



**Briefing Paper**  
Number 8 July 20, 2011

## **Six Problems with the World Programme of Action for Youth: How WPAY Fails Young People**

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# Six Problems with the World Programme of Action for Youth: How WPAY Fails Young People

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The World Programme of Action for Youth (WPAY) strategy has become the blueprint for the United Nations' policy for young people, and it is now used as part of its larger push for "sexual rights." The debate over sexual rights is not new, nor is the language contained in the WPAY, yet the reasoning behind these sexual rights still needs to be clarified. The WPAY was adopted by the General Assembly in 1995, on the heels of several other notable programs of action regarding social development.<sup>1</sup> The WPAY document was heavily influenced by the results of these meetings, and echoes the concerns of the times. However, there is now better evidence showing which strategies are effective and which are not among the various concerns that WPAY addresses, such as the treatment of HIV/AIDS. This program of action has been reaffirmed in various resolutions, but it is nonetheless an outdated document, since it was drafted in 1995 and only partially amended in 2007. This paper highlights six of the problems found in the WPAY document, and the reasons why WPAY does not accurately reflect the current needs of youth around the world.

## **Problem #1: Focusing on lowering fertility in order to foster social development is mistaken and has caused critical social imbalances.**

WPAY was crafted at a time when policy makers were adamant that lowering fertility rates was the most effective way to bring developing countries out of poverty. It contains various references to slowing population growth, as do the documents that influenced it. World fertility rates have fallen drastically, bringing about consequences that were never predicted by advocates of population control. The imbalance of the ratio between older people and youth means that fewer youth carry the burden of providing for much larger numbers of elderly people. The UN Population Division's *World Population Prospects 2010 Revision* estimates, "Today, 42 per cent of the world population lives in low-fertility countries, that is, countries where women are not having enough children to ensure that, on average, each woman is replaced by a daughter who survives to the age of procreation (i.e., their fertility is below replacement level)."<sup>2</sup> After years of coercive population control policies, China is becoming a "4-2-1" society, where one child must provide economically for two parents and four grandparents.

Sub-replacement fertility is now a serious problem among countries across Europe, Asia, Latin America, and even some Middle Eastern countries. Of the 74 countries that the UN Population Division lists as below replacement fertility, many are considered economically developing countries.<sup>3</sup> Another concern besides economic instability is security problems. The demographic tinkering has led to a number of youth bulges, especially in India and China, and must be taken into consideration. Youth bulges may

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lead to economic and civil unrest if employment and growth opportunities are not readily available. China and India have been making news lately also because of their high sex imbalance ratios. Son preference in these two countries has led to a prevalent culture of aborting girl babies which, according to demographers, has led to 160 million missing women in Asia alone as well as deeply troubling social crises such as trafficking of girls for prostitution.<sup>4</sup> WPAY should reflect these new demographic realities in its concerns and policies.

**Problem #2: The WPAY approach to HIV prevention among youth ignores evidence-based approaches to ending the epidemic.**

The WPAY document addresses the need to make sure that young people are protected from HIV/AIDS and given available treatments to cope with the disease. Condoms have been a preferred first response to the epidemic, and aid organizations repeatedly call for vast investments in this particular commodity. The guide to WPAY issued by the UN Economic and Social Affairs sections suggests that governments “Guarantee that condoms are available free of charge to young people and develop a national strategy to increase access.”<sup>5</sup> However, prominent researchers from organizations such as the U.S. Agency for International Development have come to realize that condom programming is not the most effective way of lowering new infection cases. Researchers conclude: “In order for HIV-prevention programs in the context of sexually transmitted epidemics to achieve their goal of reducing prevalence at the population level, they must decrease the efficiency of transmission, the risk of exposure, or both.”<sup>6</sup> This means reducing sexual partners through delayed sexual initiation, abstinence, and fidelity in marriage.

Even though this method has been proven to be the most effective means of controlling the epidemic, policy-makers are loath to give up a commodities-heavy approach.<sup>7</sup> James Sheldon, commenting on the governmental disregard for adjusting HIV/AIDS policies, observed in the *Lancet* medical journal that “partner limitation has also been neglected because of the culture wars between advocates of condoms and advocates of abstinence, because it smacks of moralizing, because mass behavioral change is alien to most medical professionals, and because of the competing priorities of HIV programs.”<sup>8</sup> In order for WPAY to do justice to young people, it should incorporate the best data and health practices to inform its treatment of the HIV/AIDS epidemic. That means actively promoting partner reduction through abstinence and fidelity in marriage.

