link between human trafficking and SRHR? To answer this question the invited speaker did a brainstorm on links and types of trafficking with the participants:

- prostitution
- organ transplants
- forced labour
- trafficking is different than smuggling
- begging: females sell children to be beggars
- children to be made soldiers

The people who are trafficked are most often thought of as the most vulnerable in society, living in bad social conditions, with little education and limited economic resources and often coming from the former Soviet countries. Some forms of trafficking are only present in certain cultures. Meanwhile, in cases such as Indian computer programmers and other intellectual workers trafficking gets less media attention. The mainstream media generalises the situation and spreads stereotypes. The reality is that people from all levels of society can be and are being trafficked, not only the most impoverished and desperate people. Many people who are trafficked come from middle-class backgrounds, in these cases it is usually the promise of making more money and having more opportunities than in their own country serves as their motive.

There is a huge need to raise awareness through NGO's working with public opinion and within the public health context, but this need is highly unrecognised.

Although it is a social phenomenon that is hard to define, there are some international definitions. However, these definitions are limited and can be confusing as trafficking differs greatly in each country. Sometimes people are sent away by their own families because they want a better life for their children or they want their children to send them money from the land they are trafficked to. In Egypt children are trafficked for camel work and to become soldiers. In Bulgaria it can be for prostitution. Trafficking concerns and affects many different people in many different ways. There are no clear profiles of traffickers and those who are trafficked.

Some key-points are:

- People are relocated, but not necessarily far away
- There are deaths and forced labour and violence
- There are high expectations and people who are trafficked often give their consent at first

How can youth advocates integrate this in our SRHR work? In different levels of prevention and support some things can be done:

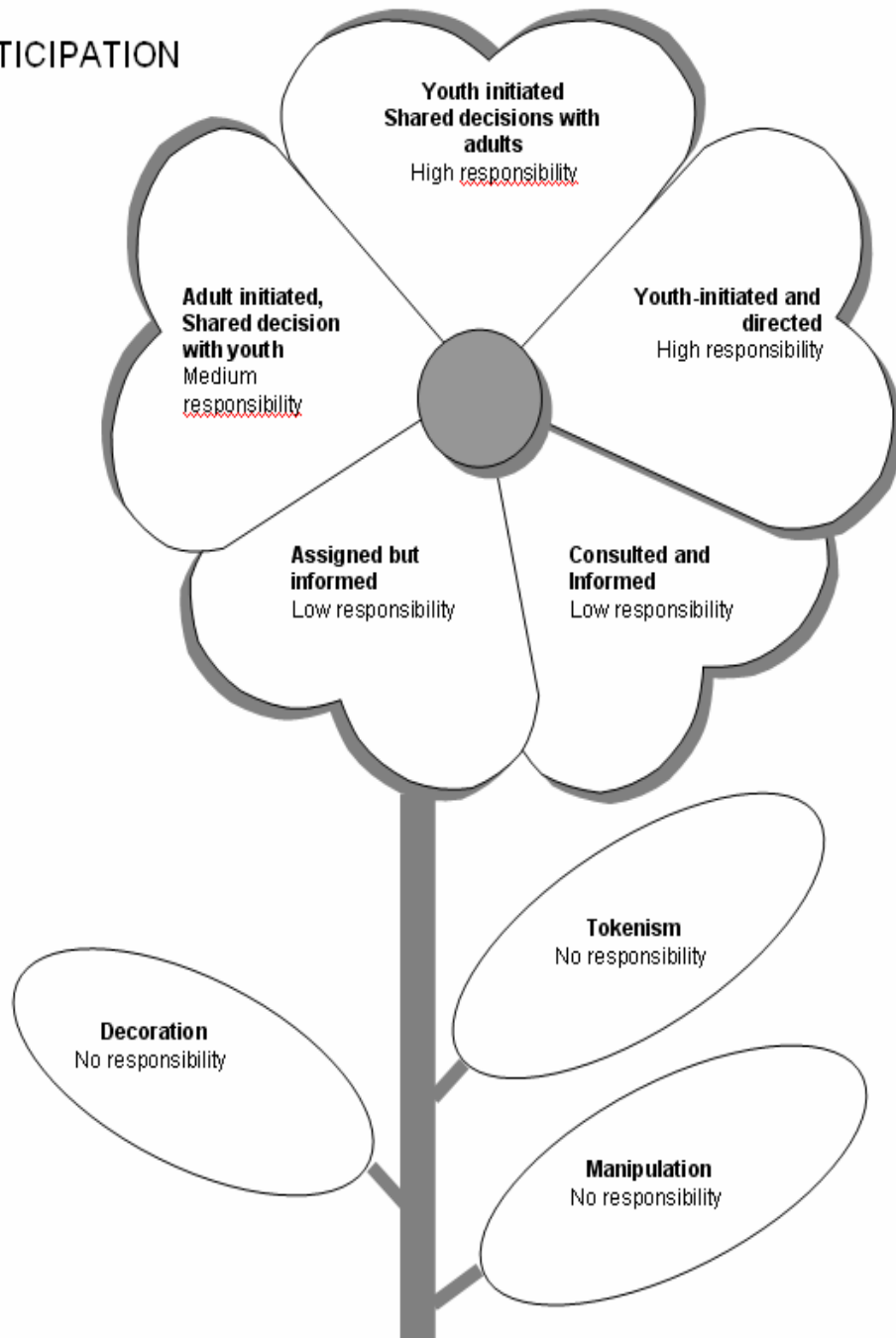
- help victims, send them to a shelter, educate them to get tested for HIV/AIDS
- provide a psychologist to talk with, counselling
- progress and prevention can be made through education on the way they work
- there are many taboos about the subject, SRHR advocates are great at talking about taboos!
- there is a need to design media campaigns and actions

Examples: in Macedonia, there are large media campaigns and trafficking information resources combined with SRHR information. In Greece, the ActUp project which works with street workers and offers condoms, has included a focus on identifying and assisting trafficking victims.

Youth Participation

Youth participation is indispensable in achieving sexual rights. Young people are a huge focus group, but all too often are seen simply as a problem group instead of utilised as key partners towards positive development. When given the possibility to make informed choices, young people are receptive to positive change, leading to long-term and wide-ranging benefits. Without youth and using the positive input of youth, the decision-making, implementing and evaluation of policies and programmes on SRHR, will simply be less successful. No one understands the thoughts, realities and needs of young people better than young people themselves. Therefore, it is imperative that their voice is heard and taken seriously when making decisions about programmes and legislation dealing with young people. Sexual and reproductive rights deal almost exclusively with young people and therefore, within this area, meaningful youth participation is crucial for making real progress.

FLOWER OF PARTICIPATION



Inspired by Roger Hart's ladder of participation, *CHOICE for youth and sexuality* and *YouAct*² have developed the flower of participation

² Source: www.choiceforyouth.org/www.youact.org

Manipulation. This is the case when young people don't have any understanding of the issues and therefore don't understand their actions. For example when a four year old AIDS-orphan is shaking the hand of President Bush to make him invest more in orphans.

Decoration. This looks very much like manipulation but in this case young people might understand their actions. However, young people are just used to bolster adult's cause (support their problem) in an indirect way. Adults do not pretend that the case they are fighting for is inspired by young people. An example could be young people who are singing to the delegates at the opening of a conference on youth.

Tokenism. Young people are given a voice, but in fact have little voice about the subject or the style of communicating it and little or no opportunity to formulate their own opinions. This can be the case when children are taking seat on conference panels or when youth is in a delegation but not allowed to say anything.

Assigned but informed. This can be seen as the start of participation. Young people now understand the aim of the project, they know who made the decisions concerning their involvement and why and they have a meaningful role. They volunteered for this project after the project was made clear to them. An example might be a community activity which was planned by adults, but youth joins in the activity

Consulted and informed. Project is designed and run by adults, but young people understand the process, are consulted and their opinions are treated seriously.

