



CSE and Me

Experiences of youth advocates in restrictive environments

CSE and Me was created through a partnership between The PACT and IPPF, with support from the UNESCO Education Sector. The PACT is a global coalition of youth-led and youth-serving organizations that work together to ensure the health, wellbeing and human rights of all young people, with a focus on sexual and reproductive health and rights, and ending the AIDS epidemic in young people. A key priority of The PACT is to ensure that governments are held accountable for providing integrated HIV and sexual health services, and delivering high-quality comprehensive sexuality education.

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INTRODUCTION

In 2017, The PACT published *We Demand More*, an advocacy handbook which aimed to support youth advocates working on comprehensive sexuality education (CSE) in their countries. This guide shared information about what good CSE looks like and how to ask for it, and provided lots of tips for advocacy. In response to this handbook, The PACT and IPPF had many comments from young people who live in more restrictive environments, where their ability to speak up about sexual and reproductive health and rights (SRHR) is blocked by conservative policies or norms. We wanted to understand and share the main challenges that these youth advocates face, and explore what young people in these environments need for better advocacy.

CSE and Me shares the experiences of 39 young CSE advocates from all over the world, and offers ideas and strategies for CSE advocacy in the face of opposition. This guide is not designed to provide a comprehensive overview of CSE, its benefits, and how it should be implemented - instead it takes a deeper look at the challenges faced by young people who are advocating for CSE and how this might impact their future health and wellbeing.

This document refers to “young people”, but it’s important to note that this can mean different things to different people and organizations. The United Nations defines young people as those aged 15-24. In this document, we use “young people” to mean children and young people – anyone aged up to 24, since we all need to learn about issues relating to gender, sexuality and relationships from a very young age. In fact, we continue learning about these topics throughout our lives into adulthood.

why do we need CSE?

The world is currently home to the biggest population of young people we have ever seen. It is more important than ever for governments and decision makers to realise young people's rights, including their **sexual and reproductive rights**.

Sexual and reproductive rights are your rights to make your own free and responsible decisions about your sexuality, free from violence, discrimination and coercion. It means having control over your own sexual life, your relationships, and whether and when you want to have a family.¹ Sexuality is a fundamental part of life, and being able to express themselves fully and openly is crucial for young people's health and wellbeing.

Comprehensive sexuality education (CSE) is key for enabling this, as it can give young people all the information they need to make informed decisions about their sexuality.

However, all over the world, young people face huge challenges accessing high-quality, scientifically accurate CSE. Discriminatory laws, policies and practices can block young people's access to education, information and services, while social and cultural norms can increase taboos and stigma around sexuality within communities. And this is having an impact on young people, who continue to shoulder a huge burden of poor sexual and reproductive health outcomes. UNAIDS data shows that more than 1,500 young people aged 15-24 acquire HIV every single day - but only 36% of young men and 30% of young women in this age group have comprehensive knowledge of HIV and how to prevent it.²

**more than half of
the people on
this planet are
under 30 - and in
sub-Saharan
Africa, about
70% of people
are under 30¹**

setting the scene

In recent years, increased conservative or “right-wing” movements have become stronger all over the world, and are attempting to fight against sexual and reproductive rights. Opposition and anti-rights movements are becoming increasingly coordinated and well resourced, and are gaining influence and voice in international spaces including at the United Nations. Civil society and community organisations are being excluded from decision making at all levels and face many challenges to continuing business as usual - many community organisations are unable to legally register or gain access to funding to carry out activities. Increased discrimination and intolerance is making it much more difficult and often dangerous for youth advocacy movements to operate.

In the face of growing opposition, and as accepted international norms and agreements on sexual and reproductive health and rights are increasingly challenged, it is more important than ever to share the strategies and success stories of youth advocates standing up for their rights. This booklet brings together the voices of youth advocates from around the globe and shares their experiences in the face of prejudice and opposition. Although restrictions and opposition take different forms in different regions and contexts, we hope that these case studies can inspire hope and action, to show those who are against sexual and reproductive rights that they are on the wrong side of history.

METHODOLOGY

IPPF created an online survey which was shared with youth advocates working on CSE to ask them about their experiences and strategies. We received 39 responses from people under 30 from every world region. As we requested responses from young people who are currently working as youth advocates, we had no respondents under 20 and the average age was 25. This booklet compiles the results of this survey, as well as results from a literature review of existing best practice. Please note quotes provided have been altered for clarity and to preserve the anonymity of the authors when required. While we acknowledge the sample size of our survey is small, survey responses have been shared to provide experiences of youth advocates working in restrictive environments around the world, rather than deduce generalisations from their experiences.

