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III. CONCLUDING OBSERVATIONS

ICCPR

- Poland, ICCPR, A/54/40 vol. I (1999) 65 at para. 344.

Policies and programmes promoting full and non-discriminatory access to all methods of family planning should be introduced and sexual education at public schools should be reintroduced.

ICESCR

- Russian Federation, ICESCR, E/1998/22 (1997) 27 at para. 126.

The State party is urged to address the eightfold increase in HIV-infection in 1996 as a health question of the utmost importance. An information campaign which explains the nature of the disease, the modes of transmission, including sexual modes of transmission, and prevention techniques should be undertaken in the mass media.

- Libyan Arab Jamahiriya, ICESCR, E/1998/22 (1997) 38 at para. 192.

The State party should not treat the HIV/AIDS problem as one essentially relating to foreigners and it should take energetic steps by way of a publicity campaign in the media to inform its population of the nature of the disease, its modes of transmission and what steps can be taken to avoid contracting it.

- Dominican Republic, ICESCR, E/1998/22 (1997) 43 at paras. 226 and 243.

Paragraph 226

Prevention campaigns carried out in the State party are insufficient in addressing the appropriate ways and means available to combat the transmission of the HIV-virus.

Paragraph 243

With regard to AIDS, the need for the State party to adopt adequate new legislative and social measures is stressed. In particular, the launching of a specific and explicit information campaign on HIV/AIDS, its causes and prevention measures is recommended.

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- Uruguay, ICESCR, E/1998/22 (1997) 67 at para. 377.

The necessary legislative and economic measures should be adopted to protect the rights of persons with disabilities and street children. Particular importance should be given to information programmes in respect of health care, both physical and mental.

- Poland, ICESCR, E/1999/22 (1998) 32 at paras. 158 and 164.

Paragraph 158

Every effort should be made to ensure women's right to health, in particular reproductive health. Family planning services should be made available to all persons, including counselling on safe alternatives to contraception and reliable and informative sex education for school-age children.

Paragraph 164

The State party should engage in a large-scale public information campaign to promote healthy lifestyles among the Polish people in order to improve the quality of their nutrition, combat alcoholism and smoking, and reduce the risks of cardiovascular diseases and cancers. The campaign should extend to schools, where such information should be incorporated into the regular curricula.

- Armenia, ICESCR, E/2000/22 (1999) 54 at paras. 305 and 309.

Paragraph 305

Alarm is expressed at the fact that abortion remains the most commonly used means of family planning in the country owing, in particular, to inadequate education and the high cost of contraceptives.

Paragraph 309

Family planning programmes should be set up for women, in particular to decrease the incidence of abortion, along with programmes for the prevention and treatment of cancer.

- Cameroon, ICESCR, E/2000/22 (1999) 56 at para. 359.

The Government is urged to review its family planning policies with a view to increasing access to information concerning contraceptives through educational programmes.

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- Honduras, ICESCR, E/2002/22 (2001) 33 at paras. 134 and 155.

Paragraph 134

Concern is expressed about the problems encountered by the State party in its efforts to implement its reproductive health policy, including the distribution and use of condoms, as a result of resistance from certain religious institutions and the fact that educational programmes often only target women but not men. In this regard, concern is also expressed at the high rate of teenage pregnancy among young girls who are deprived of the opportunity to continue their education.

Paragraph 155

It is recommended that the State party continue to implement its reproductive health policy, with a particular focus on young persons, and that it develop training programmes and counseling services in this regard for both men and women.

- Hong Kong Special Administrative Region (China), ICESCR, E/2002/22 (2001) 39 at paras. 182 and 207.

Paragraph 182

The apparent lack of initiative to undertake public education to combat discrimination against those with mental disabilities is noted with concern.

Paragraph 207

The authorities are urged to provide public education to combat discrimination against persons with mental illness.

- Senegal, ICESCR, E/2002/22 (2001) 61 at para. 373.