Adult-initiated, shared decisions with youth. Though the projects are initiated by adults, the decision-making is shared with young people.

Youth-initiated and directed. When the conditions are supportive (adult support), youth can work together co-operatively in large groups and design and run their own projects.

Youth-initiated, shared decisions with adults. This would be the case when young people ask adults to join in a certain activity that is initiated by the youth.

Participants' comments:

Among participants there were many different experiences with youth participation. Some experienced that due to cultural and societal hierarchy and religious it was very difficult to implement youth participation. Young people are often not excepted as equal partners. I.e. "Youth participation is a very sensitive issue, not everyone knows what it is, and some are principally opposed to the idea due to culture, tradition and arrogance." The youth participation that was realized was also mostly on the organizational level and smaller organizations or own initiatives worked best: "Within my Swiss organisation there is equal partners, which has been a very good experience," and "Small organisations often have more progressive views than bigger

ones, and it is therefore easier for young people to be heard and taken seriously.” And in a Macedonian organization: “In my organisation activities are organised by young people. The aim is to involve youth as much as possible.” In Lithuania: “Five years ago our youth group was part of an adult organisation and we found we were manipulated. So we decided to become independent and now we do what we want and are able to work more specifically with SRHR. “ Other problems were identified with regards to finances and communication. Funding of youth participation is often a problem. There is no money for it in the adult organisation. And a youth organisation starts often as none official, without and official legal status and then its even more difficult to get money

Communication between youth and adults often caused problems, but this can be dealt with through training. I.e. YouAct organised a youth – adult partnership training. A good partnership requires time and effort, but also learning ways to work together and accept the difference between youth and adults. And youth themselves should take the initiative more and explain adults to “Use us as a future” – as a strength because we look more towards the future. We have flexibility and youth participation is personal way to involve people. We learn and offer new skills, new methods, fun, creativity and attitudes.

Furthermore on the international level a lot is possible to stimulate youth participation on the local level and participants should make use of that. On the European level there is the Youth in Action program to promote active citizenships. And also the Council of Europe does regular evaluations of youth policies. We should make use of the outcomes of these policies to address our own governments.

Internet Resources concerning youth participation:

- www.un.org/youth
- <http://alldifferent-allegal.info> -HR, participation and equality
- www.youth-knowledge.net -youth policy and participation. some instruments
- <http://content.ippf.org/output/ORG/files/11970.pdf> - *IPPF:Setting Standards for Youth Participation*
- www.youact.org
- www.choice.org
- <http://www.salto-youth.net/>
- www.youthcoalition.org

What can we do? Dates and ideas to keep in mind...

- COE – Congress with representatives of local and regional areas
- There is a Charter on Youth participation but not legally binding for local and municipal participation
- 1st part - Sexual policies (where to respect Youth participation?): sports, leisure, un/employment, gender equality, transports...
- youth policies can mean a lot but the list focuses and clarifies
- 2nd part – promoting Youth participation, training, voluntary work, youth organisations, descriptions on what they can do, ...
- Use the documents to show how things can work and use the COE document to how things could be
- Training course on participation for youth workers – 10 days (March 07)
- German Presidency Youth event (Youth part and equal opportunities for young people – follow national youth council) which will take place in April 07
- European youth week – June 07
- Young active citizens award, July 2007
- National coordination campaign – what is happening nationally?!
- EU Youth Programme (Youth In Action) – new from 2007 – broaden it up for project initiatives from YP.

International agreements and their relation to youth participation:

You can always refer to international agreements to convince the authorities who do not accept youth participation. If they have signed up to those documents they should implement youth participation. The International Convention on Population and Development has strong language on youth participation and also the Convention of the Rights of the Child guarantees the participation of youth on the issues of their concern.

Day 5, Thursday, 16 November

Advocacy and Messaging

In order to develop advocacy skills this session intended to explore the meaning of the word advocacy, what steps there are in the advocacy process and practice several advocacy skills. Originally, the word advocacy comes from the Latin word for prayer, 'advocare', however in many languages nowadays the use of the word advocacy means something totally different. Some languages don't even have a translation of the word advocacy, and therefore it is sometimes a difficult concept to grasp when working with different nationalities. The participants first brainstormed on what *advocacy* means to them:

support	promotion	improvement
campaign	discussion	Media
influence	partnership	Legislation
information,	decision-making	
attention	change	

This resulted in the following definition: *To raise awareness among decision-makers about a specific issue in order to influence legislation.*

However, different organisations formulate different definitions on advocacy. Two examples of definitions are from the Planned Parenthood Federation and the Arias Foundation:

Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision-makers toward a solution. Advocacy is working with other people and organisations to make a difference.

Advocacy is the act or process of supporting a cause or issue. An advocacy campaign is a set of target actions in support of a cause or issue because we want to:

- Build support for that cause
- Influence others to support it
- Try to influence or change legislation that affects it.

Steps in the advocacy process

To develop a good advocacy campaign, different steps need to be taken. During this training the participants learned about these steps and how to use the steps to develop their own campaign on a specific issue.

1. Issue	The advocates generally begin with the ISSUE around which they want to promote a policy change. The issue is focused, clear, and widely felt, by the constituents of the advocacy group
2. Goal/Objective	Then the advocates articulates an advocacy GOAL (medium- or long-term, like a vision) and an OBJECTIVE (short-term, specific and measurable) based on the Advocacy ISSUE .
3. Audience	Next, the advocates identify the key policy AUDIENCE – the decision makers who have the power to bring about the policy change.
4. Message	Then the advocate develops a compelling advocacy MESSAGE and tailors it to the inter-ests of the policy AUDIENCE .
5. Communication Channels	The appropriate COMMUNICATION CHANNELS are selected to deliver the advocacy message to the policy audience. This may include a press conference, an executive briefing packet, a public debate, a conference for policy makers, etc.
6. Support	As a next step, the advocacy group seeks to broaden its SUPPORT base among the civil society members and other allies
7. Raises Funds	The advocacy group RAISES FUNDS and mobilizes other resources to support the advocacy campaign.
8. Implement	Finally, the advocates IMPLEMENT their advocacy strategy according to a plan of action.
9. Data Collection	DATA COLLECTION runs up all through the steps because it supports many of the other steps. The advocates often need to research the position of policy AUDIENCE vis-à-vis the advocacy issue. Data collection is an <u>on-going step</u> .
10. Monitoring and Evaluation	Likewise MONITORING & EVALUATION takes place all throughout the advocacy process. The organisers should know since the beginning how they will evaluate or measure the results.

For young people it is important to add in an extra step of **TRAINING**:

-on the issue
-on the message
-on the method
-in advocacy skills
-in media skills

Participants' comments:

Looking at the steps participants commented that its not always easy to do an advocacy campaign and in some countries the concept is even unfamiliar. I.e. in Latvia, even when you have a dialogue with top politicians they are unable or unwilling to really listen and change. And a Lithuanian participant told that in her country advocacy is unknown and not used by most organisations. She shares an example of a project that failed because they didn't know how to advocate properly. Therefore you need good skills to be able to do an advocacy campaign. I.e "You need media skills to do a good advocacy campaign, when people look insecure in front of a camera their message will not come across."

Furthermore an advocacy campaign often has to have an awareness raising component. An Armenian participant shares her experience in working against violence against women is that she often gets the response that these things should be private, it is not the public's business what happens in a house, you are against men, you promote divorces. So these kinds of traditional attitudes need to change in order to make progress and this can be reached by advocacy."

Language exercise

In advocacy, language is an essential tool. You have to formulate your message in the right language; you have to know what kind of language to use to reach your target audience. But, you also have to know what language is used in documents. What does the language mean that we face in international documents? Participants were asked to study different documents and discuss the language that was used. They discussed such questions as:

- What kind of language is used? formal, informal
- Is the language youth friendly?
- What are the controversial parts of the text?
- Do you see specific language that is connected with SRHR?