RESTRICTIVE ENVIRONMENTS

The survey asked CSE advocates in different parts of the world what challenges they face when carrying out their advocacy work. We defined a *restrictive environment* as a place where any type of attitude or behaviour affects the ability to undertake CSE advocacy. This might include parental consent laws, government opposition, or public stigma and negative attitudes. These restrictions might affect the whole country or just certain areas or activities.

Out of 39 respondents, 35 said that they face restrictions when conducting CSE advocacy. Only four people said that they can advocate and talk about CSE freely.

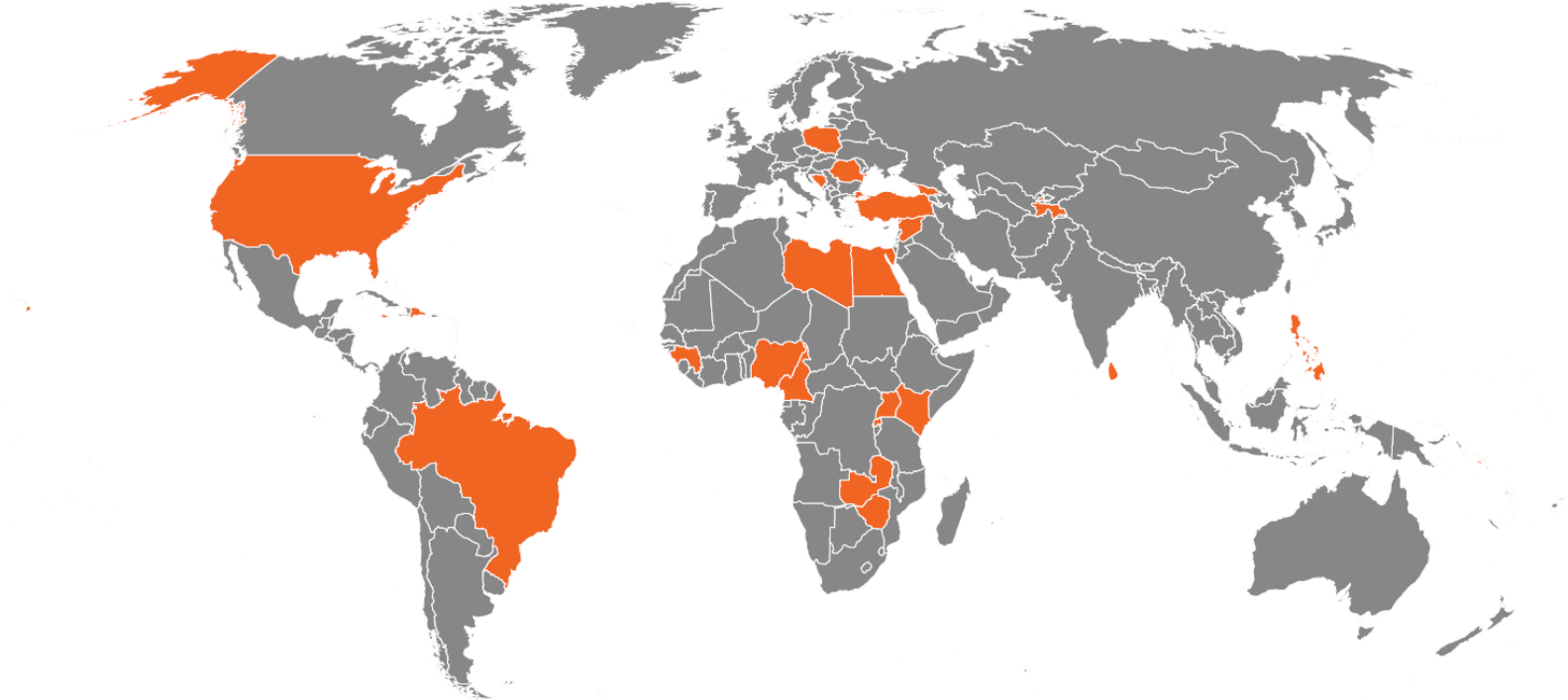
90% have felt censored in what they could say about CSE, and who they could say it to

