



**REPORT ON SEXUAL AND REPRODUCTIVE HEALTH POLICIES  
PROPOSED BY THE HIGH COMMISSIONER OF THE UNITED  
NATIONS ORGANISATION FOR HUMAN RIGHTS**

**-Executive Summary-**

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Within the framework of the XXII Session of Human Rights Council and in relation to the chapter on sexual and reproductive health (articles 48-53), an in-depth study of the Annual Report of the United Nations High Commissioner for Human Rights and reports to the Office of the High Commissioner and the Secretary-General (see original text in Appendix 1) indicates the need for the Council for Human Rights of the United Nations Organisation to reject said report.

Serious reasons of an educational and health nature make unacceptable the programmes for sexual education intended to be promoted in member states. Such programmes, furthermore, carry a strong ideological bias on which there is no consensus and is incompatible with the global mission of the United Nations, in addition to entering into conflict with fundamental rights of parents, widely recognised in international law, and in particular that parents have the primary responsibility for the education of their children.

Precisely this triple dimension of education, health and the responsibility of parents, as indicated in the following summary of our analysis of the Report of the High Commissioner, provide the criteria that should govern the pursuit of consensus in the development of a policy on "sexual education".

### ***In respect of the educational issue***

1- The intrusion into sexual education purports to be purely *informative*, according to the text of the report of the High Commissioner, but it undoubtedly has a *formative* effect since it influences the consciences and the future sexual behaviour of the population to which it is addressed (minors and adolescents).

2- The Report adopts such a simplistic viewpoint that it is wholly unreal and does not take into account all the aspects involved in sexual education and fails to recognise that sexual education can be approached from very different and even conflicting perspectives.<sup>2,3</sup> It is an objective fact that personal lives in this sphere are built from totally divergent cosmologies and lead to different possibilities. This political organisation would therefore disqualify itself if it took sides for only one of those possibilities without taking into account the opinions and the sensibilities of ample areas of society which it is supposed to represent.

3- It is not feasible to pose a right to sexual education as if it were a right to acquiring knowledge of an exact science, in which it is proposed to "*adopt all necessary measures to provide improved access to family planning centres*", or "*access to*

*contraceptive methods*”, or *“access to abortion”*. All these measures are linked to a cosmovision which includes *“sexual independence”*, which does not have any regard for other educational approaches, such as those which attempt to avoid precocious sexual relations without any commitment.

### ***In respect of the health issue***

1- On the basis of prevailing scientific evidence, it is simply not realistic to propose that the model of education advocated by the Report should be accepted unequivocally. Organisations specialised in providing scientific evidence in support of different healthcare actions have in fact determined that there is *“incomplete evidence”* for the recommendation of sexual education in schools, since the studies and meta-analysis do not offer clear conclusions which demonstrate that the objectives intended have been attained, such as the decrease of sexually transmitted diseases (STD), the reduction of unwanted pregnancies or the decrease in the annual number of abortions.<sup>4</sup>

2- It would not be acceptable for the United Nations to create new *“health rights”* and to urge member states to adopt new responsibilities on the basis of this Report without supporting evidence and without an indispensable international consensus. To propose hypothetical rights to health in relation to sexual education would furthermore be inadmissible in certain member states where data points to the alarming reality that this focus is having an undesirable effect on the initiation of precocious sexual relations and increasing figures of STDs and abortions.

3- The Report theoretically advocates for a *“comprehensive sexual education”* of young people, but in practice reduces it to the genital functions and supposedly *“safe sex”*. This is an approach to education which produces behaviour and conduct that is not exempt from risk due to the phenomenon of risk compensation and the so-called *“boomerang effect”*.

### ***In respect of the participation of parents***

1 – Article 53 of the Report opens disqualifies other models of education and indicates that *“in some places, social and cultural values may limit the access to information and to sexual and reproductive health services ”*, *“(…) for example, those who consider this kind of education inappropriate and where education based in sexual abstinence is given”*. The Report then refers to these as *“traditional”* options, with a disparaging tone that is indeed inappropriate for use by the United Nations Organisation, whose purpose is precisely the effort to integrate.

2 – The Report also mentions the consent of parents for sexual educational activities, but it does so by indicating that such consent is an obstacle to the “*right to have access to information on sexual and reproductive health*”. To deny the right and duty of parents to grant their consent implies that such activities should be carried out behind their backs or without their knowledge, which is ethically unacceptable, contrary to international declarations of human rights, and a permanent source of conflict.

3 – Alternative cosmovisions exist which advocate for educating for a stable commitment and for sexual abstinence prior to such commitment, embodied in the ethos of a high percentage of educational systems and of the parents who resort to and rely on them, differing substantially from that portrayed in the report. The imposition of an educational model contrary to the values of such a large number of parents would represent an abuse utterly inappropriate for an international organisation that has the duty to safeguard the Human Rights of all people and not just a part of them.

### **Conclusions**

1 – To attempt to reduce sexual education to a false notion of “safe sex” and to promote sexual education on that basis, urging all member states to adopt such an approach, focussed on education for “sexual independence”, whilst at the same time denying the validity of alternative models of education based on stable commitments, exposes the lack of neutrality in the report presented by the High Commissioner for Human Rights of the United Nations Organisation.