The participants came up with some of the following remarks after the exercise:

- It is difficult to discuss with such formal texts and complicated language.
- It is difficult to discuss without a thorough knowledge of the subject
- There is a focus on abstinence and fidelity, and it does not include reference to our rights
- The text is too general there are no concrete or clear suggestions for action.
- The sentences are too long, drawn out and formal, they should have a youth-friendly version
- The wording is too general and can be interpreted differently in every country. It should define more specifically what is "appropriate", what "high standards" means, etc.

In conclusion, it can be said that the reason these texts are so vague and ineffective is because they are discussed so thoroughly by so many different groups and countries. All parts discuss, argue, negotiate their issues and the result is something in between all of these ideas, which leaves us with an ineffective compromise. However, these are the documents we have, and although a youth-friendly version would be useful, young people also have to be part of these negotiating processes or else their views and ideas will not be represented. Therefore, it is very important to know what language is used when you develop and target your advocacy efforts.

Carousel exercise

In this exercise, participants sat face to face with a partner. One played a representative of the media, such as a radio or television interviewer. The other participant had to play the interviewee and try to form the most direct, informative and effective response within two minutes. After the time was up, they quickly moved seats to a new interviewer and a new question. Participants had several rounds of playing both the interviewer and interviewee.

These are the questions they were faced with...

1. Your organisation proposes to have sexuality education for young people from 8 years and up ward? How can you talk about this issue to such young children when they are sure not to have sex at this age? This is encouraging them to already have sex at an earlier stage when they are 12 or 13 years old. Do you have a response to this?
2. I would like to talk with you about the issue of abortion. And would like to know why you only give the choice for abortion to the woman? I do not think you are giving the baby a choice? Could you tell me what you think about this?
3. As you know the pandemic of HIV/AIDS is very big. Don't you think that people living with HIV/AIDS should take responsibility for their situation and abstain for sex for the safety and protection of other people?
4. Your organisation says it is ok for young people to express their own sexuality. However in all the video clips on TV we see a lot of provocative and sexually orientated body language. Do you really think this is a good example for young people to express their sexuality?
5. You are a young person from a European organisation, how can you represent young people from all these countries? How can you generalize that all young people agree with your views?
6. In your country young girls from 16 years old can already get the Emergency Contraception Pill without their parent's permission. Don't you think their parents should know about this, as they might talk to their daughter and can help her change her behaviour?
7. You are HIV positive and last year you had a child who is also HIV positive, do you really think you can offer your child a good future? And do you think it was the right choice to keep your child?
8. Lesbian and Gay communities organise very big parades and demonstrations that constantly puts the spotlight on them. In this way they do not integrate at all. Could you tell me your opinion?

How was it?

After the exercise we discussed the different questions and how it was to have to come up with an answer so quickly. Participants commented that it was very difficult, but fun and interesting. As an advocacy skill, it is very important to be able to convey your message and to have it ready whenever you are asked. Moreover, you have to be aware of confronting opinions and how to tackle them. This exercise helped participants realise that they have to prepare and practice their message. They have to base it on facts, but also know their opponents' arguments or be weary of the weaknesses of their own arguments. Furthermore, some issues are much more difficult to deal with than others, the right to abortion, rights of people living with HIV; you have to know your own opinion on this in order to be able to express a good advocacy message on it. When you know your subject you feel empowered and able to express yourself. If you hesitate, your message fails.

And, lastly, media aims to be confrontational and looks for short bites that sound interesting. Sexual rights require explanation and careful expression; these two opposites don't mix well. Therefore, make sure you train the people you work with to work with the media. They can be your ally, if you use them well.

Tough Issues

Dealing with SRHR issues means dealing with complicated and sensitive issues. To realise these rights we have to overcome many culturally sensitive issues and personal taboos. The way we deal with these issues in language also reflects our opinions and ideas. We addressed several of these issues to give a clear picture on what a 'rights based approach' was in these cases.

Comprehensive sexuality education (CSE) is the correct term to use when asking for education in this area. This means the education should not just entail a story about biology, but should include a whole range of issues in dealing with relationships and sexuality and stresses the right to information. This should include, but is not limited too SRH biology, knowledge on contraception based on accurate scientific information, abortion, sexual orientation, gender roles and relationship skills, such as negotiation, self-worth and respect for others.

A common method taught in sexuality education is the ABC method. Abstinence, be faithful, and use a Condom. Often the stress is on *abstinence*, which leads to a lack of information. Abstinence itself is then the goal, and the assumption is that young people do not need further education. However, this conflicts directly with the right to information and the right to make your own choices regarding your own sexual lives. Therefore, abstinence is a personal choice for anyone, but it should never lead to a

lack of information regarding other choices, in case people decide otherwise or change their minds.

Young people have the right to *contraception*. It should be available to anyone who needs it and is part of youth-friendly services. It should be provided with respect to privacy and bodily integrity. If they do contract a *sexually transmitted infection* it's important that young people have access to services that treat them with respect. An STI is never a punishment, but an infection that needs to be treated to continue a healthy sexual lifestyle. Testing and counselling should be easily available.

Abortion is one of the most sensitive issues to deal with. It is often said that abortion should be used as a last resort, and it should be noted that by providing enough information and contraceptive services the number of abortions will be limited. However, it is always the right of the female to choose to continue a pregnancy or not. She has the right to decide over her own reproductive life. Abortion services should be safe and legal, and guarantee a woman's privacy. There should be no stigma or discrimination around the issue. There should always be pre- and post-counselling services available. Forcing a woman to carry through with an unwanted pregnancy is a direct violation of her mental well-being and bodily integrity.

When speaking about abortion, the preferred terminology is foetus, pregnant women and termination of pregnancy. Using the words mother and child, already labels a person in a certain role, which is definitely not their choice at that moment.

Participants remarked that there is a clear need to talk about these issues and that in Macedonia, for example, there is a big taboo on talking about abortion and no counselling is available. In Armenia abortion is used in a negative way for gender selection. This goes back to the deeper rooted ideas of patriarchy, which also make it difficult to discuss the role of women in society other than being a mother. Also, in Latvia it's a very sensitive issue due to the influence of the Catholic Church and only NGO's offer support to women.

In Ireland women make the crossing to the United Kingdom every day to have abortions as there are no services available. This means that the young women have to pay for the trip and the services on their own, this is not always possible. Furthermore, they have to lie to their parents, friends and partners as the act is still so unaccepted socially.

In Portugal it is the same situation. Many women go over the border to Spain for an abortion. The debate is polarised and difficult, however, many people are open to reason, it's important to address the people in the middle in order to make a change in the law. In February 2007 a majority of Portuguese voted for a radical change to make abortions more easily available. At the time of printing, the Portuguese government is still discussing the new abortion laws.

Media and Publicity

In advocacy work, the media can be utilised as part of your campaign tactics. It is therefore very important to include a media strategy in your work. In this session we invited Nicole Sprokel to talk about necessary media skills. Nicole Sprokel is the media officer for Amnesty International in Amsterdam. She works with both the local and international media on a daily basis. When working with the media as an organisation you have to think about the following questions:

1. What kind of organisation are you and what message do you want to bring across?
2. What kind of media is there and how can they work for you?

In her opinion, if an organisation approaches the media in the right way, it can be a way to pressure the government and influence the public opinion on a certain issue.

When making a media campaign you have to make a media plan for each of your efforts. However, it is part of an overall media plan in which you try to build an image of credibility and reliability. For every fact you present you have to do research and analyse yourself to make sure you present the right facts and use correct arguments. This is one of the strong points of Amnesty, their high credibility. Furthermore, you have to make a connection to your audience. The message that you try to give has to make sense to the audience you target and make them feel strong about it.