18% said they live in extremely restrictive areas

26% said that their environment is more restrictive now than it was one year ago

62% have had concerns about their physical safety because of their advocacy efforts. This is shocking and totally unacceptable. The United Nations High Commissioner for Human Rights has expressed concern about this **“global trend” of violence against human rights defenders** after several examples of activists being harassed, attacked and even killed by opposition forces. It has been noted that activists working on LGBT and minority rights are especially vulnerable to attacks.³

map of survey responses



KEY SOURCES OF OPPOSITION

religious and cultural norms

Resistance against CSE all around the world often comes from deeply held beliefs around sexuality and gender roles. Even though CSE has been supported by many international agreements and declarations, advocacy efforts can be obstructed by social, cultural and religious norms, which are often rooted in misunderstanding about what CSE is, and the idea that CSE is “encouraging” young people to have sex earlier. In fact, the evidence shows that young people who access CSE actually have sex later in life, and are more likely to use condoms or other contraception when they do.⁴

Talking about CSE is considered controversial as CSE is considered teaching kids how to have sex. The vast array of areas covered in CSE including decision making, relationships, choices are not understood as part of CSE. The main opposition comes from cultural and religious groups. The main criticism is that CSE goes against the cultural and religious standards. There are not legal restrictions as such.

Country: Sri Lanka, Age: 28

Religious support from Government threatens the existence of at risk groups like the LGBTI and sex workers hence hindering the access of sexual and reproductive health services for the same vulnerable groups.

Country: Kenya, Age: 24

A major barrier to CSE in the Pacific is religious beliefs and cultural norms which make it taboo to talk about sex and related topics. In Solomon Islands there is even a barrier between mothers and daughters talking about menstruation, meaning many girls and young women lack information on menstrual hygiene management.

Country: Solomon Islands, Age: 29

My government is working tirelessly to limit Sexual and Reproductive Rights across the country and for the last two years we've been numerous times on streets to fight for our basic rights. The political agenda is very strict, the Catholic Church is leading many discussions.

Country: Poland, Age: 29

There exists the reality that many are strongly opposed to the introduction of CSE in schools. This is on the basis that adolescents should not be exposed to such information because it is perceived as a method of promoting sex and abstinence is still regarded as the ideal. There has also been a decision by the government not to call it "CSE" because of its problematic perception in the use of Sexuality as part of the general theme.

Country: Jamaica, Age: 24

Schools are hostile to advocates as many of them oppose implementation of anything that relates to sexuality education in their schools, religious and traditional bodies and stakeholders oppose advocates of CSE to the extent that we face possible attacks.

Country: Nigeria, Age: 22

political environment

A global shift towards conservatism and populism all around the world is growing in momentum. **A recent report from CIVICUS found that only 3% of the world's population lives in countries where civic space is fully open** (this means that all people are free to assemble, to demonstrate and protest, and to criticise the government, and that citizens have access to uncensored information and media coverage). It is becoming difficult for citizens to engage with governments in decision making and have their voices heard.⁵

Under the new Presidential administration, attitudes have become less tolerant of racial/ethnic diversity in addition to increased transphobia, homophobia, and chauvinism. These attitudes complicate advocacy attempts on behalf of Comprehensive Sexuality Education.

Country: United States, Age: 27

There is a big political challenge, as the government is encouraging intolerant behaviour towards sexual education and, what they call, the 'gender ideology' of feminism and gender equality. Together with the negative influence of the Catholic Church in Poland, the issues are becoming more difficult to talk about as the public opinion is changing towards more conservative.

Country: Poland, Age: 28

The ruling party is against CSE and is constantly promoting "family life" (heteronormative, advocating against any contraception, topics are not even biology-based, but faith-based); most barriers are political, some legal (abortion is not available), religious opposition works through public opinion, media (main TV & radio are governed by the party); censorship is internal - schools are not that open for external educators anymore.

Country: Poland, Age: 29

legal environment

Many countries have laws or policies that criminalize behaviours or identities, leading to inequalities in who can access their sexual and reproductive health and rights freely and openly. For example, many countries around the world have laws which require young people to have consent from a parent or guardian to access sexual and reproductive health services. **72 countries require young people under a certain age to seek parental consent before accessing at least one sexual and reproductive health service, while 52 countries require parental consent for HIV testing.**⁶ Such policies have been widely condemned as a significant barrier to young people's access to care, as young people often do not want to ask their parents for permission because of fear of harm or discrimination. The Committee on the Rights of the Child has emphasised that all children and adolescents should have access to confidential medical counselling and advice without parental consent, and that adolescents must give voluntary and informed consent for all medical procedures.⁷

There are restrictive laws against openly discussing sexual and reproductive rights mainly among adolescents and young people, as well as religious opposition and public opinion.

Country: Brazil, Age: 20

We have been facing challenges related to restrictive law from the government and from some religious related health facilities. There are some topics you cannot advocate for like advocating access to abortion, LGBT rights.

