



**NZ Parliamentarians' Group
on Population and Development**

The New Zealand All-Party Parliamentary Group



Pacific Youth : Their Rights, Our Future

Report of the New Zealand Parliamentarians' Group on Population and Development

Open Hearing on Adolescent Sexual and Reproductive Health in the Pacific.

(11 June 2012)

Key Facts

- » 56% of the population in the Pacific is under the age of 24.¹
- » A study of young people aged 15-24 in Samoa, Vanuatu and the Solomon Islands (2006) showed that about two thirds of young people were sexually active, with the median age at first sex 16 years. Age at first sex was recorded as low as ten years old.²
- » Fewer than 20% of girls aged 15-19 and less than half of adolescent boys in the Pacific report having ever used a modern method of contraception (including condoms).³
- » A survey in Fiji (2011) of men who have sex with men found that 48% of the respondents had been verbally abused in the last 12 months and 28% had been physically abused.⁴
- » It is estimated 650,000 women have an unmet need for family planning in the Pacific. In Samoa, 45% of women have an unmet need for family planning and in Papua New Guinea 30% have unmet needs.⁵
- » A study in Samoa (2007) found that 46% of women had experienced physical and/or sexual violence. Similar studies in the Solomon Islands, Kiribati, Papua New Guinea and Vanuatu found that in all four countries over 60% of women had experienced physical and/or sexual violence.⁶
- » Funding for family planning in the Pacific has fallen to less than US\$1 million per year in the last decade. This is in stark contrast to the US\$31 million allocated to funding HIV programmes.⁷

1 FPI Submission; MFAT Submission; UNFPA Submission

2 UNFPA Submission; ARROW Submission

3 Burnet Institute Submission

4 UNFPA Submission

5 Latu Submission; MFAT Submission

6 ARROW Submission; Latu Submission

7 Burnet Institute Submission; ARROW Submission

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The NZPPD would also like to express gratitude to Hon. Maere Tekanene from Kiribati, Hon. Lotoala Metia from Tuvalu, Dame Carol Kidu from Papua New Guinea, Hon. Douglas Ete from the Solomon Islands and Hon. Eta Rory from Vanuatu for attending the Hearing, providing invaluable input and for your ongoing support of these issues in the region and in your countries.

Thank you also to the Pacific organisations and advocates who took the time and effort to travel to New Zealand and share their invaluable knowledge and personal experiences; in particular the young people who presented at the Open Hearing, giving valuable insights into their work with their peers.

NZPPD would also like to thank the individuals and organisations who made submissions to the Open Hearing, which greatly contributed to our knowledge of the issues and for all your work in championing adolescent sexual and reproductive health and rights in the Pacific.



Photo by Woolf Photography

⁸ The New Zealand Parliamentarians' Group on Population and Development (NZPPD) provides a forum for New Zealand parliamentarians to engage and act on international population and development issues. The NZPPD is a cross party group, representing just under 40 percent of all New Zealand MPs. NZPPD was established in 1998 to further the achievement of the Programme of Action developed at the International Conference on Population and Development (ICPD).

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Submitting Organisations/ Agencies/Individuals

Written Submissions

- Asian Forum of Parliamentarians on Population and Development (AFPPD)
- Asian-Pacific Resource and Research Centre for Women (ARROW)
- Burnet Institute, on behalf of COMPASS Women and Children's Health Knowledge Hub
- Family Planning International (FPI)
Endorsed by: Family Planning New South Wales, Sexual Health and Family Planning Australia, the Australian Parliamentary Group on Population and Development and the International Sexual Health and Rights Consortium (Marie Stopes International Australia, International Women's Development Agency Australia, CARE Australia, Plan Australia and the Burnet Institute)
- Fiji Women's Rights Movement (FWRM), Punanga Tauturu Incorporated (PTI): Cook Islands Women's Counselling Centre and Development Alternatives with Women for a New Era (DAWN)
- International Planned Parenthood Federation (IPPF), East & South East Asia and Oceania Region (ESEAOR), Sub-Regional Office of the Pacific (SROP)
- Latu, Dr. Rufina
- New Zealand Ministry of Foreign Affairs and Trade (MFAT) – New Zealand Aid Programme
- Malefoasi, Dr. George
- Naupoto, Penisoni
- New Zealand AIDS Foundation (NZAF)
- Pacific Society for Reproductive Health (PSRH) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Papua New Guinea National Department of Health, with support from the School of Medicine and Health Sciences of the University of Papua New Guinea, and the United Nations Population Fund (UNFPA) PNG office
- United Nations Population Fund (UNFPA), Pacific Sub-Regional Office
- Young Women's Christian Association Solomon Islands (YWCA)

Oral Submissions

- Filomena Tuivanualevu, Fiji Women's Rights Movement
- Polikalepo Kefu, Tonga Leiti Association and Tonga National Youth Congress
- Jenta Tau, YWCA Solomon Islands
- Frank Gideon, Wan Smolbag, Vanuatu
- Dr Edith Digwaleu-Kariko, Marie Stopes International, Papua New Guinea
- Eric Sogote'e, Solomon Islands Planned Parenthood Association
- Dr Elissa Kennedy, Burnet Institute
- Sumi Subramaniam, Family Planning International
- Archana Mani, International Planned Parenthood Federation, Sub Regional Office for the Pacific
- Mike Burrell, Ministry of Foreign Affairs and Trade, New Zealand Aid Programme
- Dr Rufina Latu, WHO and Pacific Society for Reproductive Health
- Dirk Jena and Dr Adriu Naduva, United Nations Population Fund (UNFPA)