Tips & Tricks

To write a press release, you have to keep the 3 W's in mind (who, what, why). Also, use key words in the title and make it interesting and "provocative". You have to make your news item stand out to the press because they receive thousands of press releases each day. Personal quotes are a useful tool in a press release as they bring the news closer to home. Always include a reference to additional information and applicable websites. Include quotes as they often copy and use them directly.

In general, the press is very interested in national/domestic issues as this relates directly to their audience. In our work it is important to transform SRHR issues into a national interest or a human interest matter. Human testimonies often attract more attention than facts and figures.

To build up good press contacts you have to make an effort. Try to find a person who is already interested in your issue, and who can sell it for you. Provide accurate information which will make you a reliable resource. Furthermore, think from their perspective, they appreciate suggestions, give them half of the story by presenting quotes and data, opinion pieces, have photos and films ready that they are readily allowed to use. Be professional; always call to confirm if you are invited for an interview, etc.

When you are interviewed, you always need to make sure in advance what the interview will be about. Ask if you can see the questions or at least the general topics. When you honestly don't know a question, admit it, rather than improvise or guess which will destroy your credibility as an interviewee and of the organisation as a whole. Try to build your message into each of your answers. Practice your answers. As we saw in the carousel exercise, it is very difficult to come up with answers on the spot. Make sure you knowledgeable and up-to-date on the topic. You can always ask a befriended journalist to help.

And if it's a written interview, ask if you can see the interview in advance, and if they do make a mistake, write to the editor and ask for a rectification.

How can we sell SRHR?

Sexual and reproductive health and rights is a complicated issue, the name itself is long. Furthermore, it is associated with youth in a negative way, which can easily be used against us. Therefore, try to make it simple, vivid, through personal stories and testimonies. And then, when you have their attention, have someone famous in a meeting present their life story, to illustrate that it can happen to anyone. After that, you can go into a more in-depth expert insight and talk about rights. If this can happen to anyone, shouldn't the rights of all people be respected?

DAY 6, Friday, 17 November

An introduction was given by Ruth to show the progression of the study session and the link between learning and sharing knowledge and putting those issues into action.

Problem Identification

There are different issues of concern on SRHR in the communities of the participants and in Europe in general. Participants shared an issue that they are particularly concerned about. There were various photos of all kinds of objects laid out across the floor. They had to select one photo that they felt symbolised a problem in their country. Each participant presented their problem briefly to the group. These issues formed the basis of their programmes of action which they were to develop over the two final days.

Field Visit

In the afternoon we visited *The Sexual Education Foundation* in Budapest. There we were introduced to the facilities and the volunteers of this organisation. The Sexual Education Foundation is an

organisation consisting of doctors, sociologists and other professionals who work to improve the standard of sexual rights throughout Hungary. They often focus on information regarding HIV prevention and improving the standards of sexual education within schools and the health services. A main aspect of their work consists of translating international publications as well as producing many of their own books, lesson plans, informational brochures, etc. They distribute materials to schools, hospitals and the general public. The organisation invests in awareness-raising campaigns, often focusing specifically in rural areas and with the Roma population.

Programme of Action

A Programme of Action (PoA) is a format that can be used to design a step plan for advocacy campaigns and actions, long term or short term. The format contains goals and objectives, a strategy, a step by step plan and a timeline for necessary actions. The starting point of any campaign is deciding on your issue and your goal and objectives. To develop clear goals and objectives the method of SMART goals was explained. The acronym stands for 5 elements that format an objective. They need to be: *Specific, Measurable, Achievable, Realistic and Time-bound*. See for a further explanation Appendix V.

The participants, although each designing their own PoA's, worked together with others from their countries so that they could help and inspire each other, while working with others who comprehended their own national situations. The facilitators were present in each group helping participants in designing their goals and objectives.

Day 7, Saturday, 18 November

Programme of Action (continued)

On the final day the participants continued their work on the Programmes of Action. There are many important and exciting efforts which were designed here. It is still too early to know the successfulness and the actual effects of the POA's, but, for the most part, they seem to be progressing as planned. Examples of the projects created by participants are:

- Motivation of the youth group through a youth – adult partnership training and new recruitment in Latvia.
- To raise female condoms availability in Macedonia – “Femidonia in Macedonia”
- Training the youth group from an Armenian organisation in SRHR

- Continue the planning of a lecture series on the Millennium Development Goals to raise awareness on development issues and include youth participation (Ireland).
- Planning an advocacy campaign to raise awareness on the funding cuts for milk supplements for babies to HIV-positive mothers (Ukraine)
- To organise a campaign for HIV prevention among young people in Bosnia Herzegovina
- To reduce LGBTQ discrimination in Armenia through forming a partnership between PAFHA and ILGA
- To raise awareness on the domestic violence problem in Armenia through research and an advocacy campaign
- To advocate for SRHR education in Azerbaijan with the government, International Medical Corps, OSI and UNFPA, and involving young people in all these processes.
- Sending an advocacy letter to Portuguese Parliamentarians to ask attention for HIV/AIDS

One-Minute Message

As a final wrap up for the Programme of Action, participants were asked to present the message of their PoA. Depending on your audience you have to choose your message. You will also have to look at how you can deliver your message. This can be done through a *Strategic Communication Model*, which is based on 3 steps:

- Inform – you have to inform your audience about your issue.
- Persuade – you have to convince your audience of the importance to support this issue and possibly strive for a policy change.
- Move to Action – the above two steps should move people into action.

Participants learned to be aware of the following points:

- Know the **context** of your message; know what has happened on this issue before and which people were involved then? Was your audience already targeted before with this message, or is it totally new for them?
- Use the right **language**. Depending on your audience you can use official language or more popular.
- Always use a **reliable source** when you use facts and figures.
- Choose the right **format** of your message. Ask yourself which format will convey my message most effectively. Should it be a statement, a poster, flyers or other ways, informal talking?
- It's essential to deliver your message at the right **time and place**, so that you're able to reach your most effective output.

Next participants were asked to deliver their message as a One-Minute-Message. Often you only get one chance to deliver your message in a very short time. Therefore they had to use the following model:

Statement
+
Evidence (fact and figures)
+
Example
(personal story of individual)
+
What can you do?

This model should help you deliver your message fast and in a convincing way. It is always important to practice your message at forehand. Each participant performed a one-minute-message on their issue. The following important points were made:

- Personal stories usually impress people more than big numbers. It's even better when you can present your own story, people cannot easily look a way from a person with a problem that is right in front of them.
- You cannot have an ego yourself as an advocate. Be modest you are pleading for the issue, not for yourself.
- When delivering your message, think of the following points:
 - Present yourself, who you are
 - You have to respect hierarchy
 - Praise people for other things they are doing
 - Thanking a person for their time for you.
 - Use the right body language, confident
 - Bring the issue closer to home
 - Securing another meeting, get a business card

Main Outcomes of the Study Session

Programmes of Action

The participants are progressing with the Programmes of Action (POA) they made during the study session. There are many important and exciting efforts which were designed here. It is still too early to gauge the successfulness and the actual effects of the POA's, but, for the most part, they seem to be progressing as planned. For the Programmes of Action please look under Day 7.

Pressure letter

Also, the participants wrote a letter to send to their governments and politicians. The letter stressed the importance to link human rights to sexual and reproductive health and rights and gave a short description of the study session. We sent it directly to each Member of Parliament in each of our countries. It was also sent to other organisations working with human rights and to local and national media outlets. The letter is attached at the end of this report.

Follow-Up Activities

After translating it to their home languages, the participants and the facilitators sent the letter in their home countries to each individual Member of Parliament, to local and national media outlets and to other organisations working with human rights and/or sexual rights. It was sent on the same day at the same time all throughout Europe. In Latvia they received an invitation from the government to talk about sexuality education. Personal responses were also received in Ireland and from other HR and SRHR organisations.