Country: Rwanda, Age: 29

A directive in 2016 banned the teaching of comprehensive sexuality education in schools claiming CSOs were encouraging sexual activity among young people and adolescents. Currently we can only teach about HIV and body changes but nothing more and this is limited to a few schools we can provide a platform. This kind of opportunity is given by the private schools.

Country: Uganda, Age: 27

Globally, 44% of new HIV infections occur among “key populations” - sex workers, people who use drugs, transgender people and men who have sex with men - and the sexual partners of these people.⁸ However, these key populations often face extreme stigma and discrimination within their communities, as well as harsh and abusive laws which put them at risk. Many countries all around the world have laws which criminalize sex work, drug use or same-sex behaviour. This only perpetuates stigma and discrimination and restricts uptake of services, as people fear accessing services because of fear of abuse, arrest or imprisonment. Countries may also implement laws or policies which make it illegal to provide money for certain sexual or reproductive health services.

Cameroon has a discriminatory law against homosexuality, we cannot effectively carry out programs concerning key populations on the field. Our actions are always seen as promotion of same sex relationship. We cannot sensitize MSM [men who have sex with men] publicly, the message of prevention against HIV is available only for straight people. LGBTI people almost all feel excluded.

Country: Cameroon, Age: 30

EXAMPLE: GLOBAL GAG RULE

The Mexico City Policy, also known as the Global Gag Rule, is a policy that denies US government funding to organisations that provide abortion services, counselling or referrals - even if abortion is legal in a country. It blocks critical funding for services like contraception, maternal health, and HIV/AIDS prevention and treatment. The policy also affects organizations who advocate for the legalization of abortion, which will greatly impact on countries with more legal restrictions on abortion.⁹ The Trump Administration reinstated the Global Gag Rule in 2017, and it is estimated that around \$9.5 billion of global health funding will be impacted.¹⁰

While much opposition and restriction of rights occurs within communities, conservative actors are increasingly engaging on an international scale to undermine sexual and reproductive rights within globally agreed frameworks, including United Nations agreements. There are several global agreements that acknowledge the importance of sexual and reproductive health and rights, for example the ICPD Programme of Action, which has been agreed to by almost all UN member states. There are also regional agreements, such as the Eastern and Southern Africa Commitment and the Montevideo Consensus on Population and Development, that urge countries to ensure access to CSE and sexual and reproductive health services for young people.¹¹

However, in recent years we have seen increased engagement of conservative actors at the global level, working to roll back the progress we have made on ensuring SRHR for all people. In particular, CSE is often attacked with claims that it violates 'parent's rights,' harms and sexualises children and seeks to indoctrinate youth with 'radical sexual ideologies' rather than educate. Anti-rights actors also claim that CSE is the result of lobbying of 'million dollar organisations' seeking profit from the provision of services to children and young people.¹² In some cases, conservative groups are even forming their own youth movements to target United Nations Youth processes and run active international training and leadership networks in coalition with other conservative civil society organisations.

EXAMPLE: CSW60

The Commission on the Status of Women (CSW) is a UN body dedicated to gender equality and the empowerment of women and girls. Similarly to CPD, the CSW meets once a year in New York and aims to adopt outcome documents agreed by all representative governments. In 2016, conservative anti-rights actors managed to influence the agreed conclusions, including the removal of direct references to comprehensive sexuality education, sexual and reproductive health and rights and references to sexual orientation and gender identity.¹³ Additionally, a Youth Caucus held just before the event was dominated by anti-abortion and anti-rights youth movements. One conservative group even tried to get governments to sign a petition to the UN, asking them to "stop promoting and cease all funding for CSE."¹⁴

**EXAMPLE:
CPD50**

The Commission on Population and Development (CPD) is the United Nations body which oversees the implementation of the ICPD Programme of Action, which covers global population and development issues, including sexual and reproductive health, reproductive rights, and gender equality. They meet every year in New York, and work together to agree “outcome documents” - agreements and resolutions which reaffirm countries’ commitments to achieving the ICPD Programme of Action and advancing sexual and reproductive health and reproductive rights for all people. Governments come together every year to “negotiate” these documents, which can take a very long time until every country is happy with the wording.¹⁵

In April 2017, the 50th meeting of the Commission on Population and Development closed with no resolution - which means that countries could not come up with something that they all agreed on. Some governments were strongly opposed to paragraphs related to reproductive rights and sexuality education and also wanted to remove references to contraception and even the right to control all aspects of our own sexuality - topics which have been globally agreed for many years. In the end, the opposition from governments was so strong that the meeting had no agreed outcome.

