Today, Earth is home to 1.8 billion young people with various needs, aspirations and potentials. If we want to continue to make progress we have to invest in young people’s health, to prioritize and involve them in all the processes related to their sexual and reproductive health and rights (SRHR). A new strategy for SRHR must focus on young people when it comes to violence against women and girls, access to SRHR services, including abortion and access to SRHR information and education.

**Ending violence against women and girls**

The new sustainable development agenda builds on the Millennium Development Goals (MDGs), drafted in 2000, which focused on reducing poverty, hunger, disease, gender inequality and ensuring access to water and sanitation by 2015. The new agenda is an action plan for people, planet, prosperity, peace and partnership. It will foster peaceful, just and inclusive societies and require the participation of all countries, stakeholders and people. The 2030 development agenda is based on 17 goals, including a stand-alone goal on gender equality and the empowerment of women and girls, as well as gender-sensitive targets in other goals.

While much progress has been made towards girls and women’s rights over the decades, many gaps remain. For women’s rights to become a universal reality, it is critical to address the structural causes of gender inequality, such as violence against women, unpaid care work, limited control over assets and property and unequal participation in private and public decision-making.

In order to achieve this ambitious aim, we have to focus our efforts on ending violence against girls and young women. According to UN Women, one in three women is likely to experience physical and sexual violence at some point in her lifetime. Young women in particular are more vulnerable to certain forms of violence, such as coerced sex (1). The most pervasive human rights abuse in the world today, violence against women and girls (VAWG) is a manifestation of gender-based discrimination and a universal phenomenon that has tremendous financial and psychological costs for individuals and societies.

If we look at the situation in Europe, we will see that many women are subject to various forms of violence: 20 to 25 percent of all women in the region have experienced physical violence at least once during their adult lives and more than one-tenth have suffered sexual violence involving the use of force (2). What are the instruments for greater gender equality and ending VAWG? Firstly, access to education for all young women could foster their personal and professional development. Secondly, access to comprehensive sexuality education (CSE) (in formal and non-formal settings, through peer education and other methods) could help many young people gain the knowledge and skills, which could eventually be an effective instrument to prevent all forms of violence perpetrated against them, as well as to support personal relations and development.

**Access to sexual and reproductive health services and supplies for young people**

One of the crucial aspects of a sexual and reproductive health package constitutes ensuring access to sexual and reproductive health services and supplies, including the provision of contraceptives; counselling and information; and testing and treatment of sexually transmitted infections. Across Europe, securing this access for young people and adolescents is still not efficiently realized or recognized as a priority, thus affecting their health and general well-being (3).

ASTRA Youth monitors young people’s realities regarding the realization of their SRHR in central and eastern Europe. According to their observations, the major barrier leading to the limited access of SRHR services for young people is the sociocultural stigmatization of youth sexuality, rooted in conservative and traditional values. Young people are not perceived as autonomous human beings able to make their own decisions. They tend to be infantilized and confronted with the negative outcomes of sexual activity, instead of building a positive, affirmative approach towards their own sexuality. Therefore, youth sexuality is controlled through restrictive legislation, such as age limits and parental consent to obtain contraception (4). Economic inequalities also constitute a barrier, as contraceptives are generally not reimbursed and are not affordable for young people. Additionally, healthcare professionals and service providers are not sufficiently trained and disseminate misinformation, thus increasing distrust towards modern contraception methods: only 22 percent of women aged 15-19 report using modern contraception in eastern Europe (4). The Catholic Church and conservative forces’ influence is also evident in the conscience clause, which prioritizes doctor’s beliefs over the patient’s freedom of choice. Youth-friendly, affordable SRHR services are scarce within central and eastern Europe, and even if they are in place, young people feel ashamed to utilize them. All of these contributing factors lead to young people relying on withdrawal as a contraceptive method and leave them vulnerable to sexually transmitted infections (STIs) and unintended pregnancies.

Ensuring young peoples’ access to affordable, high quality SRHR services and supplies greatly enhances their general health, their well-being and future opportunities in life. It also realizes their right to choose, gives agency and the capabilities they are entitled to. To enable young people to fulfill their potential, governments must be held accountable to respond to their needs.

**Access to abortion services for young women**

There are still countries in Europe where access to safe abortion is highly restricted and there is enough evidence to show that this strategy is not preventing women from seeking an abortion. Rather, in countries where access to legal and safe abortion services is restricted, the rate of unsafe abortion and adverse maternal
outcomes increases (5). Adolescents and young women face even more obstacles than adult women, such as the need for parental consent and other requirements in order to access safe and legal abortion (6). Adults sometimes hold perceptions about young people's capacities and may consider young women to be insufficiently mature or incapable of making informed decisions as a result of their age. Another barrier is the stigma around abortion and the implication of being sexually active as a young woman. The lack of youth-friendly abortion services is yet another obstacle that has the potential to prevent young women from finding the best solution for their particular needs related to unwanted pregnancy (7).

Young women should have the power to be actively involved in and consent to their own care and reproductive life, including access to safe abortion. The reasons why extend well beyond protecting their own health and reproductive rights. They are more likely to reach their full potential and they will have a better chance to follow their plans for the future, which may include education, career and starting a family. Ultimately, men and society in general will benefit if we keep young women healthy and respect their right to bodily integrity and autonomy by ensuring their access to safe and legal abortion services.

Information and education about sexual and reproductive health and rights

Education has come a long way. Unfortunately, in many countries in Europe, it is still not up to the standards and quality one might expect. Sexuality education is often tailored to enhance intelligence and natural sciences skills, but tends to leave cognitive, emotional and psycho-social aspects of everyday life aside. Specifically, it fails to deliver information needed for young people to develop their relationships, stay healthy and plan their families. This is where CSE comes in. In Europe, sexuality education in schools was introduced in some countries more than a century ago. Yet across central and eastern Europe, the sexuality education curriculum does not address social and psychological aspects of sexuality, being limited to biological aspects and pregnancy or disease prevention (8).

When young people advocate for other young people's access to information and education about sexual and reproductive health and rights, they do so, because they know the needs first hand. One of the loudest requests is that sexuality education should be provided at all educational levels, including in formal and non-formal settings.

If CSE is scientifically accurate, culturally and age-appropriate, gender-sensitive and life skills-based, it can empower young people to make informed decisions about their sexuality and lifestyle (9). This includes better uptake of modern contraceptives leading to a reduction of teenage pregnancies and abortions, a decrease in STIs and HIV infections, as well as sexual abuse and homophobia (10). CSE enables young people to acquire accurate information, including on important issues such as sexual abuse, gender-based violence and harmful practices, but also explore and nurture positive values and attitudes, like self-esteem, respect for human rights and gender equality. Last but not least, CSE empowers young people to develop life skills, including critical thinking, communicating and negotiating (11). CSE must be prioritized as it empowers adolescents and young people to become healthy and responsible individuals, positively developing into adulthood and thereby contributing to their communities and society as a whole.

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