The letter will continue to be used as an advocacy instrument for YouAct members.

So far, participants have kept contact with YouAct through a mailing list and keep sharing opportunities and ideas with each other.

YouAct was also invited as a partner by EuroMed as experts in the sexual rights issues, complementing the information towards their own work on trafficking prevention.

Through contacts established at this study session, YouAct was invited to be represented among the speakers in the lecture series on the Millennium Development Goals (MDG's), at Trinity University in Dublin, giving the youth perspective on the MDG's. There are several other cooperations and collaborations between participants' organisations, as mentioned above. This is evidence of the great opportunities this study session has created through providing the forum for networking.

Final Conclusions and Recommendations

Sexual and reproductive health and rights (SRHR) or in short *sexual rights* is for many people an abstract term. However, sexual rights are part of our lives, everyone's lives, as we are all sexual beings. SRHR is, however, a term that has to do with international views and ideas on sexuality and reproduction. In this session we explored the questions: What are people's rights regarding their sexuality and reproduction? What can be said about the general situation on SRHR in the world? Where does the terminology come from? How does it link up to the International Human Rights framework? Participants discovered many different things. First of all it's a political term which has many implications for the realisation of the rights of young people. The terminology that is used is complicated and seldom consistent. In review of the different rights, the participants discovered the complexity surrounding the interpretation of rights. Although all rights should be equally respected and implemented, the cultural and economical context, as well as personal values, too often prevent the realisation of rights. One right is seen as more important than the other by different persons with a different cultural or economical experience, which results in inconsistencies in societal and governmental attitudes towards the realisation of sexual rights.

In addition, these different opinions are reflected in the available international agreements. There is not one common understanding of what sexual rights means. The texts are based on negotiations of governments and their political and cultural wills and compromises to address sexual rights issues.

The overall point of this study session is that sexual rights must be incorporated into the general human rights framework. Although linkages were clearly established during this session with various documents, there is still a struggle to include it in the general framework. One of the recommendations of the participants therefore, is to make a continued effort to establish this linkage. Cooperation with general human rights activists and politicians is necessary in order to increase awareness of this issue. A start towards this goal was the pressure letter written by the participants for the recognition of sexual rights as human rights.

Another way to establish the linkage and to realise clear and youth friendly language on sexual rights is the development of a European Youth Charter on Sexual Rights. We would like to recommend this as well as a future theme for a study session. YouAct will reapply for a study session to explore and develop this idea further, which could be used as an advocacy tool for any youth organisation in Europe to promote sexual rights.

The situation in Europe was explored as well. Comments and discussion from participants show that

although living in a more affluent part of the world, sexual rights are still a delicate and complex issue. Gender roles play a significant role in the realisation of sexual rights, or better said, the denial of these rights. Especially in some of the eastern countries, but also rural areas in general, rights of young people and specifically young women are violated on the basis of gender discrimination. They have no decision-making power or access to the necessary services and information. One of the recommendations would be that when comprehensive sexuality education can be realised, attention to gender roles is one of the essential issues to address. Empowerment starts at a young age and need, children need to be educated, trusted and supported to gain self-confidence. Of course, overall comprehensive sexuality education should be realised, with complete and accurate information and providing skills to make a healthy, happy and responsible sexual life possible.

When discussing HIV/AIDS, participants recommend the need to realise a different and more positive attitude towards HIV. Stigma and discrimination are fed by our own perceptions. Campaigns that portray HIV as the ultimate danger and imminent death provoke negativity, fear and anxiety about HIV. Young people living with HIV are unable to shed that discrimination and talk openly about their lives, which increases the taboo instead of creating an atmosphere of acceptance and stressing the need to take care of yourself through testing and other prevention methods. More importantly, young people living with HIV have rights that need to be acknowledged.

In the campaign All Different/All Equal, debate on LGBTQ issues is stimulated. However, looking at the facts and numbers surrounding LGBTQ issues it is very important to address this issue and constant attention is necessary to include this issue within sexual rights. Even within the group the attitudes towards LGBTQ was varied and caused heated debates.

A vital tool to realise sexual rights is youth participation. Young people know their situation best, what needs they have and they have a great motivation to work towards their own solutions. The participants proved this point by their commitment of time to this study session to develop Programmes of Action for their community and the work they do, often voluntary, at home. They were capable of developing plans based on their own knowledge and experience. The promotion of youth participation, however, needs to be continued and increased. Many participants had the opportunity to participate in the study session through a supportive organisational environment, however they need support as well outside their organisations to realise their right to participate. The Council of Europe provides several instruments at the international level, and we would like to stimulate pressure to increase even more financial support to implement these instruments, also towards national governments.

The above-mentioned recommendations all require further advocacy efforts. Therefore, the participants practiced and experienced different advocacy skills. One of the indispensable tools of advocacy is 'using the right language' and equally important, 'knowing the right language'. Looking at formal documents is seldom inspiring, however we need to make sure that the language that is there reflects the needs of youth. More opportunities to train and be involved in these processes and to learn and understand and formulate 'the right language' and 'the right message' are therefore essential. Other steps in the advocacy process require practice as well and specific skills need more attention. Young people often lack media experience and are therefore scared to use the media to their advantage in an advocacy campaign. Training is required to build self confidence and awareness on how the media can work for you instead of the other way around.

The 22 young people and their facilitators gathered for this study session felt an urgent need for action on the issues. They shared their experiences and gained insight into new tools and ideas to continue their programmes in their own communities. They gave each other inspiration, knowledge and skills. However, it is not only on the personal level and in NGO communities where attention to this issue is needed. Overall, there is a need to upscale international advocacy efforts for this issue. Therefore, in conclusion from this study session we recommend an increased attention from the Directorate of Youth and Sport of the Council of Europe for Sexual Rights. Young people need a safe space and environment to work on sexual rights. The European Youth Centre offers an excellent opportunity for this and their focus on human rights is in line with this issue. We hope to see more sessions with sexual rights and welcome any effort within the All Different/All Equal campaign towards the promotion of sexual rights to be included in the human rights framework.

Analysis of the Session

Overall, the study session can be seen as a success. We've evaluated the study session through a written evaluation. The goals were evaluated by participants using a scale from 0 to 100, they were to answer to what percentage they estimated that we met each goal (100% would mean that we met the goal completely and in an exceptional way). The first goal of the Study Session was *to raise awareness on the role of sexual and reproductive rights in the youth participation and human rights framework and enable the participants to take an active role in their own communities*. This was evaluated by all participants at an average of 80.5%. The second goal was *to increase the knowledge of the participants about international agendas and agreements within the framework of SRHR and human rights*. This goal received an average of 76.4%. The third goal was *to encourage the*

promotion of human rights, active citizenship and meaningful youth participation in the decision making processes, specifically taking into account a gender perspective. This was evaluated with an average of 75%. The fourth goal was *to promote dialogue and information sharing in all levels – between sexes, cultures, nations, across age-barriers and with the media to enhance participant's capabilities to work as SRHR advocates in the future* and was regarded by participants as achieved to 75%. The fifth goal was *to focus on the issues of health services and sexual education* and was only attained in 26%, which reflects the organisation of the study session more on the human and sexual rights perspective than on the social intervention aspects of these rights. This was the goal we were judged to have achieved the least. The sixth goal was *to create a plan for all NGO's and NYC's attending the study session to incorporate SRHR issues into their own strategic plans and subject areas.* Unfortunately, we only received applicants from NGO's and not from NYC's which made the training team design the study session for a target group of NGO young people. This goal was the best attained and had an average evaluation of 83.8%. It was also mentioned specifically as the most inspiring and enthusiastic moment by 9 of the participants.

