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## ICPD background

### **The International Conference on Population and Development (1994)**

In 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt, 179 countries forged an inspiring and visionary plan to improve the health and wellbeing of tens-of-millions of people worldwide. The ICPD was ground-breaking and led governments to place human rights at the heart of human development.

The central role of women and young people in the development process and the need to empower women and young people as powerful agents of change was recognized and promoted in the 20 year ICPD Programme of Action adopted by 179 countries.

This programme committed governments to achieving, by 2015, a range of development goals that placed individual people and human rights at the centre of development. At the heart of the ICPD are the commitments to attain universal access to sexual and reproductive health, including family planning; to ensure everyone had the information and education they needed to make decisions about relationships, sex and reproduction that were right for them; and it sought to prevent the spread of sexually transmitted infections, including HIV. In 2001, some of these goals became critical parts of the United Nations' Millennium Development Goals, which aim to eradicate extreme poverty by 2015.

The ICPD Programme of Action aims to make reproductive health, including family planning, sexual and reproductive health and information universally available by 2015 as part of a broadened approach to individual health and rights.

The ICPD promotes:

- Sustained economic growth in the context of sustainable development;
- Education, especially for girls;

- Gender equity and equality;
- Infant, child and maternal mortality reduction;
- The right to choose the number and spacing of children;
- The provision of universal access to reproductive health services, including family planning and sexual health.

The ICPD programme emphasised the centrality of sexual and reproductive health — defined as 'complete physical, mental and social wellbeing' — to the lives and wellbeing of all people, including young people.

While some countries have achieved much progress too many governments are failing to make progress to meet needs of all young people.

### **The ICPD and young people**

People born in 1994 at the time of the ICPD are now 15 years old and form part of the largest cohort of young people the world has ever seen – some 1.5 billion. The ICPD was written to address their needs and it is critical that governments meet their ICPD commitments if young people are to be able to attain their rights.

With this in mind, the 15andCounting campaign was created to support all groups and organizations involved with young people and the delivery of sexual/reproductive health services and education.

Key strands of the Programme of Action involving young people:

### **Gender equality, equity and empowerment of women**

One of the objectives from the ICPD conference is to protect young girls and to eliminate all forms of discrimination against the female child, to increase public awareness of the value of the female child and to strengthen her self-esteem. To these ends, it calls for leaders at all levels of society to speak out and act forcefully against gender discrimination.

### **Reproductive rights and reproductive health**

The Programme of Action (POA) states that governments must promote the adequate development of responsible sexuality that permits mutual respect between the sexes.

Member states must also ensure that women and men have access to information, education and services needed to achieve good sexual and reproductive health and to exercise their reproductive rights and responsibilities, including the right to choose the number and spacing of their children.

Recommended actions include giving support to integral sexuality and relationships education and services for young people, with the support and guidance of their parents. Educational efforts should begin within the family unit, but must also reach adults, in particular men, through non-formal education and a variety of community-based activities.

### **Population, development and education**

Education is critical to all human development, it is an essential component of individual wellbeing and a means to enable the individual to gain access to knowledge.

The increase in the education of women and girls contributes to women's empowerment, to postponement of marriage and to reductions in family size. When mothers are better educated, their children's survival rate tends to increase. Education affects fertility rates, morbidity and mortality rates; empowers women; improves the quality of the working population; and promotes genuine democracy. It is recognised as an important factor in sustainable development. A primary aim in ensuring universal education is to promote the health, wellbeing and potential of all adolescents and young people, with the specific goal of increasing the participation of young people in decision making that affects their lives and to play a full role in society to promote good citizenship.

### **Further information**

For further information on the ICPD Programme of Action visit the below websites:

<http://www.ippf.org/en/About/ICPD+Programme+of+Action.htm>

<http://www.unfpa.org/icpd/summary.cfm#chapter4>

<http://www.unfpa.org/intercenter/advocating/icpd-poa.htm>

<http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>

## Millennium development goals and timeline

The Millennium Development Goals (MDGs) are a series of eight ambitious, time-bound targets with a deadline of 2015 for their achievement. The targets range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education.

The following eight MDGs have been agreed to by the international community, world leaders and all the world's leading development institutions:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

One critical failure of the MDGs was the exclusion, for political reasons, of sexual and reproductive health and rights as outlined in the Programme of Action of the International Conference on Population and Development. The MDGs specifically omitted the sexual and reproductive needs and rights of young people.

This was partially addressed in 2006 when 'universal access to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections including HIV/AIDS' was finally included under MDG 5. There is still no MDG dealing specifically with the needs and welfare of young people.

