

**Universal Periodic Review of Bosnia and Herzegovina**

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**&**

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**Key Words: Sexual rights; sexual and reproductive health and rights, comprehensive sexuality education, contraception, youth friendly services.**

**Executive Summary:**

1. This report is submitted by Dzenan Karic, a civil society activist for almost ten years and activist for sexual and reproductive health for the last three years, and the Sexual Rights Initiative<sup>1</sup>. The report contains recommendations for Bosnia and Herzegovina to comply with its international human rights obligations related to sexual and reproductive health and rights.

**Recommendations received by Bosnia and Herzegovina during the first cycle of the UPR**

2. The only recommendation given to Bosnia and Herzegovina related to SRHR was provided by Brazil: “To take measures to guarantee effective access for women and girls to information and services regarding sexual and reproductive health.” This recommendation was partially accepted by Bosnia and Herzegovina. Since 2010, some measures were undertaken by the Global Fund to fight Aids, Tuberculosis and Malaria (GFATM) program implemented in the country. Measures include providing access to sexual and reproductive health information and services to specific vulnerable groups like sex workers, injecting drug users, and youth. Beyond this, the United Nations Populations Fund (UNFPA) undertook cervical cancer prevention campaigns with support from local non-governmental organizations and the Public Health Institute, however, no specific activities beyond these were undertaken.

**Access to comprehensive sexuality education:**

3. Bosnia and Herzegovina ratified the UN Convention on the Rights of the Child (CRC) in 1993<sup>2</sup>, which covers and principally protects the needs of children. According to the CRC, all children have the right to access education, which supports their development and empowers them in their development to claim their human rights. Additionally, Article 24 of the CRC, says that:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

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<sup>1</sup> The Sexual Rights Initiative (SRI) is a coalition of organizations that advocates for the advancement of human rights in relation to gender and sexuality within international law and policy. The SRI focuses its efforts particularly on the work of the United Nations Human Rights Council, including its resolutions and debates as well as the work of the Universal Periodic Review mechanism and the system of Special Procedures. The SRI combines feminist and queer analyses with a social justice perspective and a focus on the human rights of all marginalized communities and of young people. It seeks to bring a global perspective to the Human Rights Council, and collaborates in its work with local and national organizations and networks of sexual and reproductive rights advocates, particularly from the Global South and Eastern Europe. The SRI partners are: Action Canada for Population and Development, Akahatá - Equipo de Trabajo en Sexualidades y Generos, Coalition of African Lesbians, Creating Resources for Empowerment in Action (India), Egyptian Initiative for Personal Rights, and Federation for Women and Family Planning (Poland).

<sup>2</sup> Official Gazette in Republic of Bosnia and Herzegovina, No.25, from 15.12.1993

(f) To develop preventive health care, guidance for parents and family planning education and services.

4. The right to education also includes the right to sexuality education, being an integral and inseparable part of basic human rights. Comprehensive sexuality education, which must be rights-based, age-appropriate and evidence-based, provides children with the skills needed to enable them to make informed, self-determined choices regarding their sexual life, free of coercion, discrimination and violence.<sup>3</sup>
5. In Bosnia and Herzegovina, there is unequal access to comprehensive sexuality education (CSE). There is no national law that guarantees access for all children and adolescents to CSE, at school, through a standardized curriculum. As a result, there are no quality standards implemented nationwide. The reality is that there are many types of CSE that vary from political entity to political entity (Federation of Bosnia and Herzegovina and Republic of Srpska) from canton to canton (in Federation of Bosnia and Herzegovina there are 10 cantons) and even from school to school.
6. In many schools teachers do not even interact with their students on the topic. The topic itself is often presented within the Biology class and covered only by several hours and only in specific grades. In some cases, teachers simply transfer basic information, while at other schools, professionals in sexuality education, peer educators from various nongovernment organizations (sometimes in cooperation with teachers) provide **comprehensive** sexuality education (that integrate issues such as: sexual orientation, negative gender norms, relationships, gender identity and abortion, among others).
7. Adolescent and young people's lack of access to standardized CSE has, for years now, contributed to a general lack of knowledge on how to prevent unwanted pregnancies, effectively use modern methods of contraception and prevent sexually transmitted infections, among other issues related to sexual and reproductive health. While there is no coherent and comprehensive official statistical data regarding the number of unwanted pregnancies or performed abortions, the latest statistics presented by the Ministry of Family, Youth and Sport of the Republic of Srpska show that the number of registered abortions between 2004 and 2012 was 9,000 and that there were 152 adolescent pregnancies. However, the actual number is presumably higher given that this data comes from public health institutions, which may be underreporting. The most frequent category of women performing an abortion are those between the age 21 and 25 (49%), and the ages of 18 to 20 (20%). Latest data presented in December 2013 by the Public Health Institute of the Federation of Bosnia and Herzegovina shows an increase of registered people living with HIV. In 2013 22 new HIV infections are registered and total of 245 HIV positive cases. Again, this is the number of those registered and the real state is much higher.
8. Beyond the absence of a standardized curriculum, sexuality education curriculums are ethnically divided throughout the country. This is mainly due to the lack of a coherent national educational system, with a clear division of roles and responsibilities. This has led to the establishment of three official curriculums in the country, with each of them treating the same topic differently. Differences between curriculums often occur along ethnic lines. Depending on the majority ethnicity in the respective canton (Bosnian Croats or Bosniaks) the curriculum varies. Religious communities (Orthodox, Catholic and Muslim) have a very strong influence on the political agenda. This is especially characteristic in the Cantons with Catholic majority. For example, the sexuality education curriculum in Sarajevo Canton strongly avoids the term 'sexual' and uses only the term 'reproductive' and does not discuss sexual orientation.