The State party is urged to take remedial action to address the problems of clandestine abortions, unwanted pregnancies and the high rate of maternal mortality. In this regard, the State should undertake more effective reproductive and sexual health programmes in schools and colleges.

- Panama, ICESCR, E/2002/22 (2001) 73 at para. 475.

Urgent measures should be taken that are aimed at reducing the excessively high maternal mortality rate. The availability and accessibility of reproductive and sexual health information and services should be expanded, so as to encourage a reduction in the rates of illegal abortion and early pregnancy.

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- Ukraine, ICESCR, E/2002/22 (2001) 78 at para. 512.

The State party should ensure that its commitment to primary health care is met by adequate allocation of resources and that all persons, especially from the most vulnerable groups, have access to health care. It is suggested that the State party establish comprehensive reproductive health programmes, as well as measures to ensure that abortion is not perceived as a method of contraception. It is further recommended that adolescents have access to and are provided with reproductive health education, as well as with STD and HIV/AIDS prevention programmes. Children should be provided with accurate and objective information about alcohol and tobacco use, and activities by the public mass media promoting their consumption should be discouraged.

CEDAW

- Senegal, CEDAW, A/49/38 (1994) 120 at para. 725.

The State party should step up its public information campaigns on behalf of women and expand its programmes to combat traditional practices which affect women's health and advancement in order to eliminate persistent forms of discrimination against women.

- Uganda, CEDAW, A/50/38 (1995) 61 at para. 338.

Existing measures should be reassessed to combat AIDS. Foremost of these should be the intensification of preventive measures, such as public education in sexual and reproductive health, as well as more effective health delivery systems in these areas.

- Cuba, CEDAW, A/51/38 (1996) 26 at para. 224.

Special information programmes relating to sexually transmitted diseases, especially HIV/AIDS, should be strengthened for young girls, particularly those engaged in prostitution, in keeping with general recommendation 15.

- Hungary, CEDAW, A/51/38 (1996) 29 at para. 260.

Sex education programmes should be offered to all young people and contraceptives should be subsidized in order to promote family planning and reduce the number of abortions.

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- Saint Vincent and the Grenadines, CEDAW, A/52/38/Rev.1 part I (1997) 21 at para. 147.

The Government, in collaboration with non-governmental organizations, churches and all individuals and competent authorities, should introduce gender-sensitive reproductive and sexual health education, information and counselling in order to curb the very high rate of pre-teen and teenage pregnancy and should integrate reproductive and sexual health services, including family planning, into primary health care.

- Zimbabwe, CEDAW, A/53/38/Rev.1 part I (1998) 13 at para. 161.

Sex education and practical family planning should be provided to both youth and adults.

- Czech Republic, CEDAW, A/53/38/Rev.1 part I (1998) 16 at paras. 197 and 205.

Paragraph 197

The high rate of induced abortions in the Czech Republic, particularly in the face of the wide availability of contraceptives, is of concern. The lack of information and training of health professionals with regard to contraceptives is of further concern.

Paragraph 205

Specific training programmes should be launched to educate health professionals, as well as mass campaigns to inform the public on the use of contraceptives and misuse of induced abortions as a means of family planning.

- Peru, CEDAW, A/53/38/Rev.1 part II (1998) 72 at paras. 341 and 342.

Paragraph 341

The lack of information and lack of access to adequate contraception among poor women in urban and rural areas, indigenous women and teenage girls is of concern.

Paragraph 342

Family planning programmes should be established that emphasize sex education, use of adequate contraception and responsible use of sterilization services where necessary, with the patient's express authorization and after the consequences of such procedure had been fully explained.

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- Kyrgyzstan, CEDAW, A/54/38/Rev.1 part I (1999) 15 at para. 137.

Comprehensive family-planning programmes based on the right to reproductive choice, as well as measures to ensure that abortion is not perceived as a method of contraception, should be introduced.

- Greece, CEDAW, A/54/38/Rev.1 part I (1999) 20 at para. 208.