### Further information

Learning to Speak MDGs (English, French and Spanish)  
[http://youthcoalition.org/site08/html/index.php?id\\_art=47&id\\_cat=5&name\\_cat=What%20we%20Do](http://youthcoalition.org/site08/html/index.php?id_art=47&id_cat=5&name_cat=What%20we%20Do)

## Timeline

In 1994, the ICPD (International Conference on Population and Development) was held in Cairo. 179 countries agreed to achieve universal access to sexual and reproductive health by 2015. This was a landmark decision because the focus changed from population control to the sexual and reproductive health and rights of individuals.

Following the United Nations Millennium Summit in New York in 2000, the eight Millennium Development Goals were issued in 2001.

In 2005, at the World Summit, the largest gathering of world leaders in history

reaffirmed a commitment to providing universal access to reproductive health first made in 1994 at the International Conference on Population and Development in Cairo.

In 2006, the Secretary-General of the United Nations announced that there would be a new Reproductive Health target under MDG 5 – 'to achieve universal access to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections including HIV/AIDS, by 2015'.

2015 is the target date for the achievement of the MDGs.



## **What is sexual and reproductive health/ what are reproductive health rights?**

Sexual and reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be fully informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. Also part of reproductive health is the right of access to health-care services that will enable women to go safely through pregnancy and childbirth.

Included in sexual and reproductive health is the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Full attention should be given to promoting mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents and young people to enable them to deal in a positive and responsible way with their sexuality.

## **Benefits of sexual and reproductive health rights/ why do we need sexual and reproductive health rights?**

Population, poverty and development are inextricably linked.

Individuals have the right to have control over their sexual and reproductive lives and make reproductive decisions without interference or coercion. This includes having objective and age appropriate sex and relationships education and information.

All over the world millions of women, men and young people want to decide for themselves when, if and how many children to have. They want to protect themselves against sexually transmitted infections (STIs) and HIV, and they want and need the ability to protect their health and choose their own destiny. When they are able to do so, their lives are enriched, they are healthier, and are better able to care for themselves and for their families.

Access to sexual and reproductive health and rights is essential to individual, social and economic development within every society. Family planning is now recognized not only as a basic human right, but also as a powerful cost-effective intervention to improve public health and achieve human development goals. Because women are drivers of development, providing sexual and reproductive health services and programmes to girls and women in particular will provide substantial returns to all of society. These programmes free women from the fear of unwanted pregnancy or sexually transmitted infections (including HIV), and from circumstances where they have no voice and no power.

When women have the means to choose the number and spacing of their children they will generally choose more for their children, not more children. They are also able to participate fully in education, to improve their livelihoods and engage as full members of society. Men and boys must be supported to ensure their own health wellbeing and they must be engaged in efforts to achieve gender equality. The ability to act in a way to secure one's own sexual and reproductive health is vital for individual health and wellbeing, sustainable families and communities and a sustainable planet.

Meeting the needs and improving the quality of life of present and future generations can only happen through sustainable development, and human beings need to be at the centre of efforts towards sustainable development. Addressing concerns about population is about fulfilling our commitment to human rights; these concerns should accelerate our progress in meeting the unmet need of millions for contraception. By providing contraception to all those who want and need it, we can help people create a life that they can sustain and that is of their own choosing.

The costs of investing in sexual and reproductive health and rights are minimal compared to the costs that are incurred by not making these investments. The social and economic burden of sexual ill health (including HIV and AIDS), especially in developing countries is immense. Annually, the global investment in family planning and contraceptive services prevents an estimated:

- 187 million unintended pregnancies
- 60 million unplanned births
- 105 million induced abortions
- 215,000 pregnancy-related deaths each year
- 685,000 children from losing their mothers as a result of pregnancy-related death

The promise that universal access to sexual and reproductive health and rights has for achieving international development goals, for individual human rights, for sustainable communities and a sustainable planet cannot be understated. Sexual and reproductive health services and programmes empower individuals to make decisions about their own lives, and generally, when given the choice, individuals will make choices that are good for themselves, their families, and society.

## Dealing with opposition

An important obstacle you may face is organized opposition, those who do not agree with your ideas on young people's sexual and reproductive health rights. Being aware of the opposition, who they are, what their messages and tactics are and who their allies are will enable you to better prepare yourself.

### Who are they?

Anyone can be against your ideas, from your friends to your teachers and community leaders.

### What do they believe?

Here are some examples, you can collect more.

- Sexual and reproductive health and rights issues are not issues for young people
- Sexual and reproductive health and rights are trying to undermine traditional values and religious beliefs
- Sex education encourages young people to have sex
- They are often deeply troubled by the empowerment of women
- They believe that by making things too easy (access to contraception, abortion etc) removes the natural 'penalties' (STI, pregnancy)
- They are often intolerant of anything that is not 'normal' – they see the world in terms of good and evil, black and white and are uncomfortable with grey areas

**Tip** – Identify supportive members of the community and faith based community to work with you and promote your messages. Don't allow the extremists to take over what is 'morally right', leaving you to be 'morally wrong'.

