



The Human Rights of Children and their Sexual and Reproductive Health

International law states that children – including adolescents – enjoy the same human rights as adults. Thus, international human rights documents and treaties – such as the 1948 Universal Declaration of Human Rights and the 1966 International Covenants on Civil and Political Rights, and on Economic, Social and Cultural Rights – benefit all persons. The 1989 Convention on the Rights of the Child (CRC) makes that clear by enumerating the political, civil, economic, social and cultural rights of children (defined to be under 18 years of age). All but two of the world's governments have ratified the CRC.

The CRC sets out guiding principles with respect to the human rights of children:

Non-discrimination: Governments are to respect and ensure the rights of children without discrimination of any kind (CRC, Article 2).

Best interest: In all actions concerning children, the best interest of the child is a primary consideration (CRC, Article 3) and will be the “basic concern” of parents (CRC, Article 18). This best interest can, for example, justify intervention by the State to order the medical treatment of a child when a parent has refused consent.¹ Similarly, the child's rights to receive health counseling without parental consent is vital in cases where the child's views and/or interests are distinct from those of parents – e.g. cases of violence and abuse by parents and other family members, or cases involving child/parent disagreement over the adolescent child's access to sexual health education and services.²

Evolving capacities (CRC, Articles 5 and 14): As the child becomes able to form his or her own views and make decisions, parents and other caretakers must exercise their responsibilities and rights towards the child in a manner that takes into account this growing autonomy.³

The responsibilities, rights and duties of parents: are to provide direction and guidance in the exercise by the child of his or her human rights (CRC, Article 5). The CRC makes clear that the nature of parental direction and guidance is not unlimited; it must be “appropriate” and consistent with the “evolving capacities” of the child and the CRC itself. The CRC expressly foresees that the rights of parents shall be curtailed in cases of maltreatment or abuse (CRC, Article 19).

Violations of children's rights have disastrous consequences for their sexual and reproductive health:

Right to be protected from all forms of physical and mental abuse (CRC Article 19) and from all forms of sexual exploitation (CRC, Article 34) – Each year, an estimated 2 million adolescents and girls between the ages of 5 and 15 enter or are forced into commercial sex.⁴ National surveys from Canada, The Netherlands, New Zealand, Norway and the United States indicate that roughly 30 percent of women were abused as children.⁵ Every year, 2 million girls undergo female genital mutilation.⁶ In several sub-Saharan African countries, over 40 percent of young women have entered marriage or a quasi-married union by the time they reach 18.⁷

Right to seek, receive and impart information (CRC, Article 13) – In the name of tradition, culture or religion, adults routinely deny children, including adolescents, vital information and education on their sexual and reproductive health, and on the means of protecting themselves against unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS.

Right to health facilities (CRC, Article 24) – Children and young people seeking sexual and reproductive health services are often turned away from health facilities because they are not married or because of their age. Legal provisions or health providers often require the consent of parents or, in the case of married girls, of the husband before care is provided.

Right to the highest attainable standard of health (CRC, Art. 24) – Lack of health care, education and information leads to an estimated 330 million new sexually transmitted infections annually, at least half of these among young people (aged 15-24).⁸ HIV/AIDS alone accounts for 6 million new infections every year, including about 2.6 million infections in the 10-24 age group.⁹ Adolescent girls are twice as likely to die from pregnancy and childbirth than women in their twenties, and their children face a higher risk of infant and child death.¹⁰

International Commitments

Beijing Plus Five, 2000

Paragraph 79 (f)

Actions to be taken by Governments, the private sector, non-governmental organizations and other actors of civil society...

Design and implement programmes with the full involvement of adolescents, as appropriate, to provide them with education, information and appropriate, specific, user-friendly and accessible services, without discrimination, to address effectively their reproductive and sexual health needs, taking into account their right to privacy, confidentiality, respect and informed consent, and the responsibilities, rights and duties of parents and legal guardians to provide in a manner consistent with the evolving capacities of the child appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, in conformity with the Convention on the Elimination of Discrimination against Women and ensuring that in all actions concerning children, the best interests of the child are a primary consideration. (...)

ICPD Plus Five, 1999

Paragraph 73

Governments, with the full involvement of young people and with the support of the international community, should...

(a) In order to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions;

(c) Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality, that cover education, professional vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth.

Sources:

¹ UNICEF, Implementation Handbook of the Convention on the Rights of the Child, 1998, page 9.

² Ibid, page 8.

³ Ibid, page 80.

⁴ UNFPA. The State of the World's Population, 1997, p. 69.

⁵ N. Noble, J. Cover, and M. Yanagishita, 'The World's Youth 1996, wall chart, Washington, D.C. Population Reference Bureau, 1996.

⁶ J. Seager, The State of the Women in the World, Atlas, 2nd ed., 1997, page 53.

⁷ UNICEF. Early Marriage, Child Spouses, Innocenti Digest, No. 7, March 2001, p. 4.

⁸ UNFPA. The Sexual and Reproductive Health of Adolescents: Technical Report, no. 43, 1998, page 7.

⁹ UNAIDS and WHO. AIDS Epidemic Update: December 1998.

¹⁰ The Inter-Agency Group for Safe Motherhood. The Safe Motherhood Action Agenda: Priorities for the Next Decade, 1997, page 20.