Acronyms

AFPPD	Asian Forum of Parliamentarians on Population and Development	MISHIM	Men Improving Sexual Health in Malaita
AIDS	Acquired Immunodeficiency Syndrome	MP	Member of Parliament
ARROW	Asian-Pacific Resource and Research Centre for Women	MSM	Men who have Sex with Men
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women	NGO	Non-Government Organisation
CPD	Commission on Population and Development	NZAF	New Zealand AIDS Foundation
CRC	Convention on the Rights of the Child	NZAP	New Zealand Aid Programme
CRPD	The Convention on the Rights of Persons with Disabilities	NZPPD	New Zealand Parliamentarians' group on Population and Development
DAWN	Development Alternatives with Women for a New Era	ODA	Overseas Development Assistance
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific	PHRHA	Pacific Human Resources for Health Alliance
FPI	Family Planning International	PICTs	Pacific Island Countries and Territories
FSM	Federated States of Micronesia	PLPG	Pacific Legislatures for Population and Governance
FWRM	Fiji Women's Rights Movement	PNG	Papua New Guinea
GBV	Gender-based violence	PoA	Programme of Action
HIV	Human Immunodeficiency Virus	PSRH	Pacific Society for Reproductive Health
ICCPR	International Covenant on Civil and Political Rights	PTI	Punanga Tauturu Incorporated
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination	RAMSI	Regional Assistance Mission to the Solomon Islands
ICESCR	International Covenant on Economic, Social and Cultural Rights	RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
ICPD	International Conference on Population and Development	SIPPA	Solomon Islands Planned Parenthood Association
IPPF	International Planned Parenthood Federation	SOGI	Sexual Orientation/Gender Identity
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) and Intersex	SPC	Secretariat of the Pacific Community
MDGs	Millennium Development Goals	SRHR	Sexual and Reproductive Health and Rights
MFAT	New Zealand Ministry of Foreign Affairs and Trade	STIs	Sexually Transmissible Infections
		TG	Transgender
		UN	United Nations
		UNFPA	United Nations Population Fund
		UNICEF	United Nations Children's Fund
		WHO	World Health Organisation
		YWCA	Young Women's Christian Association

Executive Summary

In the Pacific region 56% of the population is under the age of 25. While Pacific adolescents have diverse needs, opportunities and experiences living as they do across 20,000 islands in 22 Pacific Island Countries and Territories (PICTs), one thing that too many Pacific Island adolescents share is a disproportionate burden of poor sexual and reproductive health.

There are high rates of adolescent pregnancies, endemic levels of physical and sexual violence against girls, a growing prevalence of young people engaging in transactional sex and high rates of sexually transmissible infections (STIs). Restrictive abortion laws in most countries means information about abortions, including the prevalence and effects of unsafe abortions, is limited.

These sexual and reproductive health and rights (SRHR) challenges directly contribute to a wide range of negative short and long-term consequences for the health and wellbeing of Pacific adolescents, their families and communities. It is also increasingly contributing to broader social and economic challenges that significantly hinder the development of PICTs.

Beyond enabling adolescents to enjoy their rights, there are considerable advantages to investing in adolescents' and their sexual and reproductive health:

- » Adolescents are the drivers of development - investing in them can help address poverty, socio-economic disparities and gender inequality;
- » Investing in adolescents enhances efforts to address significant challenges such as HIV, urbanisation and climate change.

The realisation of adolescent sexual and reproductive health and rights requires strong political leadership. Parliamentarians have an important role to play in creating supportive policy, reforming restrictive legislation, prioritising funding, and ensuring that adolescents are meaningfully engaged in high level decision making that affects them.

It is for these reasons the NZPPD chose to hold an Open Hearing on Adolescent Sexual and Reproductive Health and Rights in the Pacific on 11th June 2012. This report is based on the key messages provided in the written and oral submissions NZPPD received. It should not be considered an exhaustive examination of adolescent SRHR in the Pacific.

NZPPD's recommendations are the result of roundtable discussions following the Open Hearing. They are targeted to the highest decision making level, and are centred on creating a supportive environment for ensuring adolescents' sexual and reproductive rights.

Introduction

On Monday 11th June 2012, the New Zealand Parliamentarians' Group on Population and Development (NZPPD) held an Open Hearing on 'Adolescent Sexual and Reproductive Health and Rights in the Pacific'.

Modelled like a one-day select committee meeting, Open Hearings provide an important opportunity for parliamentarians across the political spectrum to develop their understanding of population and development issues from experts in the field.

The purpose of NZPPD's 2012 Open Hearing was to increase understanding of, support for, and investment in adolescent sexual and reproductive health and rights in the Pacific. People and organisations working in the field of adolescent SRHR in the region were invited to make submissions to the Open Hearing. Written submissions were received from a wide range of stakeholders, twelve of whom were selected to orally submit on the day of the Open Hearing.

NZPPD ensured substantial Pacific participation, including five Pacific parliamentarians who joined their New Zealand parliamentary colleagues at the 2012 Open Hearing. The Pacific parliamentarians who participated were:

- Hon. Maere Tekanene, Minister for Education, Youth and Sports, Kiribati
- Hon. Lotoala Metia, Minister of Finance and Economic Planning, Tuvalu
- Dame Carol Kidu, Leader of the Opposition, Papua New Guinea
- Douglas Ete, MP, Solomon Islands
- Eta Rory, MP, Vanuatu.

The Pacific parliamentarians sat alongside the NZPPD members to hear the submissions, contributing information and experiences from their own countries. Following the Open Hearing, a half day roundtable was held with the Pacific parliamentarians, the NZPPD Executive, and key regional organisations.

This report is based on the information provided in the written and oral submissions, and discussions at both the Open Hearing and subsequent roundtable meeting.

The *Background* section sets the scene – highlighting why adolescent sexual and reproductive health is an important issue for the Pacific, followed by an outline of the human rights framework supporting adolescents' sexual and reproductive rights, and key international and regional agreements PICTs have committed to that are relevant to adolescent SRHR.

What do adolescents need? outlines key priority areas requiring immediate investment to improve adolescent SRHR in the Pacific that were highlighted in both the written and oral submissions.