**EXAMPLE:
HLM 2016**

The 2016 High-Level Meeting on Ending Aids saw the Holy See in alliance with many socially conservative member states argue against the removal of abstinence and fidelity as core components of effective HIV prevention from the Political Declaration. They were encouraged by conservative opposition groups providing misinformation and false arguments against CSE. However scientific evidence overcame over ideology and the Political Declaration recognises the requirement for young people to access accurate information and reinforces the principles of gender equality.¹⁶

WHAT CAN WE DO?

watch your words

Language is important, and using different words for issues related to CSE can make your message more accessible. This can help you to build connections and open dialogues with a range of partners. You might want to tailor your messages depending on who you are targeting, for example when talking to parents and families, it might help to focus on the positive health and wellbeing outcomes for young people. As a lot of the opposition to CSE comes from fear and stigma about young people's sexuality, it might be helpful to use a different term for CSE, such as health education or life skills education. Find out what language your government or other organizations in your region use.

There was a change of name from CSE to Family Health Education. I don't know how this will encourage young people to engage but it will make it easier to educate adolescents and young people with limited confrontation.

Country: Kenya, Age: 26

When we say sexual and reproductive health it is not acceptable so we try to use more appropriate words to be listened to such as family, pregnancy, infections etc. We emphasize being young instead of sexuality to be listened to in the first place.

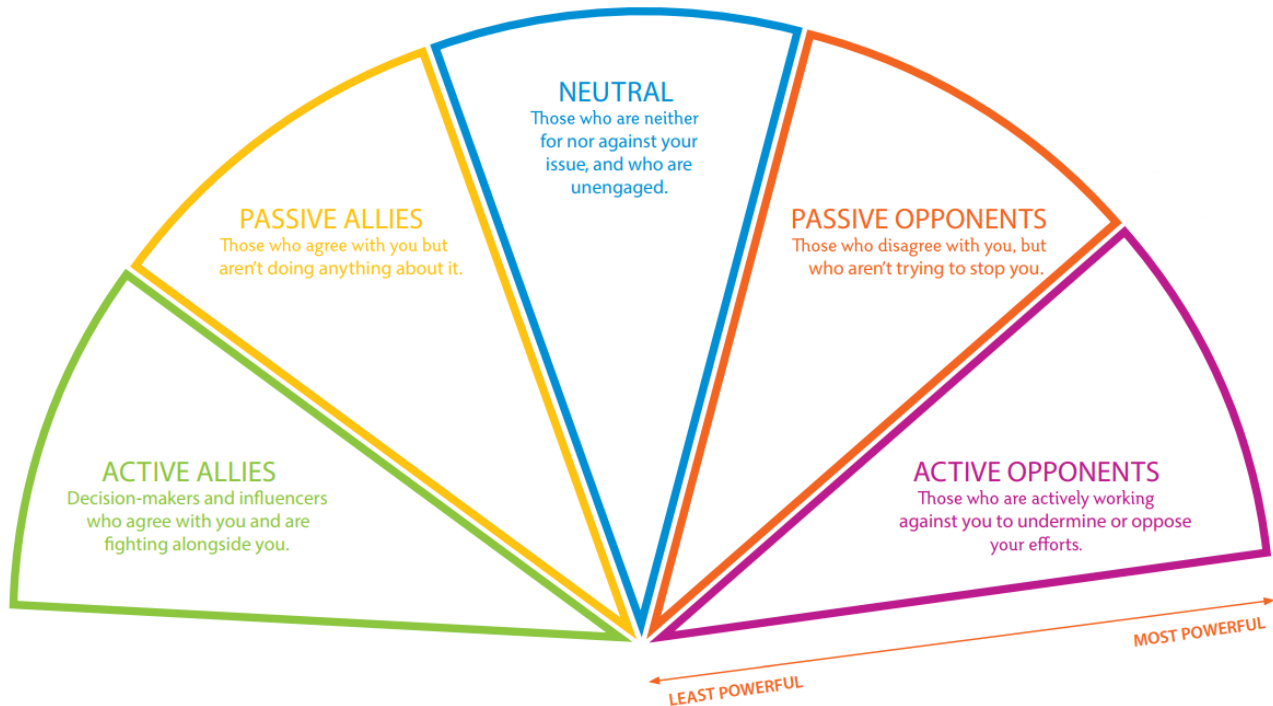
Country: Turkey, Age: 23

We have been focusing on highlighting the benefits of CSE without mentioning the names of those that oppose us. This has made us not be seen as enemies. They do their thing while we do ours by actively emphasizing why CSE should be promoted.