2 – A true concern for current problems in the areas of health and education requires a more global focus, an adequate analysis of available evidence, and an attitude which reconciles the educational values and choices of parents for their children. Proposals would otherwise merely represent an intrusion of the state into the legitimate sphere of privacy.

In summary, in our opinion the aforementioned Report advocates and imposes a single, partial, non-consensual perspective of how sexuality should be understood and lived, it represents an intrusion into the rights of parents and indirectly advocates a greater exposure of adolescents to health risks. These serious reasons are the grounds on which we base our petition to the Council of Human Rights of the United Nations Organisation to reject the Report of the High Commissioner for Human Rights.

<sup>1</sup> *Legislation and International Agreements: the Universal Declaration of Human Rights of the United Nations, 1948, Article 26.3; The Charter of Fundamental Rights of the European Union 2000, Article 14.3; The European Convention (ECHR), Article 8; the International Covenant on Economic, Social and Cultural Rights, Articles 10.1 and 13.3; or the International Covenant on Civil and Political Rights, 1976, Article 18.4, recognizes the primary responsibility parents to educate their children in conformity with their own convictions and the subsidiary role of the state as guarantor in respect of this right of parents.*

<sup>2</sup> Example of cosmovision 1: Guide of the American Medical Association (AMA). Adolescent Health On-Line. Available at <http://www.ama-assn.org/ama1/pub/upload/mm/39/parent-package-2001.pdf> (entry 16/09/2010): parents, as primarily responsible for the education of their children, are encouraged openly to transmit their values. "Share your values about sexuality. If you believe that people should not have sexual relations until marriage, say so". Later, this guide also advises: «Reassert to your adolescent child that not everyone of their age has sexual relations and that it is correct to remain a virgin. The decision to become sexually active is too important to be based on what others think or do ».

<sup>3</sup> Example of cosmovision 2: UNESCO. International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education; UN News, 27-08-2009; Family Edge, 31-08-2009. From the age of 5, with the anthropological premise that understands sexual relations purely as the pursuit of sensual pleasure, educators are advised to initiate minors in masturbation techniques; from 9 to 12 years old, the directive indicates that they should be instructed on the "positive and negative effects of aphrodisiac stimulants in a context of sexual relativism. Finally, at 12 years of age, they will go further into "the reasons to abort", and at 15 years of age they will assume the "right of abortion".

<sup>4</sup> Institute for Clinical Systems Improvements: Health Care Guideline: Preventive Services for Children and Adolescents [http://www.icsi.org/preventive\\_services\\_for\\_children\\_\\_guideline\\_/preventive\\_services\\_for\\_children\\_and\\_adolescents\\_2531.html](http://www.icsi.org/preventive_services_for_children__guideline_/preventive_services_for_children_and_adolescents_2531.html). Following a rigorous analysis of the current studies, the classification of "incomplete evidence" was given to the recommendation for sexual education in schools.

APPENDIX: ORIGINAL TEXT OF THE CHAPTER ON SEXUAL AND REPRODUCTIVE HEALTH  
OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS

Annual Report of the United Nations High Commissioner for Human Rights and Reports  
of the Office of the High Commissioner and the Secretary-General, 2012

*E. Sexual and reproductive health*

*48. Approximately 16 million girls aged from 15 to 19 years give birth every year; adolescent girls run a particularly high risk of complications during pregnancy and delivery. Poor maternal health causes 7 per cent of female deaths in the 10 to 24 age group, and underlies a high proportion of global disability.*

*49. The right to sexual and reproductive health is a fundamental part of the right to health. As noted by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, States must ensure that this aspect of the right to health is fully realized.<sup>9</sup> Ensuring the highest attainable standard of health and well-being of adolescents requires comprehensive sexuality education and full access to confidential youth-friendly and evidence-based sexual and reproductive health services. Adolescent-friendly comprehensive sexuality education can help to address the high rates of teenage pregnancy and the additional risks of associated morbidity and mortality.*

*50. The Committee on the Rights of the Child has urged State parties to take all necessary measures to reduce teenage pregnancies and to improve knowledge and the availability of family planning services, to develop education programmes on adolescent reproductive health, and to raise awareness about access to safe contraception methods. It has also stressed that the views of the child should always be heard and respected in abortion decisions, and that this be ensured by law and in practice*

*51. The Committee has also noted its concerns about the impact of highly restrictive abortion laws on the right to health of adolescent girls,<sup>11</sup> and has urged States to ensure that girls are not subject to criminal sanctions for seeking or obtaining an abortion under any circumstance.<sup>12</sup> It has further requested States to review their legislation on abortion with a view to ensuring that it is in full compliance with the best interests of the child, including by ensuring that single adolescent mothers are allowed access to safe abortions and are adequately protected from the risks of illegal abortions.<sup>13</sup>*

*52. A continuum of adolescent-friendly HIV-related services should be made universally available, such as HIV prevention, voluntary counselling and testing, care, treatment and support services. Post-exposure prophylaxis should be available to victims of sexual assault. Due attention should be given to ensuring the confidentiality of HIV test results and other related information.*

*53. In some places, social and cultural values may limit access to information and services. For example, comprehensive sexuality education is considered inappropriate in some settings, where abstinence-only sexual education is provided. Where traditional views on sexuality prevail, access to sexual and reproductive health services can be limited for some segments of the populations, including adolescents. Parental and spousal consent laws may deny adolescents their right to have access to sexual and reproductive health*