



Input of the Center for Family and Human Rights (C-Fam) on Protection of the Rights of the Child and 2030 Agenda for Sustainable Development pursuant to Human Rights Council resolution 31/7 of 23 March 2016.

October 17, 2016

The input provided in this submission reflects the position of “Civil Society for the Family”, an NGO coalition of over 180 member organizations from around the world. The coalition website and platform can be found at the website www.civilsocietyforthefamily.org.

This submission is organized under two headings. The first addresses legal protection of children in the womb and the provision of maternal health consistent with the Agenda 2030 as a mechanism to realize the rights of the child. The second addresses emerging challenges to protecting the rights of the child from changing social norms and new technologies.

1. The Right of the Child to legal protection before as well as after birth: Lessons from MDG5 on Maternal Health

The Convention on the Rights of the Child (CRC) reaffirms the Declaration of the Rights of the Child, which stated that "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth" (CRC Preamble). This core principle underpins the entire convention.

Prohibitions on abortion at all stages of gestation are the most evident form of protecting children in the womb. While all nations have yet to reach this high bar, a majority of nations do not allow children in the womb to be disposed of as commodities, and regulate and restrict abortion, and afford children in the womb legal rights from the moment of conception.¹

To fulfill the right to life of children, in addition to explicit protections for life in the womb, it is also essential to create the conditions for children in the womb to develop and be born.

The Sustainable Development Goals present an occasion for building on the important experience of the Millennium Development Goals, specifically in the area of maternal health. Paragraph 16 of “Agenda 2030: Transforming Our World” (A/70/1) re-commits countries to complete the unfinished business of the Millennium Development Goals and in particular improving maternal health as one of the goals on which least progress has been made.

Sadly, efforts to fulfill MDG5 on maternal health did not always keep in mind the right of the child to protection before birth. In fact, some groups even advocated that MDG5 could be realized by the deliberate killing of children in the womb through abortion, even though there is no evidence at all that abortion prevents maternal mortality in a population.²

The 2030 development agenda should make maternal health a distinct priority, but a new paradigm is needed. Maternal Health remains grossly underfunded compared to other interventions like family planning or HIV/AIDS prevention which are relatively lavishly funded.³ Even in Africa 98% of married women have access to modern methods of contraception, and yet access to maternal health lags behind in those same countries.⁴



2. Emerging challenges to protecting the right of the child

A. Protection of the Family

The Preamble of the CRC states that “the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.”

The Universal Declaration of Human Rights (UDHR) defines the family as “the natural and fundamental group unit of society” and declares that it is “entitled to protection by society and the State” UDHR 16. The International Covenant on Civil and Political Rights (ICCPR 23), the International Covenant on Economic, Social, and Cultural Rights (ICESCR 10.1), and the Convention on the Rights of the Child (CRC, Preamble) reflect the UDHR verbatim.

By these and other provisions in international law the family is a proper subject of human rights and a bearer of rights in international human rights law.⁵

Several core obligations of states towards the family directly affect children.

These include the protection of the equal rights of men and women to freely enter into marriage and found a family, and their equal rights during marriage and at its dissolution (UDHR16, ICCPR 23, ICESCR 10, CEDAW 16). These rights effectively define the family in international law as resulting from the union of a man and a woman, and are not ambiguous.

They also include the protection of the right of the child to know and be cared for by her/his mother and father and the related rights of the child to a cultural and religious identity (ICCPR, 23, 24, CRC 2, 3, 5, especially 7, 8, 9, 10, 18, 27) and the “prior” right of parents to educate children (UDHR 26.3, ICCPR 18, CRC 2, 3, 5, 14, 20, 29, 30).