The *Recommendations* propose key action points aimed to motivate progress to enable Pacific adolescents to enjoy their sexual and reproductive rights.

Background

Adolescence,⁹ the transition years from childhood to adulthood, is an important time for developing independence, maturity and increasingly gaining the responsibilities of adulthood. It is also the time when hormonal change and activity is at a peak and when many people begin to show an interest in and engage in sexual activity. The decisions adolescents make regarding their sexual and reproductive health can play a significant role in their future health, as well as that of their families and communities.

Unfortunately, adolescents in the Pacific face significant barriers to accessing the information, education and services needed to make well-informed decisions about their sexual and reproductive health and ultimately to enjoy their sexual and reproductive health and rights.

The underlying factors that drive poor adolescent SRHR in the Pacific are complex. Foremost, issues around sexuality and access to sexuality education remain sensitive and a cause for discomfort in private and public dialogue in most Pacific Island communities, due to deeply rooted cultural and religious beliefs. This constitutes a significant barrier to adolescents accessing accurate, comprehensive and non-judgemental sexual and reproductive health information, education and services.¹⁰

Further factors include low levels of education resulting in poor knowledge of SRHR, weak political prioritisation for family planning and sexuality education, low funding for SRHR, poor



Photo by Pedram Pirnia

⁹ In this report 'adolescence' refers to the time between the ages of 10 and 24 years, however it is acknowledged that adolescents acquire competencies at different times, dependent not only on age, but also on maturity and socio-cultural context.

¹⁰ UNFPA Submission

primary health care infrastructure and a lack of skilled health workers, particularly in remote and rural settings. Poverty, gender inequality and discrimination against minority groups fuel poor adolescent SRHR further.¹¹

Improving adolescent reproductive and sexual health therefore involves multiple sectors and requires concurrent and collaborative interventions.¹² It is of utmost importance that adolescents be included and actively participate in the strategies and decision-making processes around their own health. Ensuring young people have choices and opportunities about their own future is an important step to securing a prosperous and sustainable Pacific region.

What are Sexual and Reproductive Rights?

Sexual and reproductive rights include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of health in relation to sexuality and reproduction, including access to sexual and reproductive health information and services
- decide freely and responsibly the number, spacing and timing of their children, and to have the information, education and means to do so
- seek, receive and impart information in relation to sexuality and reproduction
- sexuality and relationships education
- respect for bodily integrity
- their choice of partner
- decide to be sexually active or not
- consensual sexual relations
- consensual marriage
- pursue a satisfying, safe and pleasurable sexual life.

¹¹ ARROW Submission; FPI Submission; YWCA Submission; FWRM, PTI & DAWN Submission

¹² Burnet Institute Submission

Human Rights framework

PICTs have ratified a number of treaties which support adolescent sexual and reproductive rights. These include the Universal Declaration of Human Rights, the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of Persons with Disability (CRPD).¹³

Articles related to adolescent SRHR in relevant international conventions include:

Convention	Related Articles
Universal Declaration of Human Rights (1948) (UDHR)	Articles 3, 16 (1, 2), 25 (2) and 26 (1, 2).
The Convention on the Elimination of all forms of Discrimination Against Women (1979) (CEDAW)	Articles 10, 12 (1) and 16 (1, 2).
The Convention on the Rights of the Child (1989) (CRC)	Articles 13, 24 (1, 2f), 29 (1a) and 34.
The Convention on the Rights of Persons with Disabilities (2006) (CRPD)	Articles 23 (1a, b, c) and 25 (a)

International agreements

In addition to the above international treaties and conventions, there are a number of international agreements, which further underpin the universality of adolescent sexual and reproductive health and rights, and the obligations of states to ensure that these rights are fulfilled.

International Conference on Population and Development

In 1994, delegations from 179 countries attended the United Nations' International Conference on Population and Development (ICPD) held in Cairo. ICPD took a groundbreaking approach to population issues centred on human rights. The outcome document, the 20-year Programme of Action (PoA), was instrumental in defining sexual and reproductive health and reproductive rights, and has since been the key guiding document for the international population and development sector.

The ICPD PoA includes specific mention of adolescent sexual and reproductive health, stressing *that countries must ensure that programmes and attitudes of healthcare providers do not restrict adolescents' access to the services and information they need, (...) these services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, while respecting cultural values and religious beliefs. (...) Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.*¹⁴

¹³ See table Annex 1.

¹⁴ UNFPA (2004) Programme of Action: International Conference on Population and Development, United Nations Population Fund, New York, USA.

UN Commission on Population and Development (CPD) 45th Session

The United Nations Commission on Population and Development, which monitors progress on the ICPD PoA, held its 45th session in April 2012, focussing this time on adolescents and youth. The session concluded with a landmark resolution protecting young people's rights and their sexual and reproductive health. The resolution included the following language:

- To protect and promote adolescent's and young people's rights to control their sexuality free from violence, discrimination and coercion;
- To give the full attention to meeting the reproductive health service, information and education needs of young people with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, on sexual and reproductive health, human rights and gender equality, to enable them to deal in a positive and responsible way with their sexuality.¹⁵

Regional Frameworks in the Pacific

All Pacific Island country governments have committed to ICPD, ICPD+5, ICPD+10, United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) Population and Poverty Plan (2002), the Millennium Development Goals (MDGs), the UN World Summit Outcome document, Beijing, Beijing+5 and Beijing+10, all of which commit to various measures in addressing reproductive health issues.