Country: Nigeria, Age: 22

understand your allies (and opponents)

When designing an advocacy strategy, it is important to conduct a **stakeholder mapping** - thinking about all the people within your environment and grouping them together to show those who can support and help you, and those who will oppose you and try to stop you. It's also really important to think about the people in the middle, who don't have a strong opinion. You can target these people to try and get them to support your cause (but remember that your opponents will be doing the same thing!).¹⁷



Once you have mapped out all your supporters, opponents, and the “moveable middle”, it’s important to recognise that you should be using different advocacy approaches and messages to reach them. For example, it’s quite unlikely that you will be able to convince every opposition group to change their mind - but you might be able to “neutralize” them, or persuade them to not stand in your way.

ENGAGE:

if your target is fully in favour of your position and has high interest in the issue, you should seek to include them in your advocacy-planning network! They may be able to open valuable doors for you.

PERSUADE:

if your target is interested and somewhat agrees with your advocacy goal, you should try to persuade them by increasing their knowledge and showing them that your advocacy objective is the appropriate solution.

CONVINCE:

if your target is on the fence in relation to your advocacy goal but only has medium-to-little interest in it, you should try to convince them by showing that your cause is supported by people or institutions that are relevant to them. This can include constituents, other decision-makers, power groups or public opinion leaders.

MONITOR:

if your target is against your position but has little interest in the issue, you might want to devote a bit of energy towards monitoring them, especially if they are powerful or influential. They may suddenly choose to move towards other sections of the spectrum, meaning you will need to rethink your approach.

NEUTRALIZE:

if your target is against your position, has a lot of power and is interested in your issue, you may need to neutralize their influence. This can be difficult—you must avoid unethical practices and putting yourself (or others) at risk. This does not deserve a lot of your energy, so be careful how much you focus on this in your activities.

partner, partner, partner!

Having lots of supporters and allies will make your advocacy efforts more effective - many voices is always better than one! Look to organisations in other sectors and regions to strengthen your advocacy work. Try to form partnerships and alliances wherever you can - especially with the groups that you have identified as supporters.

We have partnered with other education and health organisations to have a stronger voice.

Country: Uganda, Age: 30

One of the strategies that has worked for us in schools is approaching the guiding and counselling department staff and this way we are able to be given an audience of students for afternoon sessions. A feedback book also works for us because the students are able to ask questions in writing and that way we are able to know their thoughts and areas of concern, which we usually address during the next sessions.

Country: Kenya, Age: 27

In our organisation we mostly do safe abortion advocacy. In the last year we received negative energies especially from the county governments since it is a sensitive topic. Today, we have had more advocates come on board and even known lawyers talking about this topic which has made us more comfortable to talk about it and advocate more.

Country: Kenya, Age: 27

We are currently pushing an advocacy campaign which aims to bring awareness to the importance of CSE. Through this campaign, we plan to host focus groups targeting content delivery, training sessions with educators and adolescents and an informal CSE tour which will present CSE beyond the educational settings where it might be delivered in a more restrictive sense. We have also written to the media highlighting the importance of CSE amidst issues concerning teenage pregnancy, early sexual debut etc.

Country: Jamaica, Age: 24

make your advocacy evidence based

Use evidence to back up your messages. This will strengthen your advocacy demands and make it harder for people to ignore your work. When working with opponents, you should expect that they will always challenge your message and try and prove you wrong - so it's really important that all of your messages are grounded in data and evidence. If you can't find the evidence you need you can gather it yourself. To do this you could:

- ✓ Interview young people or other stakeholders like parents or teachers on the issues you are advocating for
- ✓ Hold focus groups to understand the needs of young people in your area
- ✓ Make surveys or questionnaires to gain opinions on key issues

A lack of data disaggregated by sex and age is a key barrier to young people realizing their SRHR. Evidence on the knowledge, attitudes and behaviours of young people is important to ensuring education and services are fit for purpose. The end goal of evidence-based SRHR and HIV advocacy is to ensure that young people have access to the necessary education, prevention, testing, treatment and care.

Resources on Data and Evidence:

- ✓ The **Explore toolkit by Rutgers** gives lots of useful information about how to do research and collect data, including tips for carrying out interviews and focus groups.¹⁸
- ✓ The **Sexuality Education Review and Assessment Tool (SERAT)** created by UNESCO can be used to collect data about school based CSE programmes at primary and secondary level.¹⁹
- ✓ **IPPF's Inside and Out assessment tool** adapts the SERAT tool for use with CSE programmes in and out of school settings.²⁰
- ✓ **IPPF and Guttmacher Institute's Demystifying Data** is a guide to using evidence to improve young people's sexual health and rights.²¹

tie into existing commitments

An effective starting point for advocacy with your government might be to focus on how CSE is related to commitments that they have already agreed to. By using existing commitments, and actions which have been agreed at the national, regional or global level, you can use different strategies to hold your government accountable for sticking to these agreements. It might help you reinforce young people's right to health and education, and show how providing CSE can help your government achieve these commitments. On the following page are some of the important international commitments that recognise young people's rights to CSE and SRHR. Read more about these commitments in We Demand More.

