**Special Rapporteur on the right to education**

**February 20, 2020**

**Submission by Ipas regarding the Special Rapporteur on the right to education’s call for contributions for the 2020 Human Rights Council report on the cultural dimension of the right to education**

Ipas is an international non-governmental organization that works expanding access to safe abortion and contraceptive care while reducing maternal morbidity and mortality due to unsafe abortion. A particular focus of Ipas’s work has been in the area of adolescent reproductive health and education.

Ipas’s submission to the Special Rapporteur on the right to education is focused on comprehensive sexuality education (CSE) and its relationship to cultural rights.

**Children and youth rights to sexuality education**

The Human Rights Council calls upon States to: “**Develop and implement educational programmes and teaching materials, including comprehensive sexuality education, based on full and accurate information, for all adolescents and youth, in a manner consistent with their evolving capacities”**.[[1]](#footnote-1) That call is echoed by other human rights bodies and international agreements that have urged governments to provide sexuality education to promote the wellbeing of children and youth.

The 2018 United Nations Technical Guidance on Sexuality Education defines comprehensive sexuality education (CSE) as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives”.

Still, the implementation of CSE continues to be a challenge around the world due to a lack of political will, inadequate funding, and an organized opposition determined to stop the advance of sexual and reproductive health and rights of children and youth. For example, in Mexico, CSE is a key component to the National Strategy to Prevent Adolescents Pregnancy (ENAPEA), which establishes that sexuality education must be offered since early childhood to students at every level of education in the public and private school systems.[[2]](#footnote-2) However, as recently as 2013 only 7 out of 32 states had included sexuality education information in secondary schools curricula, according to a report from the Secretary of Education.[[3]](#footnote-3)

Children and youth, especially those from indigenous communities and minority groups, usually face the greatest barriers to access to information, education, and healthcare. They tend to be excluded from the formal education system, which creates additional barriers to access to sexuality education programs and increasing their risk for unintended pregnancy, unsafe abortion, and later abortion. Access to out-of-school programs is crucial. In Malawi, the Ministry of Youth has created a manual on sexuality education for out-of-school adolescents. But the manual is not comprehensive and has very limited content about contraception and safe abortion, diminishing the ability of children and youth to make informed reproductive choices.

Adolescent girls are disproportionately affected by deaths and disability from unsafe abortion compared to women over 20 years of age (WHO, 2015). Adolescents typically take longer than adult women to realize they are pregnant, and as a consequence adolescents who want to end their pregnancy have abortions later in the gestational period. (Guttmacher Institute, 2015). CSE is a key strategy to reduce maternal mortality and morbidity, especially among adolescent girls and young women from indigenous communities and minority groups who are more vulnerable to unintended pregnancies, unsafe abortion, HIV infection, harmful traditional practices, sexual violence, and the effects of racism and discrimination. Their sexual and reproductive health and rights are impacted by economic determinants including poverty, lack of education, and institutionalized racism.

Sexuality education programs should reflect the cultural diversity of each country while helping to raise awareness about and modify traditional practices that reinforce harmful social, cultural, and gender norms around sexuality and reproduction. A recent study from Guttmacher Institute[[4]](#footnote-4) in Kenya identified a number of barriers including, “opposition from religious and conservative groups, cultural silence regarding sexuality, lack of teachers well-trained in sexuality education, poorly supported schools, absence of a clear framework for translating policies into practice, and weak regulation and supervision of the implementation of existing policies.”

These are examples of the current context in terms of access to CSE. The following are recommendations on how to advance the right to sexuality education.

**Recommendations**

States must provide comprehensive sexuality education programs to all children and youth regardless of their gender, national origin, citizenship status, physical or mental disability, race, religion, creed, sexual orientation, gender identity and/or expression or marital status. These programs should be delivered in formal and non-formal settings, be scientifically accurate, age and developmentally appropriate, culturally relevant and contextually appropriate, based on human rights and gender equality, and follow a curriculum that helps to develop life skills needed to support healthy choices.