In 2005, Pacific Island leaders endorsed the Pacific Plan, a regional master framework guiding the development of the region. As a 'living document' it can be adapted over time. In 2009 the Leaders endorsed five themes and related priorities to guide the implementation of the Plan from 2009 to 2012, and committed to recommendations for progressing the Pacific Plan, which included *prioritising national actions to mainstream youth issues into the national development agenda*.¹⁶

More specifically concerning SRHR, the Pacific region has a 'Pacific Regional Strategy on HIV and Other STIs 2009-2013'. The Strategy has been endorsed by Pacific Island Leaders and is coordinated and monitored by the Secretariat of the Pacific Community (SPC). There is also the 'Regional Strategic Plan of Action for the Prevention and Control of Sexually Transmitted Infections 2008-2012', and the 'Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities, including Condoms'. Combined, these documents form somewhat of a regional framework guiding action on selected sexual and reproductive health challenges.

¹⁵ UN CPD (2012) *Forty-fifth Session Draft Resolution: Adolescents and Youth* http://www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Chairs%20Text%20_27April-19h10.pdf

¹⁶ Pacific Islands Forum Secretariat (2009) *Fortieth Pacific Islands Forum Communiqué* <http://www.forumsec.org/resources/uploads/attachments/documents/2009%20Forum%20Communique,%20Cairns,%20Australia%205-6%20Aug.pdf>

What do adolescents need?

Any conversation about the Pacific region must take into account the varied social, economic, cultural, political and geographic contexts, which make it difficult to generalise about the region as a whole. The diversity in culture, language and ethnicities not only between the 22 PICTs, but within countries, suggests that while there is value in sharing successes and lessons, locally driven solutions to problems are likely to be the most effective and sustainable.

Meaningful youth engagement

The concept of youth engagement can be summed up in the social movement catchphrase, 'nothing about us, without us'. Youth engagement is a process that offers both meaningful participation for youth and opportunities for young people to take responsibility and leadership, enabling them to share decision-making power with adults who value and respect their active involvement.

Cultural context plays a large role in how young people can engage with their families and communities, and it was noted by members of the Pacific youth panel that, "the majority of young people in the Pacific still do not feel that decisions involving our bodies and lives are fully, or even largely, ours to make."

Addressing the disproportionate burden of poor sexual and reproductive health that is particularly faced by girls, MSM and transgender young people in the Pacific requires the active involvement of these marginalised groups.¹⁷

It should also be acknowledged that 'adolescents' are not a homogenous group. Almost all submissions noted the broad range of experiences, current situations and future needs faced by 'Pacific adolescents', including diversity in gender identities and sexual orientation, educational and employment opportunities, urban and rural divides, and the evolving capacity of each individual young person between the ages of ten and twenty five.



Photo courtesy of Family Planning International

17 AFPPD Submission; ARROW Submission; YWCA Submission; FPI Submission; FWRM, PTI & DAWN Submission; Latu Submission; UNFPA Submission.

Comprehensive Sexuality Education

Today there are 1.8 billion young people in the world between the ages of 10 and 24,¹⁸ many of whom do not have access to the comprehensive SRHR services and sexuality education that they need for a safe and healthy life.

Comprehensive sexuality education is an essential part of improving SRHR outcomes for adolescents, and should be integrated into both formal and informal education systems. Sexuality education must be age appropriate, gender specific, disability-friendly, evidence-based and context specific, acknowledging the evolving capacities of young people.

What is comprehensive sexuality education?

Comprehensive sexuality education is learning about:

- The emotional, social, spiritual, physical and biological aspects of growing up
- Relationships
- Sex
- Human sexuality
- Sexual and reproductive health.

It involves young people in expanding knowledge, exploring attitudes and developing skills in order to lead fulfilling and healthy lives.

Sexuality Education in the Pacific

The majority of sexuality education in the Pacific is taught from a traditionally conservative and often religious perspective where abstinence is predominant.¹⁹ Many PICTs do not have sexuality education within their national school curricula; however Fiji and the Solomon Islands are currently at an advanced stage of implementing sexuality education within their national education systems.²⁰

Support for CSE in the formal education sector has been strengthened over the past ten years through the SPC Adolescent Health and Development Programme. This programme has seen the number of schools offering SRH education in Fiji increase from 30 in 2008 to 150 in 2012. The challenges to implementing SRH education in schools include changing the culture of silence on sexual and reproductive health, and the conservative attitudes towards sexual and reproductive health – particularly for adolescents.²¹

Informal education and peer education

Whilst universal access to secondary education is an important objective in all Pacific countries, for a multitude of reasons, not all Pacific young people have access to formal education through to the completion of high school. Young people must therefore also have opportunities to access sexual and reproductive health and rights information and education through informal settings.²²

18 FWRM, PTI & DAWN Submission

19 FWRM, PTI & DAWN Submission

20 Naupoto Submission

21 Ibid

22 Burnet Institute Submission; FPI Submission

“Many myths exist about contraception, such as that pain killers after sex will stop a girl from getting pregnant, or that virgins cannot get pregnant.”²³

Peer education programmes are very strong in many Pacific countries, and they are almost all provided by NGOs. However, the majority of NGO work is focused in urban settings, leaving those in rural communities and informal settlements with few options.²⁴ Whilst peer education programmes provide core information for many urban young people, there was a call at the Open Hearing to link peer educators with elders in communities, encouraging vertical interaction.

It is not always easy to measure the success of peer education programmes, as behaviour change takes time and it is difficult to attach outcomes to any one type of intervention.²⁵ However, the submissions highlighted a number of powerful personal stories from informal education programmes, as well as broad findings of significant benefits to peer education programmes.

Wan Smolbag in Vanuatu presented findings of an increase in clinic visit numbers and a decrease in the adolescent fertility rate (AFR) from 92 per 1000 in 1999 to 66 per 1000 in 2009. In urban areas where most of Wan Smolbag’s peer education work happens, the AFR almost halved, from 78 per 1000 to 40 per 1000 in the same time period.

Gender equality

In most PICTs gender inequality continues to affect the freedom of women. When women and girls lack decision-making power in other areas of their lives, they often are not able to make their own decisions regarding sexual and reproductive health.

