**Submission to the Office of the High Commissioner for Human Rights**

**From the International Women’s Health Coalition**

**International Human Rights: The right to sexuality education**

The right to sexuality education is derived from several rights within the Convention of the Rights of the Child, including the freedom to seek, receive and impart information, the right to the highest attainable standard of physical and mental health, and the right to education. [[1]](#footnote-1) The Committee on Economic, Social and Cultural Rights, in its General Comment on the Right to Health, has called for the removal of all barriers to sexual and reproductive health for adolescents, including in regards to information and education.[[2]](#footnote-2) Moreover, it has recommended in its General Comment on the Right to Education that states parties ensure that adolescents have information on sexual and reproductive health through their school curricula.[[3]](#footnote-3) The Committee on the Rights of the Child has also recommended to states that they institute sexuality education in primary and secondary schools, as well for young people who are not in school, and that for those adolescents who are not in school access to information about their sexual and reproductive health is a human rights obligation.[[4]](#footnote-4) Both these Committees have used the principle of non-discrimination to call upon states parties to remove all barriers that adolescents face, to information and education about sexual and reproductive health.[[5]](#footnote-5) The Children’s Rights Committee’s General Comment on Adolescent Health regards early marriage and pregnancy as a significant factor related to sexual and reproductive ill health and calls on states to reform legislation and practice in this regard.[[6]](#footnote-6) This Committee also makes it clear to states parties their obligation of providing comprehensive SRH information, “regardless of marital status, and prior consent from parents and guardians.”[[7]](#footnote-7)

The former United Nations Special Rapporteur on the Right to Education, Vernor Muñoz, issued a report on the unequivocal human right to sexuality education in 2010. In this report, he concluded that the “right to sexual education is particularly important to women’s and girls’ empowerment and to ensuring that they enjoy their human rights. It is therefore one of the best tools for dealing with the consequences of the system of patriarchal domination by changing social and cultural patterns of behavior that affect men and women and tend to perpetuate discrimination and violence against women”. [[8]](#footnote-8) This report strongly recommends that governments institute comprehensive sexuality education programmes that teach gender, sexuality and rights from primary school onwards and train and support teachers accordingly.[[9]](#footnote-9)

**Comprehensive Sexuality Education Programs in Brazil, Nigeria, Cameroun, India and Pakistan: good practice and successful partnership with local and state governments**

The health needs of adolescent girls are ignored in many countries. As illustrated by the work of IWHC’s partner organizations in Brazil, Cameroun, Nigeria, India, and Pakistan, NGOs can often successfully hold governments accountable in providing sexuality education to adolescents.

As evidenced below, comprehensive and ongoing sexuality education that is based on principles of human rights and gender equality and that answers adolescents’ questions is urgently needed in schools and in other venues, including out-of-school programs. Sexuality education programs that reach boys and girls before they become sexually active address not only the physiological aspects of sexuality and reproduction but also the emotional aspects of intimate relationships, diversities of sexual expression, self-esteem, and negotiation and decision-making skills.[[10]](#footnote-10) These programs are being instituted in various cultural contexts successfully and promote children’s rights to health. Further, these examples show how governments and civil society can work together to fulfill these rights.

IWHC’s partner in **Brazil**, Curumim, developed and implemented a program on comprehensive sexuality education. The Cunhatã Program enhances adolescents’ ability to make informed decisions about their lives, including in the field of sexuality and reproduction, based on a participatory methodology that strengthens their self-confidence. The program is implemented in Recife, one of Brazil’s most violent cities, where drug addiction, criminality, and pregnancy are very common among adolescents in the marginalized areas where Cunhatã’s participants live.

An assessment of this program indicates that participants become more self-confident, critical and capable of envisioning multiple prospects for their future. They also tended to improve relationship with peers and parents, including by lowering violent behavior; continue going to school; avoid involvement with criminality; and avoid pregnancy during adolescence. Some alumni continue working with Curumim as peer educators and advocates for youth rights. In 2010, Curumim successfully implemented this program in two public schools in the state of Pernambuco, adjusting its methodology to train teachers and school staff.

