1. This report was researched and prepared by the Family Planning and Sexual Health Association (“the Association”)1 with the assistance of the Sexual Rights Initiative2. We offer the following joint submission on the situation of growing concern around policy in the Republic of Lithuania with respect to the sexual and reproductive health of adolescents for consideration as part of the Universal Periodic Review in October 2011.

2. On 8 January 1992, the Republic of Lithuania became a Signatory to the United Nations Convention on the Rights of the Child (CRC) which was ratified by the Parliament on 3 July 1995. In 2006 after deliberating on the second periodic report of Lithuania on the implementation of the CRC, the Committee on the Rights of the Child expressed the concern about adolescent health in its final remarks. The Committee recommended for Lithuania to strengthen its reproductive health education programme(s) for adolescents in order to prevent adolescent pregnancy and the spread of HIV/AIDS and other STDs. The Committee recommended that such programmes should provide access to sexual and reproductive health services, including family planning, contraception and adequate and comprehensive obstetric care and counselling. The Committee also recommended that Lithuania pay due attention to Committee’s general comment No. 4 (2003) on adolescent health (CRC/GC/2003/4)3.

3. The Family Planning and Sexual Health Association – the primary author of this submission, as an organization actively working on adolescents’ sexual and reproductive health and promoting the right to health, as embodied in the CRC and other United Nations instruments – notes that the Government has almost taken no account of the concluding observations of the Committee on the Rights of the Child; therefore, the right to health of adolescents is not sufficiently implemented as recognized under the CRC.

4. Policy on reproductive health is a very sensitive issue in Lithuania. The main obstacles to the development of health care beneficial to adolescents arise because of the political and legal

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1 Founded in 1995 the Family Planning and Sexual Health Association is the only non-governmental organization in Lithuania advocating for sexual and reproductive rights and health of the community and especially of the youth.

2 The Sexual Rights Initiative: a coalition including: Action Canada for Population and Development (ACPD); Creating Resources for Empowerment and Action (India), Mulabi - Latin American Space for Sexualities and Rights, Federation for Women and Family Planning (Poland), and others.

3 Committee on the Rights of the Child, Concluding observations : Lithuania (CRC/C/LTU/CO/2).

Available at: http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3153bc27d3138706c125716100228e85/$FILE/G0640971.DOC
environment, organizational aspects of health care, lack of professional competence. There is a lack of political desire in Lithuania to develop a reproductive health policy adjusted to the needs of adolescents. As a result, there is no strategy for reproductive health as well as modern reproductive health education programs in schools. Provision of reproductive health care for adolescents also does not meet their needs.

5. Since the end of 2008 there has been a strong conservative political force prevailing in Lithuania, which has prioritized church teaching; thus, modern sex education in schools, the development of comprehensive reproductive health care programs beneficial to adolescents and youth-friendly services have been strongly opposed within the political sphere in Lithuania. Influential politicians describe youth friendly services as distribution of contraceptives among adolescents⁴, despite the official position of the World Health Organization which defines youth-friendly health services as comprehensive high quality health care accessible to adolescents as well as health education adapted to their needs.

6. Lithuania has ratified the principal documents of the United Nations and the Council of Europe containing the fundamental human right to health, which is guaranteed by the Constitution of the Republic of Lithuania⁵. Adolescent health care policy must be implemented under the conditions laid down by international treaties, laws and other legal acts of the Republic of Lithuania. Health policy in Lithuania is shaped and implemented by the Ministry of Health. One of the main strategic goals of the Ministry of Health is the preservation and improvement of child and adolescent health⁶.

7. De jure, each person in Lithuania has a right to equal health care services, including the services rendered in private health care centres and state health care institutions. However, the laws regulating health care, other statutory instruments intended for public health care do not set out a clear sexual and reproductive health policy. There is no unanimous national strategy or program intended for sexual and reproductive health care especially with respect to young people. Yet this is necessary according to remarks of international experts.

8. In Lithuania, reproductive health services are integrated in the health care system and the issues assigned to this area (such as primary health care, safe motherhood, child health, family

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⁵ The Constitution of the Republic of Lithuania, Article 53.
planning, prevention of spread of HIV/AIDS, sexually transmitted diseases, cervical cancer, breast cancer prevention) are included in the appropriate programs. However, at present none of the programs under implementation are adapted to the needs of adolescents. For example, in 2008 the Government approved the Child Health Promotion Program for 2008-2012 in which children's early sexual relations and pregnancy are identified as posing a particularly serious concern\(^7\). However, the plan for implementing measures of the Program, in our estimation, contains no specific measures that would contribute to the improvement and preservation of adolescent sexual reproductive health.