The self-evident truth of the benefit of the family to its individual members and society at large is validated by the best available social science and research. No other structure or institution is able to deliver the same quality outcomes for children as the family composed of a man and a woman in a stable and enduring relationship.⁶

When children are not raised by their biological parents in a stable family environment, as for example in unmarried, cohabiting, and same-sex households, they are more likely to experience school failure, lower levels of education, behavioral problems, drug use, and loneliness, among other negative outcomes, as well as physical, sexual, and emotional abuse.⁷

The family is essential in combating poverty and creating economic opportunity.⁸

Entering marriage and founding a family is correlated with higher earnings and social mobility. A landmark Harvard study shows the most consistent factor in the ability of individuals to emerge from poverty and climb the social ladder is living in areas where families stay together.⁹ And, the benefits of the family are repeated across borders and all segments of society regardless of social and economic status, including among minorities.¹⁰



B. The Right of the Child to know and be cared for by his/her mother and father

Children have a fundamental human right to know and be cared for by their mother and father. It is the basis for rights of the child in the context of family reunification policies (ICCPR, 23, 24, CRC 2, 3, 5, especially 7, 8, 9, 10, 18, 27). It is also related to the right of the child to a cultural and religious identity. Legal recognition for relations between persons of the same sex or other arrangements that are neither equivalent nor analogous to the family, can directly violate and threaten the right of the child to know and be cared for by his/her parents.

This takes place, for example, where adoption and step-child adoption give rise to legal guardianship in the context of so-called same-sex marriages and homosexual unions, or where children are contracted for through artificial reproduction agreements, or other social and legal arrangements that are not equivalent or analogous to the family.

Unlike adoption, where children are deprived of their intact family because of circumstances that cannot be controlled by the state, this kind of legal regimen directly threatens and undermines the right of the child to know and be cared for by his/her mother and father and may constitute a systematic violation of the rights of the child.¹¹

Binding international human rights instruments (UDHR 25, ICCPR 24, CESC 10, CRC 2, 7, 8, 20), underscore the obligation of member states to protect the family as the optimal environment for children. They obligate states to protect children equally regardless of their family situation, not to validate adult sexual autonomy.

C. Euthanasia for minors is a gross violation of the Rights of the Child

Article 24 of the Convention on the Rights of the Child recognizes “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”. To provide death is neither to treat nor to rehabilitate.¹²

Children are emotionally, psychologically and physically vulnerable, and susceptible to influence.¹³ They need care, not assisted suicide. According to the Royal College of Psychiatrists (UK), the wish for assisted suicide is “strongly associated” with depression, and 98-99% of requests would be withdrawn with proper medical and psychiatric treatment.¹⁴

D. Comprehensive Sexuality Education

With reference to education, C-Fam notes the harms that so-called “comprehensive sexuality education” (CSE) programs may cause to children. Unlike traditional sex education, CSE is highly explicit and promotes promiscuity and high-risk sexual behaviors to children as healthy and normal. CSE emphasizes risk-reduction and not risk-avoidance. Moreover, CSE teaches the moral equivalence of any kind of sexual activity between consenting teenagers or adults, undermining parental rights.¹⁵

Adolescents must be empowered to avoid risks altogether, not just to reduce the harms associated with early sexual behavior. Moreover, it endangers the health of children because of the widespread sexually transmitted infections that can have lasting consequences on physical and mental health, including fertility. According to the



U.S. Center for Disease Control and Prevention (CDC), 1 in 3 persons living in the United States is has an STD at any given time. There are 20 million new infections each year, of which 10 million in the 15-25 age range.¹⁶

New evidence from the United States suggests abstinence messaging in education is a reason why teen pregnancy has fallen to historically low rates.¹⁷

¹ See UN Population Division, World Abortion Policies 2013, available at <http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml>

² See Rebecca Oas, Ph.D. et. al. "The Unfinished Business of MDG 5 on Maternal Health and the Post-2015 Development Agenda," C-Fam Briefing Paper No. 13, July 7, 2014, available at https://c-fam.org/briefing_paper/the-unfinished-business-of-mdg-5-on-maternal-health-and-the-post-2015-development-agenda/.

³ See Lancet study [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00057-1/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00057-1/abstract).

⁴ See Rebecca Oas, "Is there an Unmet Need for Family Planning," The New Atlantis, Fall 2016, available at <http://www.thenewatlantis.com/publications/is-there-an-unmet-need-for-family-planning>.

⁵ See THE FAMILY ARTICLES, Official Platform of "Civil Society for the Family", an NGO coalition of over 180 organizations from around the world, available at www.civilsocietyforthefamily.org.