In **Cameroun**, a minimal amount of information on sexual and reproductive health and rights is provided in schools, and this is often limited to the basics about anatomy and some HIV prevention. FESADE **Femmes-Sante-Developpement (FESADE)** provides sexuality education to youth, particularly adolescent girls, which leads to their empowerment and autonomy as adult women. FESADE’s dedication to providing Camerounian youth with comprehensive sexuality education has resulted in the development of a 21-module curriculum which has been officially endorsed by Cameroun’s Ministry of Education. Despite the conservative environment in Cameroun, this curriculum contains detailed information on controversial subjects such as masturbation, sexual orientation, early pregnancy and condom use. FESADE’s savvy nature has allowed them to include this information in what will hopefully one day be a government-sponsored curriculum. They are currently piloting the curriculum in over 60 schools in two school districts and in three years have trained 214 teachers to use various modules of the curriculum in their classrooms, serving 8,779 adolescents in secondary schools.

Access to comprehensive sexuality education for adolescents has been and remains an extremely controversial subject in **Nigeria** despite the extreme need for information amongst the large youth population. In 1990 Action Health Inc. (AHI) began working to establish a preliminary sexuality education program in Nigeria. AHI worked simultaneously to establish relationships with the Ministries of Health and Education and the National and State Agencies for the Control of AIDS, which allowed them to co-convene a National Conference on Adolescent Reproductive Health in Nigeria with the Ministry of Health in 1999. It was at that conference that AHI, working in concert with southern Nigeria girls’ reproductive health and rights powerhouse Girls’ Power Initiative (GPI) and other civil society organizations convinced the Federal Government of Nigeria of the need for a nationally standardized sexuality education curriculum. Subsequently, AHI and GPI formed a working group of key colleagues which developed a prototype national curriculum. This prototype later became the National Family Life and HIV/AIDS Education (FLHE) curriculum that was adopted by the government in 2000. AHI and GPI then focused their efforts on the community advocacy and teacher training needed for implementation at the state level. GPI, which works in four states, has coordinated trainings for instructors with the Nigerian government for the purpose of encouraging replication of program content and methods in government efforts. Both GPI and AHI have maintained consistent advocacy with the National and State governments in order to keep providing sexuality education programs despite the controversy surrounding them at times.

In **India**, the Adolescence Education Programme was introduced in the school system in 2006. During 2007, it was suspended in several states in the country due to the objections raised by teachers, parents and a section of policy makers who were uncomfortable with the content of the curriculum that addressed sexuality education. Around 78% of young people aged below 20 years do not know how to practice safe sex and 73% of young girls in India have misconceptions about HIV transmission[[11]](#footnote-11). The absence of comprehensive sexuality education implies that a significant number of Indian youth reach young adulthood, a time when they are expected to largely make their own decisions regarding their sexuality, without the complete set of the tools or information to do so in an effectual manner.

To address this, and complement education sector action, The YP Foundation (TYPF)[[12]](#footnote-12) has been implementing the Know Your Body, Know Your Rights (KYBKYR[[13]](#footnote-13)) programme. It aims to empower young people to make informed decisions about their bodies and their lives. Peer educators aged 18-24 years are trained over a 4-6 month period and conduct a series of workshops with young people from schools and colleges as well as in out-of-school communities in the states of Delhi, Haryana, Maharashtra and Uttar Pradesh. The model encourage frank and non-judgmental discussion of issues related to young people’s bodies, health, sexuality and rights and communicate evidence-based, scientifically correct information in a safe, fun and non-intimidating way.

In 2006, the programme started a series of dialogue forums between policy makers, government officials and young people, reflecting the need to create sustainable, systemic change in young people’s participation in policy and governance processes. The programme also took steps to develop the capacity of young people, to enable them to contribute fully to policy dialogue on issues affecting their health and rights. Building on this, a youth-led campaign was launched in 2010, to encourage young people to articulate their needs and advocate for access to comprehensive sexuality education. The campaign has brought together the voices of over 5,000 young people, including through hosting youth-led consultations on comprehensive sexuality education curricula and strategies of implementing the same in communities in a number of states across 2010 - 2011.