“The availability of contraceptives, of sexuality education, will mean very little to young women if at the end of the day they have to face stigma from their community and have to go back to their partners for permission to use contraception.”²⁶

23 YWCA Submission
 24 FWRM, PTI & DAWN Submission; IPPF Submission
 25 Wan Smolbag Submission
 26 FWRM, PTI & DAWN Submission

Rates of violence against women in the Pacific are alarmingly high, with data in some countries showing up to two-thirds of women report having experienced physical and/or sexual abuse from an intimate partner. Studies on violence against women have found that partner violence starts early in a relationship and particularly young women are at risk.²⁷

Concerted action is required at all levels to further gender equality in the Pacific, including:

- » Promoting safe and supportive school environments for young women;²⁸
- » Increasing political representation of women and building political leadership among Pacific women parliamentarians;²⁹
- » Establishing legislation, policies and institutions to protect the rights of women and girls;³⁰
- » Recognising young Pacific women as key stakeholders;³¹
- » Increasing funding and support for programmes linking SRHR and women’s empowerment;³²
- » Focusing on young women and girls in sexual and reproductive health initiatives and policy.

Sexual orientation and gender identity

Young people with diverse sexual orientations and gender identities face discrimination and stigma from a wide range of sources; something which must be addressed in order to ensure all young people are able to enjoy safe and satisfying sex lives.

Stigma and discrimination create a barrier between MSM and TG people accessing sexual and reproductive health information and services as it makes them less willing to visit clinics and other health organisations. An environment which stigmatises and discriminates against MSM and TG people, forcing them underground and out of sight, contributes to their (and therefore their community’s) vulnerability to HIV and STIs. It also causes great distress and harm to individuals as it can lead to family break-ups, harassment, abuse, rejection and sexual and physical violence. This can cause depression, self-destructive behaviour and suicide.³³

To counter negative attitudes, an MSM character was recently introduced into the storyline of Vanuatu-based Wan Smolbag Theatre’s very successful TV series Love Patrol, broadcast all over the Pacific. According to preliminary research on the impact of this, it has contributed to a reduction in stigma and discrimination against MSM and is helping to increase self-efficacy and a sense of empowerment amongst MSM.³⁴

27 UNFPA Submission
 28 Ibid.
 29 AFPPD Submission; YWCA Submission
 30 Burnet Institute Submission
 31 YWCA Submission
 32 Ibid.
 33 NZAF Submission
 34 Ibid.



Access to youth friendly services

Accessing available SRH services can be difficult for adolescents, with geographical barriers, cost and stigma posing challenges to accessing SRH services and information. In particular, often widely-held conservative views about sexual activity outside of marriage causes reluctance among some health workers to provide sexual and reproductive health services to adolescents, and often family planning is seen only as a married couple's issue.³⁵

Young people can be reluctant to visit health clinics for treatment and advice for fear of embarrassment, fear that their family will find out, or a misinformed fear of being sexually abused during examination and treatment for STIs.³⁶ As a result, many young people in the Pacific resort to using traditional medication as a treatment option for STIs to avoid questions from health workers.³⁷

“Many communities, especially in rural areas, are quite small, and in many cases nurse, health worker or doctor is related to the young people and young people don't have the confidence to approach.”³⁸

In order for adolescents to access information and services they must be confident that their privacy will be protected, providers are respectful and non-judgemental, and services must be affordable and operate at convenient hours and locations.³⁹

The attitudes of the health care providers is of utmost importance and more can be done to ensure that medical students are given greater training in SRHR and the unique health care needs of adolescents. Addressing these issues in the training programmes for health care providers could go some way towards redressing the discriminatory perceptions of adolescents accessing SRHR information and services.⁴⁰

Enabling environment

Differences in cultural, political, geographic, religious and structural influences both between and within PICTs impact on the achievement of adolescent SRHR in PICTs, in both positive and negative ways.

Culture and Religion

Religion plays an important role in most Pacific Island communities, and church leaders - who are mostly male, are very influential.⁴¹ Religious values and beliefs largely disapprove of sex outside of marriage, making sex a taboo subject not to be discussed openly.⁴²

Culture is not a barrier to positive health; it can, and should, be used as a tool to promote sexual and reproductive rights. A challenge for adolescent SRHR is how culture can be used

35 Sogote'e Submission; Digwaleu-Kariko Submission

36 YWCA Submission; Sogote'e Submission

37 Ibid.

38 YWCA Submission

39 Burnet Institute Submission

40 Digwaleu-Kariko Submission

41 Digwaleu-Kariko Submission

42 YWCA Submission

Photo by Pedram Pirnia

as a positive tool. Engaging communities is an essential aspect of ensuring the uptake of SRHR services among young people. Consulting with community and religious leaders prior to engaging with communities is important as their support is critical to positive change.⁴³

Engaging men and boys

There is growing recognition for the importance of engaging men and boys in programmes aimed at addressing gender inequality and sexual and reproductive health and rights challenges. Working with men and boys to improve their attitude and understanding of these issues can have a positive effect on their behaviour and relationships, as well as their health and that of their partners.⁴⁴



Democracy and militarisation

Young people's access to SRHR is restricted when there is a lack of enabling contexts such as democracy and human rights. Military presence in the region, in particular the Regional Assistance Mission to the Solomon Islands and the military regime in Fiji, has consequences for people who experience less freedom of media and information, and diminished civil and political rights in general.⁴⁵

In times of crisis systems that protect women break down or are removed, and increased stresses heighten rates of gender based and sexual violence. There are also special concerns for women in the armed services; for example there is a new law in Fiji by which unmarried young women who get pregnant in the military stand to lose their job.⁴⁶

43 Sogote'e Submission
44 Sogote'e Submission
45 FWRM, PTI & DAWN Submission
46 Ibid.

Photo by Pedram Pirnia

Urban/rural divide

There are significant differences in the availability of information and services in urban areas compared to rural settings, with those accessing rural health clinics often unable to rely on the supply and delivery of commodities, such as contraceptives. One reason that rural communities are not offered the same level of support and services as those living in urban settings is the higher cost of service delivery.⁴⁷