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<sup>3</sup> World Health Organization WHO: "Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence".

9. In response to the lack of a national curriculum and standards, in 2012 the Association for Sexual and Reproductive Health XY, in collaboration with two entity ministries for health and education (In Republic of Srpska and in Federation of Bosnia and Herzegovina), financed (via funding from the GFATM) the establishment of a working group to develop a curriculum on 'Healthy Life Styles.' The proposed curriculum included a separate topic on sexual and reproductive health. A Handbook for teachers and Guide for students was developed in both entities. In the Republic of Srpska these materials are being tested in a pilot program in several schools while in Federation of Bosnia and Herzegovina only Canton Sarajevo. Despite this initiative, the Government has yet to adopt nation-wide sexuality education curriculum.
10. Following a public hearing, the Constitutional court of the Federation of Bosnia Herzegovina in 2012 mandated the Ministry of Education, Science and Youth of the Canton Sarajevo to adhere to adjustments made to the Law on Education in Elementary Schools<sup>4</sup> which created the conditions for the introduction of a new, alternative curriculum to be introduced in September 2013. This included the introduction of a new subject on Healthy Life Styles for elementary schools in Canton Sarajevo. While this is an important step made in post-war Bosnia and Herzegovina related to sexuality education, it is also discriminatory on the basis of geographic location as only children attending school in the Canton Sarajevo have their right to access comprehensive sexuality education, while those in the remaining Cantons continue to have their rights violated. This decision, while signaling a step towards a nation-wide standardized approach to sexuality education, leaves nine cantons with outdated curriculums with weak approaches to addressing the topic sexual and reproductive health and rights. Further, the introduction of this new curriculum lies entirely upon each canton's Ministry of education, which is known to be influenced by conservative religious and ethnic communities.

#### **Recommendations:**

11. Enact new nation-wide legislation guaranteeing young people and adolescents' equal access to non-discriminatory comprehensive sexuality education, at all levels, in all Cantons.
12. Develop, together with professional associations, educational institutions (i.e. by canton's ministries for education and that of entities i.e. Ministry of Education and Culture of Republic of Srpska) and representatives of civil society organizations, a strategy to efficiently implement, monitor and evaluate, a new nation-wide, standardized comprehensive sexuality education curriculum.
13. Provide additional training and sensitization for teaching staff engaged in educational process related to new curriculum Healthy Life Styles in Canton Sarajevo, and throughout the country.

#### **Access to reproductive health services:**

14. Sexual and reproductive health is an integral part of the right to enjoy the highest attainable standard of physical and mental health. The Constitution of the Federation of Bosnia and Herzegovina defines basic stipulations on the provision of human rights and freedoms and for the protection of those rights and freedoms. The Law on Health Protection<sup>5</sup> defines vested rights to accessible health service, standard quality and equal content; while the Law on Health Security<sup>6</sup> guarantees the right to comprehensive health care related to pregnancy and motherhood and access to medicaments and medical apparatus. Stipulations from the Law on the Family in Federation of Bosnia and Herzegovina<sup>7</sup> guarantees the right to have a family,

<sup>4</sup> ("Official Gazette of Canton "No. 1/96, 2/96 - correction, 3/96 - correction, 16/97, 14/00, 4/01 and 28/04)

<sup>5</sup> "Official Gazette of Federation of BiH" No.46/10

<sup>6</sup> "Official Gazette of Federation of BiH" No. 30/97, 7/02 i 70/08

<sup>7</sup> "Official Gazette of Federation of BiH" No. 35/05

children's right and parental rights. The Healthcare Law 8 reads that every citizen is entitled to have healthcare respecting the highest possible standards of human rights and values, that is, that they are entitled to physical and psychological integrity and safety of their personality, as well as to respect for their moral, cultural and religious beliefs.

