

Introduction

Young people, particularly those who are unmarried and without children, experience unique challenges in accessing sexual and reproductive health (SRH) care. Recognizing these challenges, supporting our vision of a gender-equal world where all people achieve their sexual and reproductive health and rights (SRHR), and reflecting our overarching **Principles of Language Use**—all EngenderHealth language related to adolescent and youth sexual and reproductive health (AYSRH) should be (1) current as well as medically and technically **accurate**, (2) consciously **nonjudgmental** and **destigmatizing**, and (3) deliberately and explicitly **inclusive** of the diversity of our partners and impact populations.

Key Terms

The table below explains select, commonly used terms related to adolescents, youth, and young people.

Explanations of Common Terms

Adolescents are individuals aged 10 to 19 years; this includes *early* or very *young adolescents* aged 10 to 14, *middle adolescents* aged 15 to 16, and *later adolescents* aged 17 to 19. **Youth** are individuals aged 15 to 24 years. **Young people** are individuals aged 10 to 24 years.

Adolescent- / youth-friendly health services are those in which (1) *providers* are trained in adolescent needs, ensure confidentiality, and are respectful of young people (regardless of marital status or other characteristics); (2) *health facilities* are easily accessible (e.g., via public transit), offer convenient hours (e.g., after school), and provide welcoming environments with privacy and age-appropriate educational materials for young people; and (3) *comprehensive SRH care*—including contraceptive and abortion care; sexually transmitted infections (STIs) counseling and care; and sexual and gender-based violence services—is provided affordably and in a timely manner (directly or via referral), available without parental consent, and supported through linkages with other youth-focused institutions (e.g., schools and clubs).

Sexually healthy adolescents are those who (1) understand and appreciate their bodies and related sexual and reproductive functions, (2) are knowledgeable about sexuality and SRH, (3) are able to communicate about sexual issues effectively, and (4) assume responsibility for their behaviors, including through evaluating their personal readiness for engaging in mature sexual relationships, being able to express intimacy and love in respectful and appropriate ways, and making SRH decisions that are consistent with their personal values.¹

Comprehensive sexuality education is a rights-based approach to providing accurate information and promoting healthy attitudes about a breadth of topics, including puberty and human development (e.g., anatomy and physiology as well as social and emotional development), gender identity and sexual orientation, relationships and intimate partner violence, and SRHR (particularly contraception, sexual decision-making and consent, and STI prevention and care). Comprehensive sexuality education enables young people to protect their health, well-being, and dignity and to achieve their future goals and dreams.

Being **sex positive** means having positive attitudes about healthy, consensual sexual activities (including sex for pleasure), feeling comfortable with one's sexual identity, and being respectful of the diversity of sexual expressions and practices of others. Using sex-positive approaches with adolescents reduces stigma and associated secrecy and shame thereby improving their ability to make healthy decisions.

The concept of **evolving capacities** recognizes that individuals' abilities to make SRH decisions evolve as they transition from infancy to child and from child to adolescent. An adolescent who understands the need to protect their reproductive health and therefore requests safe healthcare services can be considered capable of consenting to those services without parental or spousal consent.²

¹ **Adapted from:** Sexuality Information & Education Council of the United States (SIECUS). (1991) 2004. *Guidelines for Comprehensive Sexuality Education: K through 12*. Washington, DC: SIECUS. <https://siecus.org/wp-content/uploads/2018/07/Guidelines-CSE.pdf>.

² **Adapted from:** Turner, K.L., Börjesson, E., Huber, A., and Mulligan, C. 2011. *Abortion Care for Young Women: A Training Toolkit*. Chapel Hill, NC: Ipas. <https://ipas.azureedge.net/files/ACYTKE14-AbortionCareForYoungWomen.pdf>.

Core Principles

Our core principles related to AYSRH include the following:

- All people—regardless of age—have the right to make decisions about their own bodies and lives.
- All people—regardless of age—have the right to explore and engage in consensual, healthy, respectful sexual activity—for emotional, mental, social, and physical pleasure as well as for reproduction.
- All people—regardless of age—should be treated with respect and dignity when accessing any kind of SRH care, including contraceptive and abortion care.
- All contraceptive methods, including long-acting and permanent methods, are safe for young people.
- Abortion is safe for young people.
- Young people are experts on their bodies and lives and are capable of making informed SRH decisions that affect both.

Recommended Language

The table below provides examples of accurate, inclusive, unbiased language—as well as language to avoid.

✓ Say this...	✗ Not that!
Partner or significant other	Spouse or husband (or wife)
Romantic relationship or sexual relationship	Marriage
Contraceptive care	Family planning services
Adolescents or youth or young people (see definitions)	Girls and young women
Young people are a diverse group and every young person has different AYSRH needs.	All young people are the same and can be treated the same.
Adolescents—regardless of gender or marital status—have the right to engage in consensual, healthy, respectful sexual activity and need high-quality, respectful, nonjudgemental SRH care to make healthy decisions.	Teenagers should not have sex or girls should not have sex until they are married so they do not need SRH services.
Adolescence is a time for exploring sexuality, and adolescents and youth—regardless of gender—have the right to engage in healthy, consensual sexual activity.	It is normal for teenage boys to have sex or boys can have multiple sexual partners because they need sex but girls should not engage in sexual activity
Young people who obtain or use contraceptives are being responsible by planning for healthy sexual activity.	Girls who have condoms or use contraceptives are promiscuous.
Young people need access to a full range of methods to be able to make full and informed choices and select the best contraceptive method for themselves.	Short-term family planning methods are better for young people and they prefer these to other methods.
Puberty, menstruation, sex, and related topics may seem embarrassing, but talking about them is critical to dispelling myths and misconceptions that prevent young people from making healthy decisions.	Talking about sex, menstruation, puberty, and similar issues is gross and/or shameful.
All adolescents should be able to prevent pregnancies that could prohibit them from achieving their goals.	It is important to prevent teen pregnancy so girls can finish school.
Unintended pregnancies occur among people of all ages, for a variety of reasons, and abortion is safe for young people; youth who are unable to access bias-free care may undergo unsafe abortions.	Youth have unsafe abortions because they are irresponsible.
Young people are vulnerable to STIs when they lack access to accurate information and quality commodities.	Youth are more likely to contract STIs because they are promiscuous and/or irresponsible.
A young person who understands their SRH needs and requests SRH services, without coercion, is capable of giving consent (without parental or spousal approval).	Young people need the consent of their parents or spouses to access SRH services.

Suggested citation: Agarwal, A. and Aguilera, A. 2020. *EngenderHealth Language Guide for Adolescent and Youth Sexual and Reproductive Health and Rights*. Washington, D.C.: EngenderHealth.