Service providers also need to take into account the specific needs of each community setting. In most PICTs an SRHR training or educational workshop being held in an urban area can be held in English, but in rural communities not only the language, but the specific dialect and context may need to change in order for it to be effective. There are obviously higher costs associated with this. In Papua New Guinea for example there are over 850 diverse cultures and a third of the world's total languages, and community leadership structures vary significantly with church leaders being the most influential on the coast and chiefs the most important in the highlands.⁴⁸

Access to safe abortion

It is estimated between 2 and 4.4 million adolescents undergo unsafe abortions worldwide each year.⁴⁹ Whilst research and data around unsafe abortions in PICTs is virtually non-existent, many of the submissions⁵⁰ to the Open Hearing raised this as an important issue to be addressed.

Most Pacific countries have very restrictive abortion laws which allow the procedure only in cases where the mother's life is at risk from the pregnancy or impending birth. As such, in order to get an abortion, women (usually young women) are forced to seek alternatives that lie outside of the safety of a surgery or clinic, such as traditional abortifacients, many of which result in unnecessary complications.⁵¹

Some NGOs provide counselling and post-abortion care but are forced to do so surreptitiously as the service itself is illegal. As a result, many Pacific women die from infection and sepsis associated with incomplete abortion. According to anecdotal evidence, many of these are young women and adolescents.⁵²

Papua New Guinea has the highest maternal mortality rate in the Pacific, and many hospital admissions are diagnosed as 'incomplete abortion/miscarriage', but often go unrecorded in official hospital records in order to protect patients.⁵³

International frameworks can be used to support the decriminalisation of abortion, which would remove the legal and policy restrictions on health workers to allow them to securely provide such services.

47 Latu Submission
48 Digwaleu-Kariko Submission
49 Burnet Submission
50 Burnet Submission; Latu Submission; FPI Submission, PSRH & RANZCOG Submission; ARROW Submission; FWRM, PTI & DAWN Submission
51 FWRM, PTI & DAWN Submission
52 Digwaleu-Kariko Submission
53 Digwaleu-Kariko Submission

Resourcing, government budgets, donor country agendas

There is a need for increased funding from both national governments and donor countries for sexual and reproductive health in PICTs, as funding for reproductive health in the Pacific is currently inadequate. While there has been a minimal increase in development assistance for reproductive health, funding for family planning has fallen to less than US\$1million per year in the past decade, compared with US\$31 million spent on HIV programmes.⁵⁴

Adolescence is an ‘invisible age group’ which is often not specifically targeted in health programmes. In Papua New Guinea for example, National Health Plans do not specify statistics on adolescents in reporting, and adolescent SRHR strategies are often limited to ‘increasing knowledge and education’, with no plans for adolescent SRH service delivery or the initiation of youth friendly services.⁵⁵

New Zealand has a history of supporting SRH in the Pacific and the NZ Aid Programme stated in their submission that “sexual and reproductive health is at the heart of our health strategy”.⁵⁶ The NZ Aid Programme’s total expenditure for sexual and reproductive health in their 2011-2012 budget was \$21.5 million.⁵⁷ New Zealand’s total official development assistance budget is a little under \$500 million and because the country is such a small donor⁵⁸ there is a priority to ensure that New Zealand works closely with other donors and leverages off other partners where possible.

Legislative framework and political prioritisation

Despite adolescents suffering a disproportionate burden of poor SRH outcomes in the Pacific, they are often overlooked and underserved in reproductive health policies and strategies. Young people do not automatically benefit from policies, plans and strategies aimed at the general population and whilst PICTs have national health plans and many have SRH policies, very few have any specific policies, plans or strategies for adolescents.⁵⁹

While it is crucial that health plans and policies reflect the need to improve adolescent SRHR, poor adolescent SRHR has a wide-reaching effect on other sectors of society, and therefore addressing adolescent SRHR needs to be included into the wider development agenda, and not just as a health issue.⁶⁰

The legal environment also needs to be looked at when taking steps to improve adolescent SRHR. There are currently a number of outdated laws in the Pacific region, which restrict sexual and reproductive rights. These include the criminalisation of homosexuality and restrictive abortion laws.

As there are very few female parliamentarians in PICTs it is integral to get male leaders interested in and advocating for these issues. Providing ongoing support to champions of SRHR, such as those parliamentarians who attended the Open Hearing, is essential to keeping adolescent SRHR on the political agenda.⁶¹

54 Burnet Institute Submission; ARROW Submission

55 Digwaleu-Kariko Submission

56 MFAT Submission

57 MFAT Submission

58 In terms of volume, New Zealand is the smallest donor among the Development Assistance Committee member countries of the OECD, according to the *OECD DAC Peer Review 2010*.

59 Burnet Submission

60 Curtain, Richard (2011) *The State of Pacific Youth, 2011*.

61 Latu Submission

What MPs Can Do

Speak out on issues of adolescent sexual and reproductive health;⁶²

- Advocate for SRH services for young people⁶³ and for the inclusion of adolescents in national reproductive health and population policies;⁶⁴.
- Lobby for attendance of young MSM and TG people at international conferences, forums and meetings on SRHR.⁶⁵

Build political partnership among Pacific women parliamentarians;⁶⁶

Address legislation or policies that restrict adolescents’ access to a full range of SRH services, including abortion;⁶⁷

Lobby for increased funding and support of adolescent SRHR programmes;⁶⁸

Recognise reproductive rights and sexual rights as human rights and encourage the implementation of approaches to SRH according to this (including HIV and AIDS programmes), with a focus on young people;⁶⁹

Support an initiative to collate the data available about Pacific adolescent health within a New Zealand context and investigate parts which could inform policy for aid in the Pacific in adolescent reproductive health.⁷⁰