THE EASTERN AND SOUTHERN AFRICA COMMITMENT

The ESA Commitment has been signed by 20 countries,²² and commits governments to support sexuality education and sexual and reproductive health services for young people, and suggests initiating age-appropriate CSE during primary school, before young people are sexually active.

THE MONTEVIDEO CONSENSUS

The Montevideo Consensus on Population and Development is an agreement for Latin American countries and the Caribbean which focuses on young people's rights SRHR and gender equity. It specifically recognises the importance of CSE, it calls for the implementation of CSE from early childhood and promotes education based on human rights and gender equality.²³

THE HIGH LEVEL POLITICAL DECLARATION ON HIV/AIDS

This international agreement is a key document in the global response to HIV and AIDS. It contains specific targets and actions that must be achieved if the world is to end the AIDS epidemic by 2030. It also specially outlines CSE as a vital tool to promote young people's rights and healthy development. Importantly it calls on governments to protect access to 'appropriate high-quality, evidence based HIV information, education and services without stigma and discrimination with full respect for rights to privacy, confidentiality and informed consent.'

THE SUSTAINABLE DEVELOPMENT GOALS

The 2030 Agenda for Sustainable Development is a set of 17 internationally agreed goals which every one of the 193 UN member states has committed to. These goals will guide funding and policy making until 2030. Each goal contains a set of targets which are a great place to start with your advocacy. Specifically look at target 3.7 which commits member states to ensuring 'universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.' Target 5.6 also calls for "universal access to sexual and reproductive health and reproductive rights". Targets 4.7 and 5.6 do not directly mention CSE but have clear links to CSE through their focus equipping young people knowledge and skills and fulfilling their SRHR requirements.

what is accountability?

Accountability simply means sticking to your commitments and doing what you said you would do. Citizens have a right to hold their governments accountable for acting on their promises and for ensuring that they run their country in a fair way. "Social accountability" means civil society holding leaders to account - by participating in decision making, monitoring commitments, and speaking up about injustices.

staying safe

Remember: please don't ever advocate if you feel your safety is at risk. Your security and wellbeing should always come first, and any advocacy in restrictive settings should begin with a consideration of the personal safety of all advocates involved.

Some top tips:

- Try to use strategies that allow you to remain anonymous, including online and social media actions
- Make sure that if you have files or paperwork, that this is locked away or has passwords on it to protect the identities of advocates and other people involved
- Don't work alone! If you are attending an event or demonstration, take supportive allies with you
- Always make sure that someone you trust knows where you are going and what you are doing
- Look after yourself and pay attention to how you're feeling. Advocacy can be very mentally and physically exhausting and demanding. Make sure you are giving yourself time to recover.

Having radio programs where one shares information and answers questions one on one helps to reach out to a large number, people openly ask questions because they can afford it and their identity is not seen.

Country: Kenya, Age: 24

We are operating with pseudonyms, it's a strategy I can share with other advocates who are in harsh areas.

Country: Kenya, Age: 24

TAKING ACTION!

Youth advocates all around the world are facing challenges and restrictions at national, regional and international levels. But in the face of so much opposition, it's more important than ever to work together and stand up for our rights. Young people are driven by their passion and determination for sexual and reproductive rights, but this isn't enough to ensure a sustainable response to restrictive environments.

YOUTH CSE ADVOCATES NEED

- ✓ **ADVOCACY RESOURCES AND TOOLS**
- ✓ **ACCESS TO FUNDING**
- ✓ **DATA DISAGGREGATED BY SEX AND AGE**
- ✓ **LEGAL AND POLICY CHANGES**
- ✓ **SUPPORTIVE NETWORKS AND PARTNERSHIPS**
- ✓ **MEDIA STRATEGIES & INCREASED ONLINE PRESENCE**
- ✓ **POLITICAL CHANGES IN THEIR COUNTRY**

We are able to continue because of the support we have from local and international organisations who are committed to helping groups who advocate in restrictive spaces. We also have a team of dedicated young people who are committed to advocating about issues that directly affect them.

Country: Jamaica, Age: 24

Because we strongly believe in the power of CSE.