From 2011-2013 the programme is advocating for the implementation of CSE in three states, Uttar Pradesh, National Capital Region (NCR) and Maharashtra, with key policy makers at state and national-level by engaging 300 youth leaders from 18 states across the country, who work at local community levels with their peers to address issues of gender, sexuality, health and rights. These youth leaders work in 28 districts from 18 programmes across the country, serving an adolescent and youth population of 65,605, of which 39,950 are girls and 39,950 are boys. The aim is to increase young people’s participation in policy dialogue and to provide policy makers with direct feedback on young people’s needs and priorities.

The experience of KYBKYR programme is increasingly demonstrating that young people can, need and above all want to play an active role in comprehensive sexuality education and in advocating with policy makers to promote and protect the quality of their health and lives.

**In Pakistan** a national survey with young people (aged 15-24) found that only 29% of girls and 41% of boys were informed about the developmental changes associated with puberty.[[14]](#footnote-14) Pakistan has high rates of unwanted pregnancies[[15]](#footnote-15) and maternal mortality[[16]](#footnote-16) and pregnancy among adolescents in the Sindh province is as high as 60%.[[17]](#footnote-17) Comprehensive sexuality education is thus needed to increase youth’s ability to make informed decisions about their lives, including their bodies. However, adolescents lack reliable sources of information on sexual and reproductive rights and health and, due to the taboo nature of the subject, parents and teachers are often uncomfortable to discuss sensitive issues with their children.

Aware of the need for comprehensive sexuality education[[18]](#footnote-18), Aahung and other NGOs conceptualized and advocated for content on life skills based education (LSBE) to be incorporated into the national educational curriculum. In the schools where LSBE has been implemented, it has been mainstreamed within the education curriculum, although it is mainly taught through extra-curricular activities. These activities are often overlooked by teachers due to lack of time or inappropriate training. Aahung reports that a common challenge is the lack of assistance to address teachers’ discomfort with topics such as sexual and reproductive choices made in an adolescent’s life. Moreover, schools lack counseling and referral services in their health programs while health facilities lack knowledge of adolescent and youth health issues.

Aahung has worked with 79 secondary (grade 6 to 10) public, private and charter schools (schools administered by NGOs) in Sindh Province, building the capacity of 515 teachers to integrate quality and age-appropriate CSE into their teaching programs. Aahung has also worked with 36 primary private and public schools to sensitize 1,560 teachers and caregivers on Child Sexual Abuse awareness and prevention. Aahung’s Youth Component also reached out to more than 60,000 youth and caregivers through dissemination Aahung’s materials.

Together with the Education Department and the population Welfare Department of Sindh, they have formed a unique partnership to increase adolescent access to sexual and reproductive health information of adolescents. This project is being implemented in 26 government schools in 4 districts of Sindh (13 in Karachi, 5 in Hyderabad, 4 in Mirpurkhas, 4 in Umerkot). They have developed needs assessments with trainers, teachers, government officials, and religious leaders to assess the existing methodologies and to determine the content of the training and curriculum. The local government is expected to begin implementing the curriculum in all 26 schools in 2013.

**Conclusions**

The right to comprehensive sexuality education is embedded in international human rights law and policy. Moreover, states parties have the obligation to ensure that adolescents and young people have the information they need to make decisions for their sexual and reproductive lives.

As evidenced by the work of IWHC’s partners in Brazil, India, Nigeria and Pakistan, women’s and young people’s organizations are implementing programs that illustrate how civil society and government can work together to fulfill adolescents’ rights and meet their health needs. These programs have been effective because they were developed in a participatory way, relied on evidence, and were adapted to the local culture to be appropriate and sensitive to meet local needs. This, in turn, allowed the NGOs to win the support of government officials who have in some cases been able to scale up these programs to reach far more young people with the information they need to realize their sexual and reproductive health and rights.