15. In Bosnia and Herzegovina, there are three major political and legal jurisdictions: the Federation of Bosnia and Herzegovina, Republic of Srpska (political entities) and Bosnia and Herzegovina (national state government). In 2010, the entity government of the Federation of Bosnia and Herzegovina adopted the 'Strategy for Improvement of SRHR (2010-2019)'. The entity government of Republic of Srpska in 2012 adopted the 'Policy for Improvement of SRHR (2012-2017)'. Both documents do not vary significantly from one another. Both the Strategy and Policy clearly state the role of youth friendly health centers in the implementation of activities and objectives related to family planning, prevention of sexually transmitted infection including HIV, the promotion of sexual and reproductive health and rights, among other issues. The documents contain realistic analyses of the present situation of SRHR in Bosnia and Herzegovina and respective action plans are based upon these analyses. Unfortunately, neither document has been implemented. . This is in part due to a lack of political will and nonexistent or varying budgets of the two entities.
16. Despite these policies and strategies, access to family planning is limited. It is not readily available to vulnerable groups or the general population. Contraception must be paid for out of pocket (i.e. privately paid). In the entity of the Federation of Bosnia and Herzegovina, Article 5 stipulation 2 from the Law on Medicaments<sup>9</sup> and the Resolution on the List of Medicaments, requires health insurance providers to provide medicines according to the prices provided by this list. The Federal list does not contain a single contraceptive method, including hormonal. This means that all forms of contraception are to be paid for out of pocket. Similarly, in the Republic of Srpska, the List of Medicaments as specified by Article 48 of Law on Health Insurance<sup>10</sup> and Article 17 from the Statute of Health Insurance contains only one form of contraceptive that is free of charge.
17. Removing affordable access to a range of modern methods of contraception violates the right to health, specifically individuals sexual and reproductive rights through the removal of their ability to prevent unwanted pregnancies and the decision of when to have children. According to the latest report of the World Bank, 57,9% of young people in Bosnia and Herzegovina are unemployed.<sup>11</sup> According to the latest estimates given by Viennese Institute for International Economic Studies the overall unemployment rate in the region is the highest in Bosnia and Herzegovina, at 28%.<sup>12</sup> This makes it very difficult for young people, in particular, to access affordable modern methods of contraception. Limiting access to modern methods of contraception is also discriminatory against women in that those most likely to access hormonal contraception are women; and women are less likely to be economically independent as compared to men and therefore less able to afford to pay for the contraceptive method of their choice out of pocket.

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<sup>8</sup> "Official Gazette of the Republic of Srpska" No. 106/09

<sup>9</sup> „Official Gazette of Federation of Bosnia and Herzegovina“ No. 109/12

<sup>10</sup> "Official Gazette of the Republic of Srpska" No. 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 1/09 and 106/09

<sup>11</sup> <http://www.radiosarajevo.ba/novost/116112>

<sup>12</sup> <http://www.slobodnaevropa.org/content/nezaposlenost-u-bih-se-otrgla-kontroli/24657765.html>

18. Beyond limited access to contraception, young people experience challenges in accessing youth-friendly sexual and reproductive health information and services. This has been made worse given the 2012 decision by the GFATM to end financial support for youth friendly health services. At present, there are only a small number of youth friendly health centers still functioning throughout the country. Governments of both entities have yet to find the resources to continue financing and supporting these centers. Without these centers in place, young people, particularly young LGBT people, uninsured young people, among others, are unable to access STI and HIV testing, free of charge contraceptives (including condoms), peer education on SRHR, gynecological exams, among other sexual and reproductive health services and information. Generally, youth, as well as members of other most at risk populations are continuously facing challenges such as: long waiting lists, lack of access to sensitized medical professionals, discrimination, stigmatization, limited availability of modern contraceptives, among other challenges. Without access to youth friendly health centers, and a comprehensive package of sexual and reproductive health services and information, young people experience unwanted pregnancies, contract STIs, seek out abortions, experience heightened levels of mortality rates, among other consequences.
19. Furthermore, youth still tend to practice two of most traditional methods of contraception: coitus interruptus and calendar based method. Addressing this requires a broader and more active campaign on raising public awareness related to effective contraceptive methods.

**Recommendations:**

20. Guarantee easy access to sexual and reproductive healthcare services for most at risk categories, including youth (in both Entity Ministries).
21. Ensure general population, most at risk groups (including youth) have equal access to sexual health services, including modern methods of contraception (Ministries of Health, in Republic of Srpska and Federation of Bosnia and Herzegovina).
22. Ensure Federal list of medicaments and List of medicaments in Republic of Srpska include a range of modern, free of charge methods of contraceptives (Governments of both entities).
23. Develop and implement public awareness raising campaign on the importance of modern methods of contraception, especially among youth (Ministries of Health in both entities).
24. Establish more centers for counseling on contraception across the country (Ministries of Health in both entities).
25. Develop and implement a program for training healthcare professionals on provision of youth friendly healthcare services, ensuring that these trainings become an integral part of all medical training (Ministries of Health in both entities).
26. Develop a strategy for young people's guaranteed access to sexual and reproductive health and rights, aligned with existing laws and policies, in consultation with young people and NGOs; ensuring it is implemented and monitored in all cantons in both entities.
27. Increase support for Youth Friendly Health Care network by governments of both entities, ensuring financial support in state/entity budgets.