9. In 2008, the Minister of Health signed the Order regarding the State Family Health Program for 2008–2010\(^8\). In the Program the public authorities admit that there are no reliable data on adolescent pregnancies in Lithuania and that only pharmaceutical companies and some non-governmental organizations deal with the use of modern family planning methods. The Program contains the Action Plan, which provides for carrying out a feasibility study to evaluate needs for adolescent health care services, human resource as well as funding opportunities. So far, we do not know whether the study has been conducted and how the said Program has been implemented. In the Strategy of the State Policy on Child Welfare for 2005-2012 the Government stated that an ambiguous approach to sexuality education and reproductive health may give rise to adolescent pregnancy, while disregard for problems related to reproductive health and family planning can worsen the situation in the area of reproductive health and family planning\(^9\). The Strategy is planned to improve child health protection, increase the availability and diversity of child health care services, with a particular focus on child and family protection against the human immunodeficiency virus (HIV/AIDS). The Family Planning and Sexual Health Association regards that as positive steps. But in fact these notional actions are oriented towards the future, but do not help modern-day teenagers to deal with issues concerning their sexual and reproductive health.

10. The project "Youth Friendly Services in Lithuania" supported by the United Nations Development Programme, the United Nations Children's Fund, the United Nations Population Fund was implemented in 2003-2005. The World Health Organization contributed to the implementation of this project. The aim of the project was to develop youth-friendly services in municipalities as well as to implement them, thus strengthening youth health. We could not find any information on the Internet about the number of these centres operating in Lithuania at

\(^7\) Government resolution No 836 of 27 August 2008.
\(^8\) Order No. V-513 of the Minister of Health of 29 May 2008.
present. Therefore, given the lack of availability of easily accessed information on this program, we presume that such information is unavailable to adolescents, while youth centres where they can anonymously seek professional advice on matters of sexuality, as found in other European countries, are practically non-existent, although sexual and reproductive health problems are among the most prevalent adolescent health problems in the world.

11. Adolescents are particularly in need of such services because health care services are provided in Lithuania to patients under the age of 16 only with the consent of his or her statutory representatives\(^\text{10}\). Sexual and reproductive health is a sensitive issue for everyone, especially for adolescents; therefore, they avoid speaking openly to doctors in the presence of their representatives\(^\text{11}\). Doctors, in their turn, are not willing to provide consultations to adolescents, avoiding assuming responsibility. According to the statistics, in Lithuania 85 % of girls learn about contraceptives from friends or from other sources of information: the Internet, magazines, radio stations; less influential source of information is mothers. In Lithuania 15.7 % of young people under the age of 15 have sexual relations. Studies show that over a quarter of women in the 15-24 years of age group in Europe do not use contraceptives during their first sexual intercourse, while in Lithuania this figure stands at 56 %\(^\text{12}\). Each year approximately 2500 women aged between 15 and 19 bear children in Lithuania\(^\text{13}\).

12. In 2008, the Family Planning and Sexual Health Association carried out a study on teens’ knowledge of pregnancy prevention and the need for sexuality education, seeking to find out how schools educate young people about sex life and what is their knowledge of unplanned pregnancy prevention. During the online survey 3394 respondents were interviewed, the majority of whom was adolescents under the age of 18 (65 %). More than a third of respondents (40 %) did not attend sexuality education classes at all. Two-thirds of the participants said that only about one or two such lessons were held at school. According to the survey data adolescents rate the current level of sexuality education in schools as 44 % on a 100 % scale. Young people believe that sexuality education classes should focus on information about sexually transmitted diseases and contraceptive methods. The Lithuanian Ministry of Science and Education should play an important role in this area. The Ministry has prepared a sexuality education program

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\(^{11}\) The legal age of majority in Lithuania is 18.


\(^{13}\) In 2008 the total number of newborns was 35 065; in 2009 - 36 682; in 2010 – 35 948.
called “The Program for Preparation for Family Life and Sexuality Education” approved by the Minister of Education and Science in 2007\textsuperscript{14}. The Family Planning and Sexual Health Association regards this Program as very conservative and not meeting the needs of adolescents. This Program was developed without consultations with youth organisations or the Family Planning and Sexual Health Association. During the preparation of the Program the major influence was made by anti-choice organizations and church representatives. For example, the Program contains the topic on contraceptives but the information about it is provided in a negative light. Teachers also are not trained to provide sexuality education lessons that are consistent with requirements of the WHO. According to the available data, during the school year 2010-2011 less than half of the schools in Lithuania coherently implement the Program for Preparation for Family Life and Sexuality Education\textsuperscript{15}. The Program is not implemented because of disagreements on topics that should be discussed with students during sexuality education lessons. Teachers are not appropriate trained to lecture on sexual and reproductive health issues. They do not feel psychologically comfortable teaching that subject.

**RECOMMENDATIONS TO LITHUANIA:**

1. An important aspect of the reproductive policy is youth education and sexuality education. Therefore, it is necessary to introduce advanced and evidence based reproductive health education programs meeting the needs of youth and to ensure that these Programs are taught in schools.

2. Having regard to the observations of the Committee on the Rights of the Child about adolescent health, Lithuania must develop and implement a national sexual and reproductive health strategy (program) and a policy meeting the needs of young people with respect to sexual and reproductive health (adolescents).

3. Lithuania must guarantee the provision of sexual and reproductive health services meeting the needs of young people, particularly adolescents. Adolescents tend to underuse rather than overuse reproductive health services and every effort should be made to facilitate the availability of such services.

4. To adequately implement in the national law the right to health of children in compliance with the Convention on the Rights of the Child.