For more information about these programs or about adolescent sexual and reproductive health and rights, please contact info@iwhc.org

1. UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www2.ohchr.org/english/law/crc.htm> [accessed 1 October 2012], art. 13, 17, 28-29. [↑](#footnote-ref-1)
2. Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12), 21, U.N. Doc. E/C.12/2000/4 (2000). [↑](#footnote-ref-2)
3. Committee on Economic, Social and Cultural Rights, General Comment 13: The Right to Education (Art. 13), 6(b), U.N. Doc. E/C.12/1999/10 (1999). [↑](#footnote-ref-3)
4. See Concluding Observations of the Committee on the Rights of the Child: Antigua and Barbuda, 54, U.N. Doc. CRC/C/15/Add.247 (2004); Trinidad and Tobago, 54, U.N. Doc. CRC/C/TTO/CO (2006), Ireland, 52, U.N. Doc. CRC/C/IRL/CO/2 (2006). [↑](#footnote-ref-4)
5. See, e.g., Committee on the Rights of the Child, General Comment 4: Adolescent Health and Development in the Context of the Convention of the Rights of the Child, U.N. Doc. CRC/GC/2003/4 (2003); Committee on Economic, Social and Cultural Rights, General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12), U.N. Doc. E/C.12/2000/4 (2000). See, e.g., Concluding Observations of the Committee on the Rights of the Child: Thailand, 69, U.N. Doc. CRC/C/THA/CO/2 (2006); Committee on Economic, Social and Cultural Rights, General Comment 13: The Right to Education (Art. 13), 6(b), U.N. Doc. E/C.12/1999/10 (1999). [↑](#footnote-ref-5)
6. See CRC, General Comment 4: Adolescent Health and Development in the Context of the CRC (13). [↑](#footnote-ref-6)
7. Ibid para 21 [↑](#footnote-ref-7)
8. Report of the Special Rapporteur on the Right to Education to the United Nations General Assembly, September 2010, A/65/162; <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/462/13/PDF/N1046213.pdf?OpenElement> (accessed 14 September, 2012) [↑](#footnote-ref-8)
9. Ibid [↑](#footnote-ref-9)
10. Irvin, Andrea: *Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates*; IWHC, New York, 2004; UNAIDS Inter-Agency Task Team on Young People; David A. Ross, Bruce Dick, and Jane Ferguson, eds., *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*; WHO, Geneva: 2006; Douglas Kirby, B.a. Laris, and Lori Rolleri, *Sex and HIV Education for Youth: Their Impact and Important Characteristics*; Family Health International and YouthNet, Washington, DC, 2006; *International Guidance on Sexuality Education: an evidence informed approach for schools, teachers, and health educators* UNESCO, Paris. 2009. [↑](#footnote-ref-10)
11. National Authority for the Control of AIDS, India: [www.nacoonline.org](http://www.nacoonline.org) [↑](#footnote-ref-11)
12. The YP Foundation: [www.theypfoundation.org](http://www.theypfoundation.org) [↑](#footnote-ref-12)
13. Know Your Body, Know Your Rights Campaign: [www.knowyourbodyknowyourrights.com](http://www.knowyourbodyknowyourrights.com) [↑](#footnote-ref-13)
14. Sathar, Z., Ul Haque, M., Faizunnissa, A., Sultana, M., Lloyd, C., Diers, J. and Grant, M.. Adolescents and Youth in Pakistan 2001-02: A Nationally Representative Survey. Population Council, Islamabad/New York, 2003. [↑](#footnote-ref-14)
15. Sathar, S., Singh, S., Fikree, F. Estimating the Incidence of Abortion in Pakistan. Studies in Family Planning: Vol 38, No 1, pp 11-22(12) 2007 [↑](#footnote-ref-15)
16. Zaidi, S., *The Role of the Obstetrician in Reducing Perinatal Mortality*, in Zaidi S., (Ed.), Maternal and Perinatal Health, 1992. Karachi, Pakistan. [↑](#footnote-ref-16)
17. Population Council, Statistics on Adolescent Health in Pakistan: <http://www.popcouncil.org/pdfs/Pak_AYP001.pdf> (accessed 26 September, 2012). [↑](#footnote-ref-17)
18. In order to avoid misinterpretations in a culturally conservative society, Aahung never uses the terminology “comprehensive sexuality education”. Instead, they use terms such as Life Skills Education (LSE) and explain their programs cover topics such as life skills, natural bodily processes (hygiene, puberty, menstruation), violence, and peer pressure. [↑](#footnote-ref-18)