There was a good evaluation of how valuable the participants felt the study session was to them. The average of 77.6% makes us believe in a stronger empowerment of the youth who attended it; this is also reinforced by the continuing communication through email and actions done with the advocacy letter.

The moments that were referred to as most inspiring and when they felt most enthusiastic, other than the action plan already stated, were: presentation of organisations, group discussions, disagree/agree game, problem identification, Earth Story by Common Ground Consulting, human right session, sexual rights session, LGBTQ session. On the other hand, the moments least inspiring and motivational were: the first morning with rules and logistical information, the media presentation, reviewing the international documents and agreements, the study field visit and even sleeping! What the participants thought was missing and should consequently be integrated in the next proposals for study sessions are: team-building games, energisers, interactive behavioural games, linking each day together better, more discussions on SRHR issues, abortion, HIV/AIDS, sexuality issues, national advocacy, more examples of YouAct experiences/activities/achievements, deeper discussions on concepts of hetero-normativity and gender perspective, field work.

In the future participants intend to host trainings to share the information they obtained from the study session with their peers (personal and professional) and in their organisations. They also intend to use their media contacts to advocate their work (and the letter resulted from the study session). Other participants said that they will implement their programme of action which was highly evaluated and

thus shows very promising results.

In a more subjective perspective we asked in evaluations what surprised them the most and the responses focused from very empowering issues to entertaining or annoying ones: “there were people not afraid to be themselves”, “the team was very friendly and cool”, Programme of Action, the energiser called “Do You Know Per?” (which will only be known to you if you ever attend a YouAct training or meet one of the participants), the cultural evening, “great parties” and the fact that “some countries still believe in virginity”. In a more poetic way, the team can was summarised in this way: “Ennis with the energy, Joana with the feeling, Adam with the relax, Elina with the official stuff, Tim with the lust attitude, Marije the unbelievable knowledge and help, Iris for the Attitude...”

From the team of trainers we acknowledge the importance of having a preparatory weekend and a lot of work done before coming into the facilities of the EYC for the training. The general impressions are very positive. We have learned a lot from the assistance and guidance we received from the EYC and have definitely developed as facilitators.

March 2007

Timothy Bergdorf

Joana Almeida

Marije Nederveen

Appendix I

The Participants:

- Olga Aleksandrova, 25, Public youth Organisation Mutual Aid Club *Life+*, *Ukraine*
- Ivana Trajanovska, 18, European Youth Parliament, FYR Macedonia
- Katerina Miovska, 26, Health Education and Research Association, FYR Macedonia
- Sabrina Roduit, 22, PLANES, Switzerland
- Kajsa Björnstedt, 26, Ungdomsmottagningen Centrum Göteborg, Sweden
- Marie Gustavsson, 25, Genusgruppen Göteborgs Universitet, Sweden
- Sara Pereira, 26, Associação para o Planeamento da Família, Portugal
- Valentina Oliveira, 24, Direccção-Geral Saude, Portugal
- Carlos Barradas, 28, Centro de Estudos Sociais, Portugal
- Nick Palade, 21, SPFM, Moldova
- Ruta Dukstaite, 21, IN CORPORE, Lithuania
- Renata Daunoravičiūtė, 21, Family Planning Association, Lithuania
- Orinta Jurkevičiūtė, 18, Family Planning Association, Lithuania
- Luīze Ratniece, 18, Family Planning and Sexual Health Association-*PAPARDES ZIEDS*, Latvia
- Inga Jankauska, 22, Family Planning and Sexual Health Association-*PAPARDES ZIEDS*, Latvia
- Paul Coughlan, 21, Development studies, Economics Dept. TCD, Ireland
- Ann Siradze, 20, HERA XXI, Georgia
- Niya Konstantinova, 19, Youth Red Cross, Bulgaria
- Sanita Maleškič, 18, Democracy Centre *Nove Nade*, Bosnia and Herzegovina
- Yusif Abasov, 21, International Medical Corps, Azerbaijan
- Yeranuhi Hovhannisyán, 23, Women's Rights Centre, Armenia
- Spartak Yeghiazaryán, 23, Pan-Armenian Association *for Family and Health*, Armenia
- Luiza Soghomyán, 20, Pan-Armenian Association *for Family and Health*, Armenia

The Facilitators:

- Iris Bawidamann, 27, CoE- Educational Advisor, Germany/France
- Marije Nederveen, 27, YouAct- Coordinator, The Netherlands
- Ruth Ennis, 19, YouAct, Ireland
- Adam Qvist, 20, YouAct, Denmark
- Joana Almeida, 26, YouAct, Portugal
- Elina Juntunen, 26, YouAct, Finland
- Timothy Bergdorf, 28, YouAct, Sweden

Seats in Parliament held by Women (%):In: hdr.undp.org (Human Development Report 2005)

Russia	9,8%
Romania	11,1%
Belarus	29,4
Bosnia & Herzegovina	16,7
Albania	6,4
Ukraine	5,3
Kazakhstan	10,4
Armenia	5,3
Georgia	9,4
Azerbaijan	10,5
Norway	38,2
Sweden	45,3
Switzerland	25
Ireland	13,3
Belgium	34,7
Netherlands	36,7
Finland	37,5
Denmark	36,9
United Kingdom	18,1
France	12,2
Austria	33,9
Italy	11,5
Germany	36,6
Spain	36
Slovenia	12,2
Portugal	19,1
Malta	9,2
Hungary	9,1
Poland	20,2
Lithuania	22
Croatia	21,7
Latvia	21

**Estimated Earned Income (in US dollar) –
World Bank data (2005)**In: hdr.undp.org (Human Development Report 2005)

	Women	Men
Norway	32 272 \$	43 148 \$
Sweden	21 842	31 722
Switzerland	28 972	32 149
Ireland	22 125	53 549
Netherlands	20 512	38 389
Finland	23 211	32 250
Denmark	26 587	36 430
UK	20 790	33 713
France	20 642	35 123
Germany	19 534	36 258
Spain	13 854	31 322
Greece	12 531	27 591
Portugal	12 853	23 829
Malta	9 893	25 525
Poland	8 769	14 147
Lithuania	9 595	14 064
Slovakia	10 681	16 463
Croatia	8 047	14 351
Latvia	8 050	12 886

Contraceptive rates

In: www.unfpa.org/swp/ (State of the World Population 2006)

Norway	74%
Sweden, Ireland, Belgium Finland, Denmark, Netherlands, Germany, Austria, Portugal, Cyprus, Belarus, Bosnia & Herzegovina, Ukraine	100%
UK, France, Poland, Russia, Kazakhstan	99%
Romania	98%
Georgia	96%
Azerbaijan	84%

Appendix III

European HIV statistics by country:

Western European country	HIV diagnoses in 2004 (or 2003)	Rate per million in 2004 (or 2003)	Cumulative total, June 2005	Adult HIV prevalence 2005 ²
Andorra†	35	-	35	-
Austria	470	57.9	2,817	0.3%
Belgium	984	95.2	16,781	0.3%
Denmark	319	59.3	4,414	0.2%
Finland	128	24.5	1,753	0.1%
France††	5,246	84.3	8,327	0.4%
Germany	2,090	25.3	24,712	0.1%
Greece	436	39.7	7,371	0.2%
Iceland	5	17.1	176	0.2%
Ireland	356	89.0	3,911	0.2%
Israel	315	48.0	4,483	<0.2%
Italy‡	(1,104)*	(65.8)*	(5,896)*	0.5%
Luxembourg	60	130.7	686	0.2%
Malta†	17	42.9	23	0.1%
Monaco	-	-	-	-
Netherlands	1,265	78.0	10,843	0.2%
Norway	(225)*	(49.6)*	(2,755)*	0.1%
Portugal	2,803	278.3	27,013	0.4%
San Marino	(4)*	(144.9)*	(43)*	-
Spain	-	-	-	0.6%
Sweden	431	48.5	6,897	0.2%
Switzerland	776	108.3	28,243	0.4%
United Kingdom	7,510	126.4	72,938	0.2%
Total	23,246	-	230,117	0.3%

