



The New Zealand All-Party Parliamentary Group

Open Hearing: Adolescent Sexual and Reproductive Health and Rights in the Pacific

Questions and Answers

- **Why is the New Zealand Parliamentarians Group on Population and Development (NZPPD) hosting this Open Hearing?**

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, currently with 47 members representing just under 40 percent of all New Zealand MPs. NZPPD was established in 1998 to further the International Conference on Population and Development (ICPD). The aim of this Open Hearing is to better understand adolescent sexual and reproductive health and rights and related issues in Pacific Island Countries and Territories (PICTs). Through inputs on issues and solutions from people and organisations working on the theme, NZPPD wishes to motivate increased awareness, action, and investment in adolescent SRHR in the Pacific.

- **What are sexual and reproductive health and rights?**

Sexual and reproductive health and rights (SRHR) is a phrase used to encompass fundamental human rights relating to people's sexual and reproductive health, as well as services that are required to ensure that all people can fully realise these rights. Such services encompass, but are not limited to: family planning services, including a comprehensive range of contraceptives, commodities and information, education and counselling services on sexuality, sexual and reproductive health and responsible parenting; pre- and postnatal care services, including safe delivery services and education; infertility services; safe abortion services (where legal) and post abortion care services; treatment of reproductive tract infections and sexually transmitted infections, including HIV and other reproductive conditions.

- **Why is there a need to focus on adolescent SRHR in the Pacific?**

Firstly, adolescents have a fundamental human right to the highest attainable standard of health, including sexual and reproductive health. While studies indicate that 65% of girls and 72% of adolescents in the Pacific are sexually active, there is a severe lack of knowledge and access to comprehensive SRHR services and information. As a result, adolescents suffer a disproportionate burden of poor sexual and reproductive health, including high rates of teenage pregnancies, and sexual and reproductive illnesses.



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Secondly, the Pacific has a rapidly growing adolescent population, with 56% of the population under the age of 25 and 36% under the age of 15. Ensuring that these adolescents have access to SRHR services and information is therefore fundamental to avoid slowed progress towards social and economic development goals, and an increased burden on government expenditures.

- **What is the unmet need for family planning services and information for adolescents in the Pacific?**

The unmet need for family planning refers to the percentage of women between the ages of 15-49 who are married or in a union, and who do not want another birth, but are not using contraception. There is a great need to increase adolescent's access to comprehensive, age-appropriate family planning services and information in the Pacific. Available data indicates that between 11% and 52% of Pacific women between 15-19 years old who are married or are in civil unions have an unmet need for family planning. Less 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. Studies indicate that providing SRH information early on in life can have long-term protective benefits. Adolescents are less likely to have heard family planning messages in the media, and less than 25% of Pacific girls have discussed family planning with a health worker.

- **What is the rationale for New Zealand to support the improvement of adolescent SRHR in the Pacific?**

As a Pacific nation, New Zealand's close geographic proximity and strong economic and cultural ties with other Pacific countries further underscores the importance of supporting positive change in this region. The New Zealand Aid Programme focuses on areas and activities where New Zealand's development assistance can have the most positive impact, and over half of New Zealand's total aid goes to this region. One of the stated health priorities of the New Zealand Aid Programme is sexual and reproductive health. Further, due to the financial crisis, a range of international donors active in the Pacific and which support SRHR, have announced they will be withdrawing, reducing their support or have already done so. New Zealand's support is therefore more critical than ever before.

New Zealand is committed to promoting the objectives of the Millennium Development Goals and the International Conference on Population and Development (ICPD) - both of which specifically require the advancement of SRHR - and in April 2012 at the 45th session of the Commission on Population and Development (CPD) joined other UN member states in agreeing to a landmark resolution on adolescent SRHR. SRHR services have been shown to: save lives, improve health, empower women, increase women's access to education and employment, contribute to healthier and wealthier families, slow rapid population growth and advance socio-economic



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development. SRHR services – particularly family planning – has also been shown to be one of the most cost efficient health interventions available.