**Problem #3: WPAY endorses promoting, developing, and disseminating sexuality education curricula that advance ideology rather than supply biological information.**

State-mandated comprehensive sexuality education programs push adolescents into a sexualized world without taking into consideration the individual evolving capacities of the child, which may or may not be up to the same level as his or her peers. Adolescence is a delicate age, since it is a time when youth are beginning to establish their individuality and incorporate a range of ideas into their personal identity. Organizations such as UNESCO promote a sexuality education curriculum that does not just address adolescents, but children as well. The UNESCO curriculum does not simply supply biological information regarding the functioning and health of the reproductive system, but rather serves as an opportunity to promote ideology and activism.

When the General Assembly passed WPAY in 1995 they reached an official consensus after many heated debates, yet even then many countries filed strong reservations regarding disputed sections of the document. Countries were most troubled by language on sexual health and education that they felt did not respect their nation’s traditions and cultures. One troubling passage of the WPAY document states, “In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and the subsequent risk of infertility.” While it is important to equip teenagers with the information they need to be healthy and lead successful lives, it is detrimental to their well being to give them conflicting messages about their sexuality. The majority of the scientific community does not support definitions of gender that are not based on the biological reality of the male and female sexes, nor have such definitions ever been accepted by the UN General Assembly.<sup>9</sup>

**Problem #4: The WPAY document’s framework for young people’s sexual and reproductive “rights” encroaches on parental rights.**

In a lengthy section addressing the health needs of young people, the WPAY document devotes very specific attention to the issue of sexual and reproductive health. It states, “The reproductive health needs of adolescents have been largely ignored.”<sup>10</sup> The WPAY document translates policies from the Beijing Platform of Action and the International Conference on Population and Development (ICPD), such as access to contraceptives and abortion—that were never meant for minors—to apply to adolescents. Specifically, policy on abortion and reproductive health was crafted towards adults. A paragraph in the health section of the ICPD Program of Action speaks of women’s “right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence.” When applied to minors, this encroaches upon parental rights in matters of providing for their children’s healthcare.

Abortion advocates argue that providing youth with access to abortion or contraceptives without parental consent will make them autonomous, a concept which is echoed in WPAY language. Such autonomy is not in the best interests of the child or the family. By separating parents and legal guardians from their children’s health, such policies would also remove the primary support system that young people have regarding their health and well-being, that is, their families. It also encroaches upon the rights of parents to decide freely the best way to educate their children by calling for government-provided confidential sexual and reproductive health services for youth. By requiring governments to provide particular types of comprehensive sex education, it also encroaches on national sovereignty and the cultural and religious norms of many countries.

**Problem #5: WPAY advocates for eliminating traditional gender roles.**

The WPAY document also challenges traditional gender roles and urges that “special emphasis should also be given to the reform of education content and curricula, especially curricula that reinforce traditional female roles.” One of the positive aspects of WPAY is that it seeks to empower young women and give them access to the means to improve their economic and social statuses. However, this should not be done at the expense of gender identity. Traditional gender roles, definitions, and values have come to be seen by some international organizations as a threat to female empowerment and general equality. The International

Planned Parenthood Federation, a UNFPA-funded NGO, promotes non-discrimination laws that would go so far as to ensure “identity papers that show a person’s self-identified gender or sex” regardless of his or her biological reality.

By reducing gender to a matter of self-expression, rather than biological fact, governments would do a great disservice to youth and the population in general. Discrimination is an unjust or prejudicial treatment of certain persons because they belong to a group such as a race, religion, or sex. While an individual may have difficulty accepting the reality of his or her physical nature, it does not constitute an injustice for the government or people around them to recognize their biological reality. By making gender identification a matter of mere self-expression, some psychiatrists and mental health professionals warn that we could be “collaborating in madness.”<sup>11</sup> In order for WPAY to promote authentic empowerment and equality, definitions of gender and discrimination should be carefully defined and understood.