- data not available

* 2003 data

† Andorra and Malta began reporting in 2004

†† France began reporting in 2003

‡ Italy reports cases from only 7 of its 20 regions/provinces

Central European country	HIV diagnoses in 2004 (or 2003)	Rate per million in 2004 (or 2003)	Cumulative total, June 2005	Adult HIV prevalence 2005 ²
Albania	29	9.1	148	<0.2%
Bosnia & Herzegovina	16	3.8	105	<0.1%
Bulgaria	(63)*	(8.0)*	(465)*	<0.1%
Croatia	56	12.7	504	<0.1%
Cyprus	25	31.0	441	<0.2%
Czech Republic	76	7.4	776	0.1%
Hungary	71	7.2	1,242	0.1%
Macedonia F.Y.R	6	2.9	76	<0.1%
Poland	656	17.0	9,151	0.1%
Romania	293	13.2	6,323	<0.1%
Serbia & Montenegro	107	10.2	2,035	0.2%
Slovakia	15	2.8	228	<0.1%
Slovenia	25	12.6	261	<0.1%
Turkey	210	2.9	1,922	<0.2%
Total	1,585	-	23,677	0.1%

- data not available

* 2003 data

Eastern European country	HIV diagnoses in 2004	Rate per million in 2004	Cumulative total, June 2005	Adult HIV prevalence 2005 ²
Armenia	49	16.1	325	0.1%
Azerbaijan	121	14.3	802	0.1%
Belarus	778	79.0	6,263	0.3%
Estonia	743	567.8	4,786	1.3%
Georgia	163	32.1	740	0.2%
Kazakhstan	699	45.4	5,092	0.1%
Kyrgyzstan	157	30.1	731	0.1%
Latvia	323	141.3	3,187	0.8%
Lithuania	135	39.5	1,056	0.2%
Republic of Moldova	360	84.4	2,305	1.1%
Russian Federation†	33,969	238.6	294,601	1.1%
Tajikistan	198	31.4	317	0.1%
Turkmenistan	0	0.0	2	<0.1%
Ukraine†	10,218	212.2	66,529	1.4%
Uzbekistan	2,016	76.1	5,612	0.2%
Total	49,929	-	392,348	0.8%

- data not available

† Excluding mother-to-child cases

Appendix IV

SMART

Writing Articulate Goals and Objectives

Effective, useful evaluation begins with solid goals and objectives. Carefully defining your goals and objectives up front can make your work easier in the long run and lead to more positive results in your program. Please consider the following:

Goal: A goal refers to the overall change expected in a school group or population as a result of a program. Goals describe the overriding purpose of a program and are written as concise, general statements, not immediately measurable.

Example: To decrease HIV risk behaviour among high school students.

Objectives: Objectives are the intermediate steps or milestones that need to be achieved in order to meet your goal. Objectives are written as specific intended outcomes; they are what you hope your target audience will know, feel, or be able to do at the conclusion of your program.

Example: Two months after initiation of project OUTREACH, 80% of trained peer educators will be able to conduct one-on-one interviews with program participants to assess knowledge about HIV risk behaviour.

Example: Three months after the training, 75% of peer educators will begin implementation of the HIV risk-reduction curriculum in their communities.

Elements of an Objective: Key elements of an objective can best be identified by answering the following question: "Who will do how much of what by when?"

- WHO (Who is your target population?)
- HOW MUCH (How much change do you hope to see?)
- WHAT (What is your intended outcome?)
- BY WHEN (By when will your objective be met or measured?)

Example: Three months after participating in a project OUTREACH social drama, 60% of program participants will be able to describe three attitudes that contribute to sexual risk behaviour.

- . Who: Program participants participating in a project OUTREACH social drama
- . How much: 60% of participants
- . What: Describe three attitudes that contribute to sexual risk behaviour
- . When: Three months after participating

Characteristics of a Well Written Objective: SMART

Another rule of thumb for writing good objectives is to see if they are SMART. Once you draft an objective, check it against the following criteria to see how it stands up.

S=Specific. Objectives should be specific and use only one action verb. Objectives with more than one verb are difficult to measure. Also, avoid verbs that may have vague meanings to describe intended outcomes (e.g., “understand” or “know”) because they are too hard to measure. Instead, use verbs that allow you to document action (e.g., “At the end of the session, the students will list three concerns...”). Remember, the greater the specificity, the greater the measurability.

M=Measureable. It is impossible to determine whether or not you met your objectives unless you can measure them. A benchmark from which to measure change can help. For example, if you found in your evaluation that 70% of high school students believe that their age protects them from HIV infection, you might write an objective that strives to decrease that percentage to 55%. Thus you will have an objective with a benchmark from which to measure change and one which is specific enough to be evaluated quantitatively.

A=Appropriate. Your objective must be appropriate (e.g., culturally, developmentally, socially, linguistically) for your target population. To insure appropriateness, objectives should originate from the needs of your target audience and not from a preconceived agenda of program planners. Conducting a solid needs assessment (e.g., holding in-depth interviews with members of the target population) helps to ensure that your objectives will be appropriate. For example, an objective focusing on risk factors for an elementary school population may be inappropriate for a high school population.

R=Realistic. Objectives must be realistic. Countless factors influence human behaviour. If program planners set their sights too high on achieving changes in knowledge, attitudes, skills or behaviour, they will likely fall short of reaching their objectives. While a program may have been very successful, it may not appear that way on the surface because the objectives were too ambitious.

The following is an unrealistic objective:

- After participating in the project OUTREACH, 100% of high school students will list all the ways that HIV is transmitted.

A more realistic objective could be written as follows:

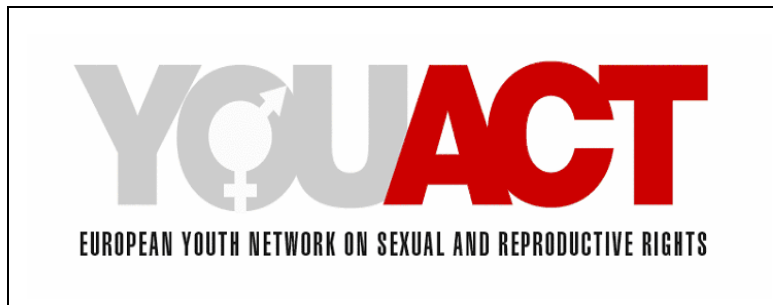
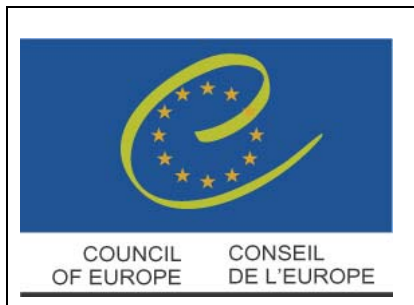
- After participating in the project OUTREACH, 85% of high school students will list at least three of the four ways that HIV is transmitted, as described in the Introduction to HIV session.

T=Time specific. It is important to provide a time frame indicating when the objective will be measured or a time by which the objective will be met. Including a time frame in your objectives helps in both the planning and the evaluation of a program.

- Within two months of beginning project OUTREACH, 60% of peer educators will demonstrate the capacity to write an outline script of a theatrical social drama for presentation to their peers.

Appendix V

Pressure letter:



Dear Madam or Sir,

Young people from all over Europe, in cooperation with YouAct and Council of Europe, met at the European Youth Centre in Budapest from 12 to 19 November, 2006 in order to discuss sexual and reproductive rights and their relationship to human rights. After a week of thorough examination and discussion of numerous international agreements and declarations, we have unanimously concluded that sexual and reproductive rights are insured by international law and are our undeniable, universal human rights.