- **How does a lack of SRHR services and information impact adolescents?**

Adolescent fertility rates are high in many Pacific countries, with little decline in the past decade. For example, between 8-26% of girls aged 15-19 who are married or in civil unions have already started childbearing, and 17 and 62% of recent births were unplanned. This reflects that adolescent pregnancy in the Pacific often occurs outside of marriage and is commonly unintended. Adolescent girls who become pregnant are at an increased risk of physical or mental abuse and are often less able to complete their education, find employment and therefore more likely to remain in poverty. Teenage pregnancy is linked to an increased risk of unsafe abortion, which can lead to injury, infertility, chronic reproductive health issues and death. While there is a lack of data specific to the Pacific, on a global scale between 2 and 4.4 million adolescents resort to unsafe abortions every year. Family planning gives women and girls more agency over their own lives, by enabling them to postpone early marriage and childbirth, and keeping girls in school for longer.

- **Can family planning play a role in the fight to prevent the spread of HIV/AIDS?**

Pacific country populations remain highly vulnerable to HIV infection due to, small highly mobile populations, high rates of STIs and high rates of at risk sexual behaviour. There have been approximately 30,000 reported cases of people living with HIV in the Pacific, but this figure is under-representative due to limited surveillance capacity across the region. Notably, cases from Papua New Guinea make up a significant majority of the total cases detected in the Pacific—from 21% in 1989 to over 99% in 2008. Condoms are a core method of family planning and are the only form of contraception that can effectively prevent against HIV transmission. When coupled with a comprehensive range of SRHR services including prevention of mother to child transmission (PMTCT) and voluntary counselling and testing (VCT), SRHR services present one of the most effective tools in the fight against the spread of the epidemic.

- **Is New Zealand imposing family planning services on developing countries in the Pacific?**

No. Men and women who participate in New Zealand-supported family planning projects do so voluntarily, free of coercion, and with fully informed consent. In particular, New Zealand-supported family planning projects aim to meet existing demand for family planning services. Best available data suggests that between 11% and as much as 46% of this demand is currently unmet. Family planning plays an important role in human and economic



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development. About 130 national governments worldwide subsidize family planning services, including about 65 developing countries.

- **Does providing SRHR services and information to adolescents encourage sexual activity?**

No. Many studies show that access to comprehensive sexuality education promotes responsible attitudes and behaviour. These studies also show that providing adolescents with information and services on reproductive and sexual health enables them to postpone the onset of sexual activity and encourages them to have fewer partners. When these young people do engage in sex, they are more likely to protect themselves from pregnancy and sexually transmitted infections, including HIV.

- **How is SRHR related to achieving the Millennium Development Goals?**

Research has shown that ensuring sexual and reproductive health and rights is essential for reaching all 8 of the Millennium Development Goals (MDGs):

1. Eradicate extreme poverty and hunger. When families are able to plan the spacing and number of children, they are able to invest more in each child's nutrition and health, which can reduce poverty and hunger for all members of a household. At a macro-level, ensuring SRHR can also enable faster social and economic development.
2. Achieve universal primary education. Families with fewer children, and children spaced further apart, can afford to invest more in each child's education. This has a special benefit for girls, whose education may have lower priority than that of boys. In addition, girls who have access to family planning services and information are less likely to become pregnant and drop out of school.
3. Promote gender equality and empower women. Being able to plan whether and when to have children is a key aspect of women's empowerment. Women who can plan the timing and spacing of their children also have greater opportunities for work, education and social participation outside the home.
4. Reduce child mortality. Prenatal care and the ability to avoid high-risk births helps to prevent infant and child deaths. Children in large families are likely to have reduced healthcare, and unwanted children have a higher rate of mortality and morbidity. It is estimated that by reducing current unmet need for family planning, 640,000 newborn deaths could be averted each year.
5. Improve maternal health. Preventing unplanned and high-risk pregnancies and providing care in pregnancy, childbirth and the postpartum period save women's lives. It is estimated that by meeting global unmet need for family planning, 150,000 maternal deaths could be averted each year.



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6. Combat HIV and AIDS, malaria and other diseases. Sexual and reproductive health care includes preventing and treating sexually transmitted infections, including HIV and AIDS. In addition, reproductive health care can bring patients into the healthcare system, encouraging diagnosis and treatment of other diseases and conditions.
7. Ensure environmental sustainability. Providing sexual and reproductive health services can help slow rapid population growth, urban migration and reduce pressure on the environment and resources. When women are able to have smaller families, they are also better able to adapt to the effects of climate change.
8. Develop a global partnership for development. Affordable prices for drugs to treat HIV and AIDS and a secure supply of contraceptives would greatly advance reproductive health programs in all developing countries.