**Problem #6: Overemphasis on “sexual health” is detrimental to the need to fund basic healthcare programs.**

The WPAY document offers suggestions on basic healthcare needs; however, when it comes to sexual health the document takes reproductive health services out of the context of general health and gives them their own mandate. The WPAY states, “The United Nations Population Fund and other interested United Nations organizations are to be encouraged to continue assigning high priority to promoting adolescent reproductive health.” Aid agencies and international organizations have known for many years that investing in countries’ basic infrastructure and primary healthcare systems are the most effective way to foster social and economic development. Overemphasizing the importance of reproductive health siphons funding from these much-needed projects, and hinders the economic development of struggling people. By highlighting reproductive health above young people’s various social development needs, policy makers run the risk of reducing young people to nothing more than sexual beings. The WPAY document should give voice to all the needs of young people, in appropriate priority, and not just the needs that have been emphasized by well-funded interest groups.

## Endnotes

- <sup>1</sup> The World Program of Action for Youth was passed after the Program of Action adopted by the International Conference on Population and Development in September 1994, the Copenhagen Declaration on Social Development and the Program of Action adopted by the World Summit for Social Development in March 1995, and the Beijing Declaration and the Platform for Action adopted by the Fourth World Conference on Women in September 1995. WPAY cites each of these documents.
- <sup>2</sup> See Figure 1: Estimated and projected world population according to different variants, 1950-2100, *World Population Prospects: 2010 Revision*. [http://esa.un.org/unpd/wpp/Analytical-Figures/htm/fig\\_1.htm](http://esa.un.org/unpd/wpp/Analytical-Figures/htm/fig_1.htm)
- <sup>3</sup> See Table 2: Selected Demographic Indicators: Fertility, 2005-2010, *World Population Prospects: 2010 Revision*. [http://esa.un.org/unpd/wpp/Sorting-Tables/tab-sorting\\_fertility.htm](http://esa.un.org/unpd/wpp/Sorting-Tables/tab-sorting_fertility.htm)
- <sup>4</sup> See Mara Hvistendahl, *Unnatural Selection: Choosing Boys Over Girls and the Consequences of a World Full of Men* (New York: Public Affairs, 2011).
- <sup>5</sup> *Guide to the Implementation of the World Programme of Action for Youth* (New York: United Nations, 2006), 57. [http://www.un.org/esa/socdev/unyin/documents/wpay\\_guide.pdf](http://www.un.org/esa/socdev/unyin/documents/wpay_guide.pdf)
- <sup>6</sup> Edward C. Green, Timothy L. Mah, Allison Ruark, and Norman Hearst, “A Framework of Sexual Partnerships: Risks and Implications for HIV Prevention in Africa,” *Studies in Family Planning* 40, no. 1 (March 2009), 63–70.
- <sup>7</sup> See Edward C. Greene and A. Herling Ruark, *AIDS, Behavior, and Culture: Understanding Evidence-Based Prevention* (Walnut Creek, CA: Left Coast Press, 2011).
- <sup>8</sup> James D. Shelton, “Ten Myths and One Truth About Generalized HIV Epidemics,” *Lancet* 370 (December 1, 2007), 1811.
- <sup>9</sup> The UN has defined “gender” only on two occasions. The Rome Statute of the International Criminal Court states that “the term ‘gender’ refers to the two sexes, male and female, within the context of society. The term ‘gender’ does not indicate any meaning different” (Art. 7.3). The President of the 1995 Fourth World Conference on Women made a clarification statement that “the word ‘gender’ had been commonly used and understood in its ordinary, generally accepted usage,” which refers to “male” and “female”. The statement also refuted the claim that “new meaning or connotation of the term, different from accepted prior usage,” had been intended (cf., Report of the Fourth World Conference on Women Beijing, 4-15 September 1995, *Statement by the President of the Conference on the commonly understood meaning of the term “gender,”* 2-3, A/CONF.177/20/Rev.1).
- <sup>10</sup> *The World Programme of Action for Youth* (New York: United Nations, 2010), 23. <http://www.un.org/esa/socdev/unyin/documents/wpay2010.pdf>
- <sup>11</sup> See Richard Fitzgibbons, Philip Sutton, and Dale O’Leary, “The Psychopathology of ‘Sex Reassignment Surgery’: Assessing its Medical, Psychological and Ethical Appropriateness,” *National Catholic Bioethics Quarterly* 9, no.1 (Spring 2009), 97-125.