Country: Romania, Age: 23

The commitment of people involved and their passion.

Country: Sri Lanka, Age: 28

why do you think your organisation is able to continue despite the restrictions you face?

Our organisation is able to continue the work because we've been involved with HIV since the beginning and we work with adolescents and young people living with HIV.

Country: Brazil, Age: 20

Because we have become a strong force working with different organisations that support and protect human rights.

Country: Uganda, Age: 30

Because we are youth-led and very passionate about what we do. We have been able to work using our own resources with zero funding. This means that we are committed to see change and ensure that information is passed correctly to young people.

Country: Kenya, Age: 27

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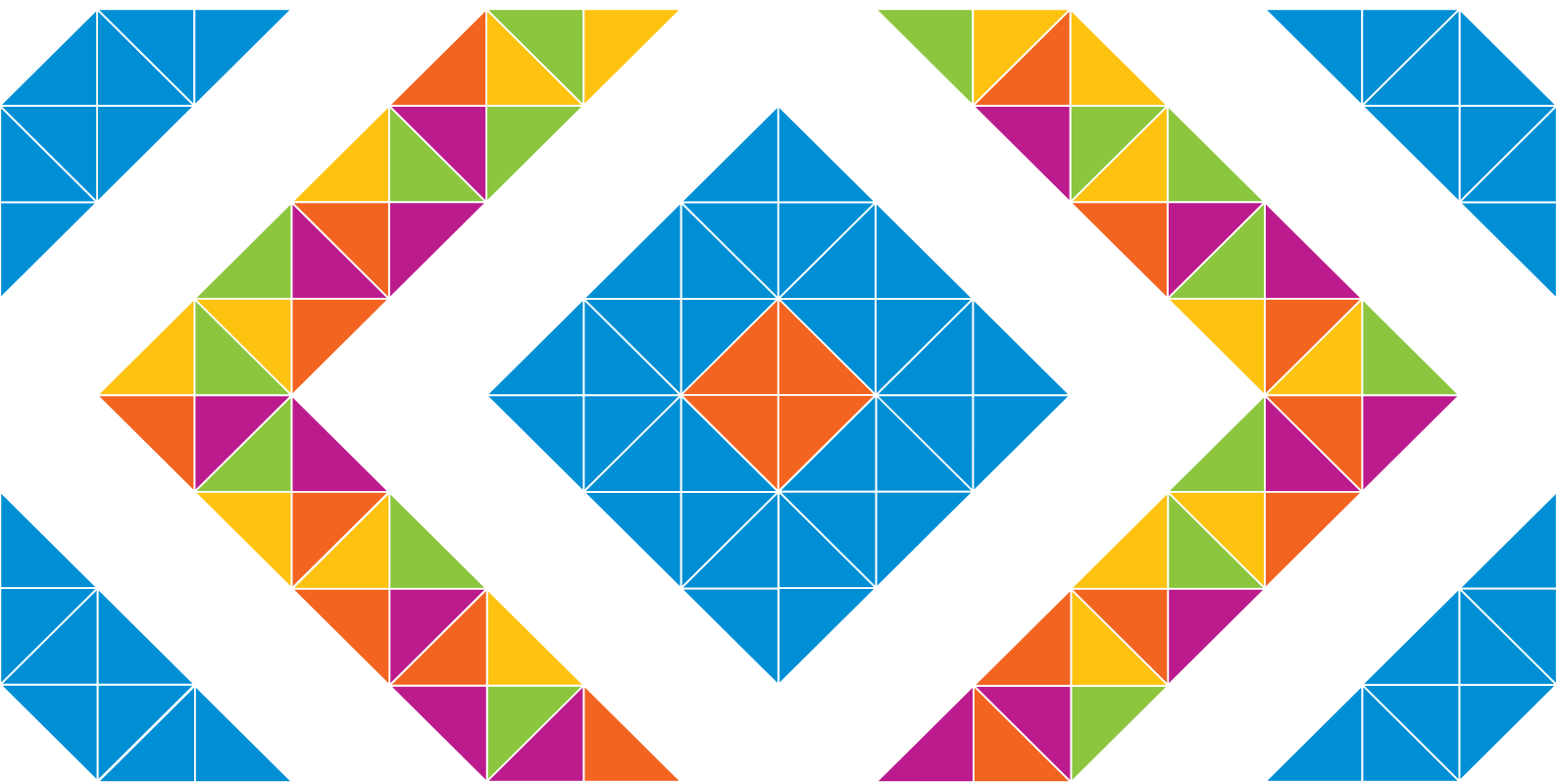
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