Remember...Some opposition groups resort to personal attacks and violence. Even though this could be rare, make sure you are prepared and that you are safe (get support from the authorities if necessary)

and draw strength from the fact that you are working for a worthy cause. Do not resort to similar tactics!

- **PREPARE! PREPARE! PREPARE!**
- **Know yourself:** Before you can talk about an issue you must know how you feel about it yourself. If you are unsure or confused it will show.
- **Ensure your arguments are factually correct and based on medical or scientific evidence.**
- **Don't be afraid:** The most sensitive issues are often those that most urgently need change.
- **Know what you are willing to compromise on and what is non-negotiable.**
- **Create allies to make your voice stronger.** Get support from those who support your idea. The more people speak out, the larger, stronger and more confident will be the voice for change.
- **Have 3 main points you want to convey – keep it simple; use accurate and positive statements.**
- **If you're demanding change, show them what it looks like and how it works so much better!**
- **Listen to, and take account of, voices of opposition.** Read opposition materials, sign up for their email bulletins and know what they are saying so you don't get caught off guard.
- **Counter myths with facts** (one resource: [http://www.ippf.org/MythsData/Myths\\_Injectables.pdf](http://www.ippf.org/MythsData/Myths_Injectables.pdf))
- **You can ask difficult questions too such as...**"If you are against young people having abortions, why are you not actively promoting contraception?"
- **Choose your battles:** Don't spend all your time responding to the opposition but try also to not give them a platform to air their views.

## calendar of international dates

Day/Events to use for PR activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
7 <sup>th</sup> World Health Day								
21 <sup>st</sup> World Day for Cultural Diversity for Dialogue and Development								
11 <sup>th</sup> World Population Day								
12 <sup>th</sup> International Youth Day								
15 <sup>th</sup> International Day of Democracy								
25 <sup>th</sup> International Day for the Elimination of Violence against Women								

Key 15andCounting dates	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
15 <sup>th</sup> launch of 15andCounting website								
Preparation of campaign materials/ campaign planning								
20 <sup>th</sup> 15andCounting Campaign officially launches								
Campaign period								
All Count Me In petition signatures finalised								
Count Me In petition is presented to the UN								

## Community engagement — example questions

Here are some examples of the sort of questions you might want to ask to stimulate debate. We have split these into different sections of society — what you ask a teacher isn't necessarily going to be what you'd ask a young person.

### Questions - young people

If you need advice, information and support on contraceptives, STI/HIV prevention/ care and other sexual issues or getting information on these issues; is there anywhere you can go?

If they are there, what do you think of them?

Are the services open for everyone, including young people living with HIV, disabilities or gay and lesbian young people?

Can you give some examples of the problems caused by the lack of them?

What would you like to see changed?

Do you feel you are able to talk freely about issues concerning sexuality in your:

Family

Society

Group of friends?

Do you receive any sexuality and relationships education in school? What do you think is good/ not good about it

Do you feel you have any influence over the process of tackling these issues?



## Questions - religious leaders

Do you feel the current level of information and services in relation to sexual health and reproduction is sufficient?

What are the issues in your community related to sexual and reproductive health?

What barriers does your community face regarding these issues?

What benefits do you think would be achieved from the provision of more information and services in your community?

What do you think should be done about the problems that exist at the moment in your community?

How much influence do you feel you have over the process of tackling these issues?



## Questions - doctors/ health workers

Do you feel that the community you live and work in faces any particular problems and issues as a result of lack of information and services?

What do you think about the current level of sexuality and relationships education given to young people? What would you like to see improved?

How much influence do you feel you have over the process of tackling these issues?

Can you give confidential youth friendly services to young people?

What are the main obstacles to achieving this?

## Questions - parents

Do you feel you are able to discuss sexual and reproductive health issues with your children?

What barriers do you face as a parent when dealing with these issues?

When you were planning/ expecting your child/ children, did you feel you had adequate access to information and services when you needed them?

What changes would you like to see made to the information that is available and services that exist for parents?

How would your community benefit from better information and services in your community?

How much influence do you feel you have over the process of tackling these issues?



## Tips on running a meeting/ briefing session with a potential advocate/ stakeholder/ politician/ community leader/ organization

As a meeting can range from an informal to a formal conversation, what you discuss depends very much on the situation. However, you might want to start by following these tips:

### Before the meeting:

- Know the purpose of the meeting – to inform and educate or to ask for a specific action such as a Member of parliament asking a question in the Parliament about your issues, or joining your campaign as a supporter.
- Know who will be present at the meeting.
- Be on time.
- Know what issues you want to discuss at the meeting/ what points you want to raise.
- Know what the objective of your meeting is / what you want the person you are meeting to do next.
- Take supporting material with you to the meeting (including key messages and campaign objectives).
- Consider taking someone else to support you at the meeting.
- Do not be intimidated by the thought of meeting with a politician or lawmaker – remember they look to their community for information and education on subjects – it is your responsibility as a citizen to let them know your views/ thoughts.