States must further ensure that sexuality education programs are truly comprehensive and evidence-based and include information about modern methods of contraception and safe abortion. All children and youth have the right to complete and accurate information about their sexual and reproductive health and rights. The omission of key topics, such as contraception and abortion, reduces the effectiveness of CSE, contributes to stigma, shame, and ignorance, and may increase risk-taking, especially among marginalized populations.

States must eliminate all abstinence-only "sex education" programs. Abstinence-only programs are not evidence-based or human rights focused, and don’t have the desired impact on adolescents and youth behavior. Programs that include lessons on both abstinence and contraception have a better track record of helping young people abstain from and/or delay sexual relations.

States should take the necessary actions to include children and youth in the processes of designing, implementing, monitoring, and evaluating sexuality education programs. Involving children and youth in the process helps to ensure that the programs meet their specific needs and that the sexuality education curricula reflects cultural diversity.

Special attention should be paid to ensure a rights-based approach to CSE. States and relevant stakeholders must address negative social norms and harmful practices that are not in line with human rights or that increase vulnerability and risk, especially for girls and young women or other marginalized populations. It is essential to promote a comprehensive approach to sexuality education with an emphasis on respect, acceptance, equality, empathy, responsibility, and reciprocity.

States need to engage a full spectrum of stakeholders to minimize resistance and to ensure long-term results. Involving parents/caregivers and community leaders, including religious leaders, is essential to reduce stigma and discrimination at the community level.

Efforts should be made to ensure that sexuality education programs address the cultural and linguistic differences of all students. That means developing programs that are accessible to children and youth from indigenous communities and minority groups, including those with disabilities.

States are urged to take appropriate measures to enhance schools’ capacities to provide high-quality sexuality education and to ensure an evidence-based training for educators to give them the knowledge and skills needed to teach topics often considered sensitive and controversial. This may include incorporating CSE as part of the teacher training curricula and professional development programs. All training efforts for teachers and administrators must include knowledge, skills, tools, and techniques on how to address challenging topics in diverse social, cultural, and linguistic contexts.

Appropriate measures should also be taken to ensure that CSE programs incorporate opportunities for integration between education and health services. All students should have access to information about available services and referral information to address health needs to young people, including but not limited to sexual and reproductive health needs. It is critically important for youth to know how and where to access necessary health-care services to promote continuity of care. All educational materials about services must be made available in all spoken languages.

States should ensure that sexuality education programs recognize and incorporate the intersectional needs of vulnerable and marginalized children and youth to help improve equity and access to comprehensive information and services. These programs should identify potential cultural, social, economic, and political barriers for these groups and make changes where needed to ensure strong learning environments for all children and youth.

States need to assess the appropriateness of using digital media as a delivery mechanism to close existing gaps in access, availability and acceptability to comprehensive sexuality education and to evaluate the advantages and possible challenges of promoting this type of programs.

States must collect and disseminate disaggregated data by sex, ethnicity, race, HIV status, geographic location, religious and cultural beliefs, sexual orientation, gender identity, and other factors on the quality, availability, accessibility, acceptability, and appropriateness of sexuality education to address inequalities and reduce existing gaps among different communities.

States need to ensure regular monitoring and evaluation from multiple stakeholders to optimize program design, content, and delivery.

1. Human Rights Council: Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against all women and girls. A/HRC/35/L.15 2017 (Paragraph G). [↑](#footnote-ref-1)
2. Instituto Nacional de las Mujeres (2019). Informe 2018 de la Estrategia Nacional para la Prevención del Embarazo en Adolescentes. México

   https://www.gob.mx/cms/uploads/attachment/file/417443/Informe\_Ejecutivo\_GIPEA\_2018.pdf [↑](#footnote-ref-2)
3. Secretaria de Educación Pública (2018). Agenda Sectorial para la Educación Integral en Sexualidad con énfasis en la Prevención del Embarazo en Adolescentes en el marco de la ENAPEA

   https://www.gob.mx/cms/uploads/attachment/file/321436/SEP\_ENAPEA\_190318\_3.pdf [↑](#footnote-ref-3)
4. Guttmacher Institute (2018). From Paper to Practice: Sexuality Education Policies and Their Implementation in Kenya. [↑](#footnote-ref-4)