A key theme of the submissions for the Open Hearing was the need for greater regional cooperation among parliamentarians and other leaders and reducing legal barriers to the improvement of adolescent SRHR. This included a call to establish a regional network of prominent judicial and parliamentarian figures in the Pacific to support efforts for improving legislative environments for adolescent SRHR, including human rights based responses to HIV, access to safe abortion services, and the decriminalisation of homosexuality.⁷¹

There was a call to establish parliamentary groups on population and development in Pacific countries, which can build on the issues raised through this Open Hearing process. NZPPD can play a supportive role in this, and there is a global community of parliamentary champions committed to these issues which can offer support and protection to advocates within the Pacific.⁷²

62 AFPPD Submission

63 Ibid.

64 Burnet Institute Submission

65 NZAF Submission

66 AFPPD Submission

67 Burnet Institute Submission

68 FPI Submission; Latu Submission; Naupoto Submission

69 FWRM, PTI & DAWN Submission; ARROW Submission; NZAF Submission

70 PSRH & RANZCOG Submission

71 Latu Submission

72 Latu Submission

Research, data and information

The core purpose of health data is to provide governments with accurate and up-to-date information about the health needs of their populations. This allows them to develop informed, evidence-based health policies that can improve the current and future health of their citizens. While all PICTs record basic healthcare data at the service provision level, the quality of recording, and the capacity to collate, analyse and report on the data at the national level varies widely.⁷³

High quality research and data can help identify and inform effective, sustainable local solutions.⁷⁴ Particularly, to provide adolescents with high quality SRHR information and services there is a need to better understand adolescents' knowledge, attitudes, practices, preferences and socio-cultural contexts.

“To date we lack statistics on unsafe abortion practices in our country. Yet we know that women die from infection and sepsis associated with incomplete abortion.”⁷⁵

Strategies to improve the availability of data and information on SRHR in PICTs include furthering support for capacity development, a targeted and systematic approach to data collection and including analysis and reporting on progress in SRHR as a requirement of country-donor partnerships. To fill research gaps academic collaboration is necessary.

Within available and forthcoming data there is a need to further breakdown the numbers of certain groups to ensure that the specific needs of the most at-risk young people can be addressed. In particular, young people with diverse gender identities and sexual orientations, including MSM and transgender young people, are virtually invisible in SRHR policy and specific data on this segment of the population would help address this.

Research also provides evidence to the many benefits of improving SRHR, which can be used to mobilise support for the issue. While there is a need to maintain a strong rights-based argument for adolescent SRH, there are other messages that can supplement this argument. For example, research from the Pacific shows that for every \$1 spent on family planning, as much as \$10-\$18 can be saved from future government health and education spending.⁷⁶

73 FPI, PAI & SPC (2009) *A Measure of the Future*.

74 AFPPD Submission; Burnet Institute Submission; MFAT Submission; Malefoasi Submission; NZAF Submission; PSRH & RANZCOG Submission; UNFPA Submission

75 Digwaleu-Kariko Submission

76 FPI & Burnet Institute (2012) *Cost-Benefit Analysis of Family Planning in Vanuatu and Solomon Islands, preliminary findings*.

Multi-sectoral approach, partnerships and collaboration

The factors which contribute to the health, social and economic outcomes for adolescents are multifaceted and interlinked. A multi-sectoral approach is required to ensure young people have choices and opportunities available to them and that their sexual and reproductive rights are fulfilled.⁷⁷

Service providers and implementing agencies can help ensure their services are utilised by their target audience by engaging and involving young people, and collaborating with youth organisations.



Each community or village in the Pacific has its own structure, and working with the gatekeepers of communities is conducive to improving their health outcomes. In most Pacific contexts this necessitates working with the church, using faith-based leaders as a key partner rather than an assumed barrier. Chiefs and nobles also have a role to play as leaders in their communities. Though some leaders can be resistant to initiatives, many are very supportive when presented with high quality statistics and strong evidence that these issues are already affecting their communities.⁷⁸

Efforts must be made to strengthen the relationships between donor governments and service implementers. Duplication of services is not uncommon in the Pacific and demands for reporting on funding can create an added burden to organisations which already have limited capacity to deliver services. Continued efforts to strengthen organisations which provide essential services are required, including in the areas of financial management and governance systems.⁷⁹

Kiribati Family Health Association youth group. Photo courtesy of Family Planning International

77 AFPPD Submission, Burnet Institute Submission, IPPF Submission, NZAF Submission, Latu Submission, MFAT Submission, PSRH & RANZCOG Submission, UNFPA Submission

78 IPPF Submission

79 IPPF Submission

Recommendations

Following the day long Open Hearing, the Pacific parliamentarians, NZPPD Executive, and key regional stakeholders participated in a half day roundtable discussion at which the following three overarching recommendations were accepted:

- a** That a country-specific structure be established in each country which links MPs and SRHR organisations so that supportive political leaders can advance an SRHR agenda with a particular focus on adolescents and youth;
- b** That these structures be actively linked into international and regional networks for technical support purposes;
- c** That each country develop their own programme for advancing the SRHR agenda, with each structure engaging with community leaders as appropriate (e.g. tribal, church, civil society) and with particular focus on adolescents and youth.

Through both the oral and written submissions NZPPD received a number of recommended actions. These have been collated below.

Further actions:

Youth engagement	
1	Engage adolescents in decision making processes that directly affect them. In particular, ensure their meaningful involvement in decisions about their own sexual and reproductive health.
2	Recognise young Pacific women as key stakeholders to lead and influence change in the area of adolescent SRHR.
Access to services and commodities	
3	Increase efforts to ensure all Pacific Island adolescents have access to a complete range of high quality adolescent-friendly clinical SRHR services, which are non-discriminatory, free from stigma, confidential, affordable and available at times and dates suitable for adolescents.
4	Ensure high quality information, commodities, supplies and services are available to adolescents in rural and small communities.
Education	
5	Increase efforts to ensure all Pacific Island adolescents have access to comprehensive SRHR information and education, through formal and informal settings.
6	Promote safe and supportive school environments for all adolescents, particularly young women, LGBTQI, and other vulnerable groups.