### During the meeting:

- Make sure accurate notes are taken.
- Thank them for taking the time to meet with you.
- Make sure you introduce yourself and explain the purpose of your meeting and what you would like to achieve from it. Be clear about who you are, what you do and what you want.

- Always remain courteous and relaxed.
- Try to stay focussed – it is easy to veer off the main subject. This is ok as long as you remember what the purpose of your meeting is.
- Explain how an issue affects you/ your community.
- Try to use any examples or personal stories to demonstrate your point – remember your job is to persuade the person you are meeting with to see your point of view.
- Do not be surprised by a possible lack of interest or what seems like a negative reaction – remember the person you are meeting is probably quite busy and has lots of other things to worry about too.
- Encourage questions and discuss them. Don't make up answers to questions – if you don't know the answer to a question you are asked, don't be afraid to say so. Instead, promise to find out and get back to them.
- Leave some material behind that might help them remember you (leaflets, forms, posters etc).

### After the meeting:

- Capture the notes from the meeting while everything is fresh in your mind.
- In order to learn from the meeting with the person and identify the logical next steps, give anyone who attended with you the opportunity to express their feelings and thoughts about the meeting. You can ask questions like:
  - "What went well?" and list the positives.
  - "How did the person respond to us?" This may be bored, hostile, encouraging, non-committal, distracted, uncomfortable.
  - "Do you think this was due to his/her personal interest in the issue, or to other circumstances (such as interruptions, an urgent issue, etc.)?"
  - "How did you tell?" Body language? Words? Length of the meeting?

- "What did you learn about the person?" Any insights into character, philosophy, motivation to be in politics/ administration/ lawmaking/ community work, how much they know about the subject and how much they rely on other people for information.
- "Did they give you any insights into their own ideas/ experiences/ thoughts?"
- "What should the next step be?" (A press story about this visit to your local newspaper/ a meeting with local community leaders to discuss the visit/ an invitation to the person to visit your local school/ health service/ other)
- Send a note thanking the person for the meeting and reiterating the main points you agreed/ that were discussed.

**Remember – Don't forget to ask the person you are meeting to show their support for the campaign by signing the Count Me In petition. And ask them to pass it on!**

## Campaign case study



### **‘Want Respect? Use a Condom’**

The ‘Want Respect? Use a Condom’ campaign was created for the UK’s Department for Children, Schools and Families, a government body responsible for the education and development opportunities on the UK’s young people. The UK has the highest levels of teenage pregnancy in Western Europe, particularly among its African and Caribbean populations. It was recognized that it was those from lower socio-economic backgrounds and with lower levels of educational attainment were considerably more likely to conceive during their early teenage years. Teenage pregnancy has led to high levels of abortion, or a continuing cycle of deprivation and poverty among those who chose to keep their babies.

The objective of the campaign, therefore, was to encourage as many young people as possible to practice safer sex by using a condom. For a number of cultural and social issues, condoms were extremely unpopular among this target audience group of young men - particularly black young men - living in urban environments. In addition, the nature of the audience that this campaign needed to reach, meant that they would be highly likely to reject any messages from government advising them what to do or how to behave.

So, instead, a campaign was developed that harnessed the power of peer-to-peer influence and created a groundswell of support among key influencers of this audience – hip hop and other musicians who, in the UK’s celebrity-driven culture, had more influence over young people than politicians, teachers or even parents.

A nationwide lyric-writing competition was devised – encouraging all young people to create their own rap around the subject of safer sex, condom use and the long term implications of teenage conception. Popular artists, such as Estelle, Akal and Rhymefest, were engaged to judge the entries and record the winning lyrics themselves. These were eventually created into a CD that was available to young people through the most popular clothing shops. The recording artists were all encouraged to become involved in the campaign free of charge, and they were all willing to do so as they recognized that this was a key area of concern around young people and their opportunities in life. As they were so much part of the campaign, they disseminated messages at gigs and concerts, during radio and TV interviews.

By drawing on the support of those people who most influenced the audience, and by giving the audience the opportunity to own the message through their lyrics, a difficult message was disseminated successfully and had a real impact.

While teenage conception rates will take a few years to register any change due to the timeframes of reporting rates, early indications are that this campaign has contributed to a reduction in teenage pregnancies among the target audience group. Importantly, research conducted at the end of the campaign indicated that over 92% of black young people thought that using a condom showed respect for yourself and your partner – a significant achievement against the cultural and social barriers.