⁶ Regnerus M., "How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study". Soc Sci Res. 2012 Jul;41(4):752-70. Findings of this research are found at the website: <http://www.familystructurestudies.com>.

⁷ Ibid. Regnerus, M.; see also Sullins, Donald Paul, Emotional Problems among Children with Same-Sex Parents: Difference by Definition (January 25, 2015). British Journal of Education, Society and Behavioural Science 7(2):99-120, 2015. Available at SSRN: <http://ssrn.com/abstract=2500537>; and Sullins, Donald Paul, Child Attention-Deficit Hyperactivity Disorder (ADHD) in Same-Sex Parent Families in the United States: Prevalence and Comorbidities (January 21, 2015). British Journal of Medicine & Medical Research 6(10): 987-998, 2015, Article no. BJMMR.2015.275, ISSN: 2231-061. Available at SSRN: <http://ssrn.com/abstract=2558745>.

⁸ See Wilcox et. al, "Why Marriage Matters", Institute for American Values New York, 2011, available at: http://www.breakingthespiralofsilence.com/downloads/why_marriage_matters.pdf.

⁹ See Chetty, Raj and Hendren, Nathaniel and Kline, Patrick and Saez, Emmanuel, Where is the Land of Opportunity? The Geography of Intergenerational Mobility in the United States, January 2014. NBER Working Paper No. w19843. Findings observable at the website: <http://www.equality-of-opportunity.org>.

¹⁰ See Fernando Pliego Carrasco, Tipos de familia y bienestar de niños y adultos: El debate cultural del siglo XXI en 13 países democráticos, Universidad Nacional Autónoma de México, Instituto de Investigaciones Sociales 2013. Findings of this research are also observable at the website: <http://www.tiposdefamilia.com/libro>.

¹¹ For more on this See COALITION AGAINST REPRODUCTIVE TRAFFICKING, <https://reproductivetrafficking.org/>; See also Panel discussion on "The Rights of the Child: Parents, Science and Experience" held at UN headquarters in NY, Organized by the Mission of Belarus on behalf of the Group of Friends of the family and Civil Society of the Family. The full even can be seen at <http://webtv.un.org/watch/the-rights-of-the-child-parents-science-and-experience/5161366192001>.

¹² For further analysis see Mauro Ronco, "L'eutanasia dei minori in Belgio", September 2016; available at: <http://www.centrostudilivativo.it/leutanasia-dei-minori-in-belgio>.

¹³ See Un collectif de signataires, «Fin de vie des enfants: une loi inutile et précipitée», January 29, 2014, La Libre, www.lalibre.be/debats/opinions/fin-de-vie-des-enfants-une-loi-inutile-et-precipitee-52e93c5b3570e5b8eeea1a00.



¹⁴ Royal College of Psychiatrists 'Assisted Dying for the Terminally Ill Bill Statement from the Royal College of Psychiatrists on Physician Assisted Suicide'

<http://www.rcpsych.ac.uk/pressparliament/collegeresponses/physicianassistedsuicide.aspx>.

¹⁵ For more critical information on CSE see Jokin de Irala, M.D., M.P.H., Ph.D. et al, "The Politics of Comprehensive Sexuality Education," IORG Briefing Paper Number 12 REVISED April 27, 2014

available at https://c-fam.org/briefing_paper/the-politics-of-comprehensive-sexuality-education/, and also multimedia resources at: <http://www.comprehensivesexualityeducation.org/>.

¹⁶ CDC Press Release, <http://www.cdc.gov/nchhstp/newsroom/2015/std-surveillance-report-press-release.html>.

¹⁷ See Center for Disease and Control Prevention, Teen Pregnancy in the United States, April 2016, available at: <http://www.cdc.gov/teenpregnancy/about/>.) Also, another new report links condom giveaways in schools with increases in teen pregnancy. (The Incidental Fertility Effects of School Condom Distribution Programs, Buckles Kasey, Hungerman, Daniel M., June 2016, NBER Working Paper no. w22322; available at: <http://ssrn.com/abstract=279472>.)