Legislative reform	
7	Ensure legislation, policies and institutions protect the rights of women and girls, prevent and eliminate all forms of discrimination and gender based violence, and enable their full participation in political and other leadership through special measures.
8	Decriminalise homosexuality and support legislation and policy to reduce stigma and discrimination faced by young people based on their sexual orientation or gender identity.
9	Reform restrictive abortion legislation to reduce unsafe abortion.
Political prioritisation	
10	Ensure adolescents are explicitly addressed in reproductive health and population and development policy documents.
11	Call for Pacific Island leaders to reaffirm the importance of both the recognition and realisation of SRHR in the Pacific Forum Leaders Communiqués.
12	Establish a parliamentarians' cross party group on population and development in each of the five Pacific countries represented at the Open Hearing.
Resourcing	
13	Increased funding must be made available to enable: <ul style="list-style-type: none"> a The delivery of culturally appropriate services to poor urban and rural communities. b The building of essential infrastructure, which includes communications and transport, particularly to rural and outer island communities. c Consistent availability of essential commodities, supplies and pharmaceuticals. d Recruitment of health workers, and the training of new and existing health workers in best practice SRHR service delivery, including adolescent friendly clinical skills and health education skills. e The dissemination of contraceptive and sexual health advice through formal and informal education services, health care agencies, and community outreach. f Support for programmes that work to achieve gender equality g Engagement of community and church leaders in the dissemination of information and services.
Research and data	
14	Improve the collection, analysis and use of adolescent sexual and reproductive health data and strategic information.



Conclusion

NZPPD's 2012 Open Hearing has increased NZPPD members' understanding of and support for adolescent sexual and reproductive health and rights in the Pacific. Parliamentarians from New Zealand and five of their Pacific peers are now aware of the current SRHR situation faced by young people in the Pacific, the contributing factors to poor SRHR outcomes, and current and proposed solutions for improving the situation.

The submissions illustrated an environment for adolescent SRHR in the Pacific that is lacking in many areas, including meaningful engagement with youth, comprehensive sexuality education, youth friendly service provision, access to safe abortion, limited funding and resources available for adolescent SRHR, and a lack of political will. Efforts to improve SRHR in the region are further burdened by gender inequality, geographical challenges, and governance and leadership structures which have been weakened by conflict and the suspension of democracy in some settings.

But the submissions also gave a picture of the many successes and broader progress being made by targeted programmes, and in highlighting these have shown a clear way forward, which is embodied in NZPPD's recommendations and further actions.

Directly following the Open Hearing, two Pacific parliamentarians, Hon. Maere Tekanene and Hon. Douglas Ete, have taken concrete steps to progress the issue in their respective parliaments. Hon. Tekanene, as Minister for Education has started the process of implementing CSE into the school curriculum in Kiribati, and strengthening the delivery of sexuality education through informal education opportunities. Hon. Ete has called for a parliamentary inquiry into the status of adolescent sexual and reproductive health in the Solomon Islands.

This report is intended as a source of information for all interested parties on adolescent sexual and reproductive health and rights in the Pacific and as a tool for influencing government, parliamentarians and policy makers. NZPPD is committed to all the recommendations within this report, and to following through on their implementation.


Photo by Pedram Pirnia

Appendix:

Pacific Island Country Table of Treaty Ratification⁸⁰

	CEDAW	ICESCR	ICCPR	ICERD	CRC	CRPD
Australia	28 Jul 83	10 Dec 75	13 Aug 80	30 Sep 75	17 Dec 90	17 Jul 08
Cook Islands	10 Jan 85 (via NZ)				6 Jun 97	9 May 09
Fiji	28 Aug 95			10 Feb 73	13 Aug 93	
Kiribati	17 Apr 04				11 Dec 95	
Marshall Islands	2 Mar 06				4 Oct 93	
FSM	1 Sep 04				5 May 93	
Nauru	23 Jun 11		S:12 Nov 01	S:12 Nov 01	27 Jul 94	
New Zealand	10 Jan 85	28 Dec 78	28 Dec 78	22 Nov 72	6 Apr 93	25 Sep 08
Niue	10 Jan 85 (via NZ)				20 Dec 95	
Palau					4 Aug 95	
Papua New Guinea	12 Jan 95	21 Jul 08	21 Jul 08	27 Jan 82	2 Mar 93	
Samoa	25 Sep 92		15 Feb 08		29 Nov 94	
Solomon Islands	6 May 02	17 Mar 82		17 Mar 82	10 Apr 95	S:25 Sep 08
Tonga				16 Feb 72	6 Nov 95	S:15 Nov 07
Tuvalu	6 Oct 99				22 Sep 95	
Vanuatu	8 Sep 95		21 Nov 08		7 Jul 93	23 Oct 08

 Indicates the date of adherence: ratification, accession or succession

 Indicates the date of signature

CEDAW: The Convention on the Elimination of All Forms of Discrimination against Women (1979)

ICESCR: International Covenant on Economic, Social and Cultural Rights (1966)

ICCPR: International Covenant on Civil and Political Rights (1966)

ICERD: International Convention on the Elimination of All Forms of Racial Discrimination (1965)

CRC: The Convention on the Rights of the Child (1989)

CRPD: Convention on the Rights of Persons with Disabilities (2007)

⁸⁰ OHCHR & Pacific Islands Forum Secretariat (2009) *Ratification of International Human Rights Treaties: Added Value for the Pacific Region*, Discussion Paper. <http://pacific.ohchr.org/docs/RatificationBook.pdf>



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