

# UPR Submission on Young People's Sexual Reproductive Health Rights in Samoa - 2015

Submission by:

**Samoa Family Health Association (SFHA)**

A member of the International Planned Parenthood Federation (IPPF)



## **Executive Summary**

**KEY WORDS: Right to Health; Right to Education; Sexuality Rights; Reproductive Rights; Sexuality Education; Family Planning; Adolescent Sexual and Reproductive Health; Teenage Pregnancy; Unsafe Abortion; HIV**

### **Introduction**

Sexual and reproductive ill-health is a major contribution to the burden of disease among young people. Ensuring the sexual and reproductive health of young people makes social and economic sense: HIV infection, other STIs, unintended pregnancy and unsafe abortion all place substantial burdens on families and communities and upon scarce government resources, and yet such burdens are preventable and reducible. Promoting young people's sexual and reproductive health, including the provision of sexuality education in schools, is thus a key strategy towards achieving the Sustainable Development Goals (SDGs), in particular to "achieving gender equality and empowerment of women"; for "reducing maternal mortality"; achieving "universal access to reproductive health"; and "combating HIV/AIDS".

This report is submitted by the Samoa Family Health Association (SFHA) and aims to bring attention to violations of young people's sexual rights, including reproductive rights, in Samoa.

SFHA was fully established in 1982 and had since been an Associate Member of the IPPF (International Planned Parenthood Federation). In 2008, SFHA earned its Full Membership status with the IPPF after conforming with all accreditation standards to provide Sexual Reproductive Health and Planned Parenthood services for all Samoans.

The issues covered in this submission include new policy and legal developments since Samoa's first Universal Periodic Review (UPR) in 2011 and also updates on thematic areas raised during Samoa's first UPR.

The following violations are addressed in the submission:

- Young people under eighteen are rights holders. The rights and protection of people under eighteen are sometimes different to that of adults. These differences apply for all aspects of human rights but require particular approaches in regard to sexual rights. The best interest of those under eighteen and their evolving capacity to make decisions for themselves should be recognized and protected.
- Young people are denied comprehensive and rights-based sexuality education and reinforced by laws, policies, norms and religious values that in practice restrict young people's access to contraceptive and reproductive health services.

- The failure to provide sexual and reproductive health information, education and services to young people prevents them from protecting themselves from sexually transmitted infections, HIV, unwanted pregnancies and unsafe abortion.
- The fulfillment of the right to information, education and access to high quality of services to young people will increase the quality of life for around 40,000 young people in Samoa. Sexuality education is part of human rights. Therefore this report also gives recommendations to the government of Samoa to immediately take necessary actions to the fulfillment of rights to comprehensive sexuality education and the rights to attain the highest standard quality of services for young people related to their sexual and reproductive health and needs.

**Right to Education (Access to Comprehensive Sexuality Education (CSE))**

1. Comprehensive Sexuality Education (CSE) is a rights-based and gender-focused approach to sex education that equips young people with the knowledge, skills, attitude and values to develop a positive view of their sexuality in the context of their emotional and social development.
2. While appreciating efforts by the Ministry of Education, Sports and Culture (MESC) to undertake teaching CSE in schools, the SFHA is concerned that the implementation and its contents may not follow the international guidelines on sexuality education and will increase young people's vulnerability to unwanted pregnancies and sexually transmitted infections.
3. The Committee on the Rights of the Child (CRC) has expressed concern that married children and pregnant adolescents do not generally continue their education and has recommended the Government of Samoa to provide education opportunities for these young people. However, unmarried girls who become pregnant continue to be threatened with expulsion from school and married adolescent girls continue to leave school. The government still has no policy or alternative education opportunities for girls in these circumstances.
4. Samoa's 40,000 plus young people aged 10-24, especially those who are unmarried, do not receive sufficient information and education on sexual and reproductive health and rights. Sex education in school curricula only introduces human reproductive functions and the main message content in educational materials is the promotion of family, moral and religious values.
5. The implementation of CSE has become more complicated without government's support through development and enforcing national policies to address teaching CSE as part of the education programs. These restrictions on young people's access to information and education prevent them from learning how to protect themselves from unintended pregnancy and sexually transmitted infections (including HIV).

