

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

At the UN Population Fund (UNFPA) conference in Cairo in 1994, attended by 179 countries, the rights included in sexual and reproductive health and rights (SRHR) were decided upon.

A more comprehensive definition, based on research and developed by experts from different parts of the world, was created in 2018.

EXAMPLES OF WHAT IS INCLUDED IN SRHR ARE:

- The right to freely decide whether, when, and with whom to marry, have sex, or have children, without pressure in the form of discrimination, coercion, or violence.
- Information, education, and counselling on SRHR. Satisfactory sex education contributes to increased knowledge, gender-equal relationships, and prevention of violence. Young people must receive advice, support, and care related to sex and relationships, such as contraception and safe abortions.
- Health care for girls and women before, during, and after pregnancy, as well as infant care, to enable them to have a safe pregnancy and give birth to healthy children.
- Prevention, care, and treatment of sexually transmitted infections such as HIV and cancer.
- The right to freely define one's own sexuality, sexual orientation, gender identity, and gender expression.
- Sexual well-being.

Access to SRHR for children and young people, especially girls and young women, in crisis and conflict is fundamental to saving lives, reducing poverty, achieving global goals, and promoting fair social development. For decades, research has shown the crucial benefits of investing in SRHR, but progress is slow due to weak political engagement, inadequate resources, discrimination against girls and women, and a reluctance to openly address issues related to sexuality.

Millions of children and young people do not have their rights respected, especially when they are on the move, which has devastating consequences. Sexual violence, pregnancy at too young an age, child marriage, and sexually transmitted infections are all examples of abuses that children and young people, especially girls, are exposed to daily in many parts of the world.

Complications during pregnancy and childbirth are the leading cause of death globally for girls between 15 and 19 years old. There is also often a lack of access to menstrual protection, safe toilets that can be locked, and clean water. In times of crisis or disaster, these risks increase significantly because the systems, structures, and networks that would otherwise protect children and young people are often completely destroyed. In addition, access to information and services is often limited in humanitarian crises. Issues related to SRHR are often sensitive and surrounded by taboos, myths, and misconceptions.



In refugee camps, healthcare is often inadequate, and the most acute care is prioritized over preventive measures. This means that many children on the move lack information that could be life-saving for them. According to Article 19 and 34 of the Convention on the Rights of the Child, states that have signed the convention should take all possible measures to protect children from violence and sexual abuse.

QUESTIONS TO CONSIDER DURING RESOLUTION NEGOTIATIONS:

- What can be done to ensure that all children on the move have access to SRHR?
- Is SRHR something that should be determined and regulated at the international level, or should each individual state work on it in its own way?
- What can be done to strengthen the security of children on the move, to reduce the risk of being exposed to, for example, sexual violence?