All human beings are born free and equal. According to The United Nations' *Universal Declaration on Human Rights (UDHR)* we are entitled to all the rights and freedoms expressed therein, without distinction of any kind. This is also reinforced by Article 10 of The European Convention on Human Rights (ECHR) and Article 2 of *The Convention on the Rights of the Child (CRC)*. Unfortunately, these rights are violated everyday, in every country throughout the world. We must work to eliminate all forms of discrimination, including those which are based on age, gender and/or sexual orientation.

All young people have the right to education and to receive and impart all kinds of information (*UDHR Articles 19 & 26, CRC Articles 13 & 28, ECHR Protocol 1/Article 2*). Young people desperately need and have the right to receive a comprehensive, evidence-based sexual education which takes into account sexuality, sexual life, contraception, HIV and STI prevention and the promotion of safe and responsible sexual behaviour. In countries such as Sweden and The Netherlands it has been shown that a high standard of sexual education has greatly reduced the number of unwanted teen pregnancies, abortions, sexually transmitted infections and HIV infections.

It is also our undeniable right to have access to the highest attainable standard of healthcare and social services (*UDHR Article 25, CRC Article 24*). This includes safe and confidential treatment and prevention of HIV/AIDS as well as other sexually transmitted infections and access to condoms and other contraceptives. Counselling and other support services should also be provided to empower young people to effectively negotiate and deal with the physical and psychological aspects of relationships.

In matters concerning sexuality and reproductive health, programmes which are developed by or in cooperation with young people are proven to be the most effective (source: UNFPA). Not only this, but it is our right to participate in the decisions and actions that affect our lives and to develop roles and attitudes compatible with responsible citizenship (*CRC Article 24*). You should include young people in the actions you take regarding sexuality and all other areas affecting youth. We must be seen not simply as recipients or problems, but instead as partners, informants and solutions.

Your government has ratified all three of these documents and you are therefore legally obliged to implement and protect these rights for your citizens. We insist that you take immediate steps to protect and ensure the sexual and reproductive rights of young people. We also insist that you include young people in the design, implementation and direction of projects concerning youth and sexuality.

No one understands young people's needs better than young people themselves

Madame, Monsieur,

Des jeunes venus de toute l'Europe, en coopération avec YouAct et le Conseil de l'Europe, se sont rencontrés à Budapest du 12 au 19 novembre 2006, dans le but de discuter des droits en santé sexuelle et reproductive et de leur lien avec les droits de l'homme. Après une semaine d'examen et de discussions portant sur de nombreux accords internationaux et déclarations internationales, nous sommes parvenus à l'unanimité à la conclusion que les droits en santé sexuelle et reproductive sont assurés par la loi internationale et qu'ils font donc partie de nos droits de l'homme, indéniables et universaux.

Tous les être humains sont nés libres et égaux. Selon la *Déclaration Universelle des Droits de l'Homme (DUDH)*, nous avons droit à tous les droits et libertés qui y sont exprimés, sans aucune distinction. Ceci est également renforcé par l'article 10 de la *Convention Européenne sur les Droits de l'Homme (CEDH)* et par l'article 2 de la *Convention sur les Droits de l'Enfant (CDE)*. Malheureusement, ces droits sont violés chaque jour, dans chaque pays du monde. Nous devons œuvrer à éliminer toutes les formes de discrimination, y compris celles qui sont basées sur l'âge, le genre et/ou l'orientation sexuelle.

Tous les jeunes ont droit à l'éducation, tout comme ils ont le droit de recevoir et de dispenser toutes sortes d'information (*DUDH Articles 19 et 26, CDE Articles 13 et 28, CEDH Protocole 1 / Article 2*). Les jeunes ont désespérément besoin et ont le droit de recevoir une éducation sexuelle complète, basé sur des faits, qui tient compte de la sexualité, la vie sexuelle, les moyens de contraception, la prévention des IST et du VIH, ainsi que la promotion d'un comportement sexuel sûr et responsable. Dans les pays comme la Suède et les Pays-Bas, il a été montré que des standards d'éducation sexuelle élevés ont grandement réduit le nombre de grossesses non désirées chez les adolescentes, d'avortements, de maladies sexuellement transmissibles et d'infections VIH.

L'accès à des services de soins, sanitaires et sociaux de bonne qualité (*DUDH Article 25, CDE Article 24*) fait également partie de nos droits indéniables. Cela inclut le traitement sûr et confidentiel et la prévention du VIH/sida ainsi que des autres infections sexuellement transmissibles, et l'accès aux préservatifs et aux autres contraceptifs. Des services de conseil et de soutien devraient aussi être fournis afin de donner le pouvoir aux jeunes d'appréhender et de gérer efficacement tous les aspects physiques et psychologiques des relations.

En ce qui concerne la sexualité et la santé reproductive, il a été prouvé que les programmes développés par des jeunes ou en collaboration avec eux sont les plus efficaces (source : UNFPA – Fonds des Nations Unies pour la Population). De plus, nous avons le droit de participer aux décisions et actions qui affectent nos vies et de développer des rôles et attitudes compatibles avec une citoyenneté responsable (*CDE Article 24*). Vous devriez inclure les jeunes dans les actions que vous menez en matière de sexualité et dans tous les domaines qui concernent les jeunes. Nous ne devons pas simplement être vu-e-s comme des destinataires ou des problèmes, mais au contraire comme des partenaires, des informateurs/trices et des solutions.

Votre gouvernement a ratifié ces trois documents et vous êtes donc légalement obligé-e-s de mettre en œuvre et de protéger ces droits pour vos citoyens. Nous insistons pour que vous preniez des mesures immédiates afin de protéger et d'assurer les droits des jeunes en santé sexuelle et reproductive. Nous insistons également pour que vous incluiez les jeunes dans la conception, la mise en œuvre et la direction des projets qui les concernent et qui ont trait à la sexualité.

Personne ne comprend les besoins des jeunes mieux qu'eux-mêmes !

YouAct- C/O WPF – Ampèrestraat 10 - 1221 GJ Hilversum, NL - T +31 35 6422304 - youact@gmail.com

We are willing and able to co-operate, advise and inform you about sexual and reproductive rights and how we can achieve the full implementation, protection and realisation of these rights.

Nous sommes disposé-e-s et capables de coopérer, de vous conseiller et de vous informer au sujet des droits en santé sexuelle et reproductive, ainsi que sur les moyens d'atteindre la mise en œuvre, la protection et la réalisation complètes de ces droits.

Marije Nederveen, YouAct, The Netherlands

Maria Joana Almeida, YouAct, Portugal

Elina Juntunen, YouAct, Finland

Ruth Ennis, YouAct, Ireland

Adam Qvist, YouAct, Denmark

Timothy Bergdorf, YouAct, Sweden

Iris Bawidamann, Council of Europe, Germany

Olga Aleksandrova, Public youth Organisation Mutual Aid Club *Life+*, Ukraine

Ivana Trajanovska, European Youth Parliament, FYR Macedonia

Katerina Miovska, Health Education and Research Association, FYR Macedonia

Sabrina Roduit, PLANES, Switzerland

Kajsa Björnstedt, Ungdomsmottagningen Centrum Göteborg, Sweden

Marie Gustavsson, Genusgruppen Göteborgs Universitet, Sweden

Sara Pereira, Association para o Planeamento da Familia, Portugal

Valentina Oliveira, Direccção-Geral Saude, Portugal

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Tsvetomira Danova, Zaedno, Bulgaria

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Yeranuhi Hovhannisyán, Women's Rights Center, Armenia

Spartak Yeghiazaryan, Pan-Armenian Association *for Family and Health*, Armenia

Luiza Soghomonyan, Pan-Armenian Association *for Family and Health*, Armenia