6. It is the government's responsibility to provide formal and informal sexual and reproductive health information that promotes the well-being of youth, enhances gender equity, responsible sexual behavior, and prevents early and unplanned/unwanted pregnancy, sexual transmitted infections, sexual abuse, incest and violence.
7. The UNESCO International Guidelines on Sexuality Education define CSE as "an age-appropriate, culturally sensitive and comprehensive approach to sexuality education that includes programs providing scientifically accurate, realistic, non-judgmental information. CSE provides opportunities to explore one's own values and attitudes and to build decision making, communication and risk reduction skills about all aspects of sexuality". In addition, teaching strategies must be differentiated and flexible to meet the differing needs - of female and male students, taking into account the fact that persons with special needs - such as young people not attending school or young married women - need to be taught about sexuality through methods other than formal education, as do adults who never received sexuality information and education.

**Recommendations:**

- a. The government of Samoa to ensure the review and development of the existing SRH national policy to include:
  - Incorporation of Comprehensive Sexuality Education in all schools curriculum (Government, Private & Church schools)
  - Alternative educational opportunities for young girls who become pregnant while in school
  - Strengthen consultations with young people, civil societies, and SRHR service providers as partners on the policy review and development
  - Increased institutional capacity and awareness on all the rights and information related to sexual and reproductive health

**Right to Health (Access Sexual Reproductive Health & Family Planning Services)**

1. According to the Samoa Demographic Health Survey (SDHS)<sup>i</sup> 2014, the overall contraceptive use among married women in Samoa has decreased in the past five years. The survey results indicate that the contraceptive prevalence rate has slightly decreased from 29 percent in 2009 SDHS to 27 percent in 2014. Similarly, current use of modern method has declined from 27 percent in 2009 to 24 percent in 2014.
2. The SDHS 2014 also reports a total of 1,062 teenage pregnancies (15-19 years) with 835 of them living in rural areas, and 937 who reached secondary education levels. In addition,

knowledge of any contraceptive method (modern or otherwise) is lower for younger women age 15-19, and for women living in rural areas.

3. Exposure to family planning messages in the media is low (SDHS 2004) especially among young people (age 15-19). This indicates a need for family planning programs to specifically target youth with family planning messages through the media such as televisions, radios, newspapers etc.,
4. The SPC reports that Samoa has the highest prevalence of STIs in the Pacific Region coupled with the lowest contraceptive prevalence rates (CPR).
5. The Second Generation Surveillance Survey (SGSS) 2008 results corroborated by Samoa's Demographic Health Survey (SDHS) 2009 revealed an extremely high prevalence of Chlamydia, particularly amongst youth under 25 at 71 percent.
6. A survey by the National Human Rights Institute (NHRI) 2015 revealed the same results reported in the SDHS 2014 that condom use in Samoa are generally low mostly due to lack of awareness and access, as well as lack of acceptance of condom use by religious leaders.

**Recommendations:**

- a. Undertake evidence-based data collections on reasons for low level of contraceptive use among women especially on specific target groups of population with unmet need for contraception. Effective strategies, including method mix would have to be developed in health education and promotion activities toward the general practice of planned pregnancies and family planning
- b. Ensure access to sexual and reproductive health services to all persons without discrimination of age, class, marital status or minority status
- c. Take positive and concrete measures to train health care providers on sensitive, confidential and effective way to provide these services
- d. Government of Samoa to collect data on unsafe abortion in order to record its magnitude on women's and girl's health. In 2014, 36 women sought abortion services with SFHA, and there are likely many others that go unreported due to fear of the law, discrimination, and stigmatization. Common complications from unsafe abortions include cervical tears, retained pregnancy tissue, severe heavy bleeding, bladder and bowel damage, which can lead to maternal death if patients are not treated in a timely manner. In a lot of countries where it is illegal to have abortions performed, the women seeking abortion services are reported to the local law authorities and are subject to spending time in jail. In Samoa, some medical and nursing staff are being deregistered and/or imprisoned for providing abortion services.
- e. Review legal restriction and barriers on safe abortion services for all women and adolescent girls including punitive measures, as well as spousal and parental consent requirements
- f. The government of Samoa to provide financial support for NGOs providing SRHR services, not only from its international obligations, but also from within its own Constitution

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