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## **9<sup>th</sup> International Dialogue on Population and Sustainable Development**

### **Education Matters: Empowering Young People to Make Healthier Choices**

October 19-20, 2011

### **Working Group 8**

**Input Paper**

**Paul Hunt**

Professor  
University of Essex, England  
United Kingdom

### **What are the key human rights relevant to sexual and reproductive health education, or sexuality education?**

They include the rights to education, information, life, health, equality and non-discrimination. These human rights are integral features of the International Bill of Rights i.e. the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights.

Other critically important and binding international human rights treaties are also highly relevant to sexuality education, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). All countries in the world (bar two) are legally bound by CRC.

Moreover, there are very relevant non-binding (but compelling) consensus documents, such as the International Conference on Population and Development Programme of Action (ICPD, 1994) that recognises the rights and needs of young people to sexuality information and education as a critical element of their development.

More recently, African Ministers of Health (2006), and Latin American Ministers of Health and Education (2008), have each adopted Ministerial Declarations that are framed by human rights and commit their governments to concrete actions to provide sexuality education.

In 2010, the UN Special Rapporteur on the Right to Education (Vernor Munoz) devoted an important report to “the right to sexual education”. (A/65/162, 23 July 2010)

Note the relevant human rights encompass both civil and political rights (e.g. the right to information), and economic, social and cultural rights (e.g. the right to health), as well as the right to education, which can be placed in both these categories of human rights.

### **So what? What does a rights-based approach bring to the issues? What is the ‘value-added’ of a rights-based approach?**

A rights-based approach is not a panacea – it does not bring magic solutions to very complex issues – but it has a contribution to make. For example:

1. If a human right forms part of binding international or national law, governments are *required* to implement it. *Implementation is not optional.*
2. *Governments can be held accountable in relation to their human rights obligations.* In other words, they can be asked to explain what they have done to honour their human rights commitments. Accountability may come in many forms e.g. through Parliament, local councils with oversight of local schools, national human rights institutions, the courts, the media, civil society, UN procedures, and so on. Regrettably, accountability arrangements for many human rights are weak. They need strengthening.
3. In recent years, we have developed ways of understanding - or ‘unpacking’ - some human rights, including the rights to education and health. We have learnt that these complex rights place a range of requirements (i.e. do’s and don’t’s) on governments. For example, a government must listen to young

people's wishes, put in place out-reach programmes for disadvantaged populations, ensure health education is informed by scientific evidence, and so on. History shows that governments often 'forget' to do these things. *The consistent and systematic application of a rights-based approach provides a compelling way of ensuring that governments do not overlook important elements of human rights, including sexuality education.*

### **Have human rights been used to promote sexuality education, either by influencing policy or by taking law cases?**

Three illustrations:

1. In a law case taken against Croatia, the European Committee of Social Rights decided that, under the European Social Charter, governments are required to provide sexuality education to young people on a scientific and non-discriminatory basis. The Committee recommended that such education should be provided throughout the entire period of schooling, and said that governments are required to ensure that sexuality education programmes do not reinforce stereotypes or perpetuate prejudices regarding sexual orientation. (*INTERIGHTS v Croatia*, Complaint No.45/2007).
2. Various UN treaty-monitoring bodies have urged numerous governments to introduce or improve accurate and objective sexuality education as a means to reduce maternal mortality, abortion rates, adolescent pregnancies, and HIV/AIDS prevalence.
3. Between 1998-2009, the US federal government invested more than US\$1.5 billion in promotion of abstinence-only-until-marriage programmes. Under President George W. Bush, abstinence became the leading federal government strategy for dealing with adolescent sexuality. In 2009, during the Obama Administration, most federal support for domestic abstinence-only programmes ended and funding shifted to science-based approaches to teen prevention (although some abstinence-only funding was revived by Congress in 2010). There is evidence that human rights – as well as health – arguments contributed to the Obama Administration's decision to move to science-based approaches. Opposition to US domestic abstinence-only programmes also came from constitutional litigation.

Regarding 1 (Croatia) and 2 (treaty-body recommendations), more research is needed to ascertain the degree to which these interventions actually impacted on national law, policy and practice.

### **Is there a role for national human rights institutions in relation to sexuality education?**

To be discussed in the workshop. For example, could these national human rights institutions provide technical guidance on sexuality education to schools, colleges, Ministries of Education, and so on? Could they hold workshops for teachers? Could they hold a public enquiry into the extent and quality of sexuality education in their country? Could they receive, and adjudicate upon, a complaint about the inadequate provision of sexuality education?

### **Recommendations**

To be discussed in the workshop, for example:

1. Clarify how a rights-based approach to sexuality education can be operationalised.

To what degree, if at all, would this be different from the very helpful *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*, published by UNESCO, UNFPA, WHO and UNAIDS in 2009?

2. Eliminate legislative barriers to comprehensive sexuality education.
3. Encourage the design and implementation of comprehensive sexuality education, focussing on gender (e.g. patterns of male behaviour), respect for diversity and human rights.
4. Provide high-quality, specialised teacher training for sexuality education.
5. Look beyond the education sector to e.g. the media, civil society organisations, and the health sector.
6. Encourage the inclusion of families and communities in curriculum design and implementation, while grounded in pluralism, human rights and scientific information.
7. Encourage the engagement of national human rights institutions in these issues.
8. Enhance accountability mechanisms in relation to sexuality education;
9. Encourage relevant UN treaty-bodies and other international/regional human rights procedures to address sexuality education in their work.

PH  
4 October 2011  
paulhunt28@yahoo.co.uk