The Government should introduce sex education as part of the school curriculum. Family-planning policies should also be improved and measures taken so that all women and men have access to information about and measures of contraception. The Government is urged to target men in its family-planning efforts and to stress the shared responsibilities of women and men in this regard.

- Belize, CEDAW, A/54/38/Rev.1 part II (1999) 49 at paras. 57 and 59.

Paragraph 57

The Government is urged to include age-appropriate sex education in school curricula and to conduct awareness campaigns so as to reduce teenage pregnancy rates and to increase girls' and women's life choices. The Government should also implement programmes and policies aiming to increase knowledge about, and availability of, various types of contraceptives, with the understanding that family planning is a joint responsibility of both partners.

Paragraph 59

The Government should implement awareness-raising programmes and policies about the prevention of HIV/AIDS and encourage the use of condoms.

- Georgia, CEDAW, A/54/38/Rev.1 part II (1999) 53 at para. 112.

The enhancement of family planning programmes and the dissemination of various forms of contraceptives are recommended. Georgia should take advantage of assistance available from international agencies in this regard.

- Nepal, CEDAW, A/54/38/Rev.1 part II (1999) 57 at para. 148.

The Government should prioritize prevention of unwanted pregnancy through family planning services and sex education.

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- Chile, CEDAW, A/54/38/Rev.1 part II (1999) 64 at para. 227.

Priority should be given to an examination of the situation of adolescents, and various measures should be adopted to address effectively the sexual and reproductive health services and information needs of adolescents, including through the dissemination of family planning and information on contraceptive methods, through, *inter alia*, the introduction of effective sex education programmes.

- Spain, CEDAW, A/54/38/Rev.1 part II (1999) 67 at para. 266.

Abortions among adolescents should be addressed by a multiplicity of means, including age-appropriate sex education in primary and secondary schools.

- United Kingdom of Great Britain and Northern Ireland, CEDAW, A/54/38/Rev.1 part II (1999) 71 at para. 310.

Teenage conception and pregnancy should be addressed by a multiplicity of measures, including a greater focus on male responsibility and a review of the primary school curriculum with a view to introducing age-appropriate sex education. Resources should be allocated for prevention and treatment programmes for sexually transmitted diseases directed at adolescents within a holistic approach to sexual and reproductive health, including sexual violence.

- Democratic Republic of the Congo, CEDAW, A/55/38 part I (2000) 21 at paras. 228 and 232.

Paragraph 228

The Government is called upon to make efforts to improve the use of contraceptive methods, to repeal article 178 of the Penal Code, which prohibits the dissemination of contraceptive methods, and to provide sex education for young people.

Paragraph 232

Concern is expressed over food taboos, which are not only detrimental to the health of women, especially mothers, but also have serious consequences for the health of future generations. The government should address the issue of eliminating food taboos by raising awareness about their detrimental effects on the health of women.

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- Burkina Faso, CEDAW, A/55/38 part I (2000) 25 at para. 276.

The Government is encouraged to integrate family planning services in primary health care so that women can have easier access to them. The State party should organize awareness-raising and information activities for women about contraceptive measures and should involve men in these activities. Furthermore, the female population should be made aware of the risks and consequences of sexually transmitted diseases, including HIV/AIDS.

- Cameroon, CEDAW, A/55/38 part II (2000) 53 at para. 60.

The Government should strengthen its awareness campaigns to make women aware of the risks and effects of sexually transmitted diseases, including HIV/AIDS.

- Republic of Moldova, CEDAW, A/55/38 part II (2000) 56 at para. 110.

The Government is encouraged to include sex education systematically in schools.

- Lithuania, CEDAW, A/55/38 part II (2000) 61 at para. 159.

Programmes of sexual and reproductive education for both girls and boys should be introduced as a regular part of the school curriculum.

- Iraq, CEDAW, A/55/38 part II (2000) 66 at para. 203.

That no steps have been taken to determine the prevalence of HIV/AIDS in the country, and that no relevant preventive education and information campaigns aimed at women exist, are matters of concern.

- Romania, CEDAW, A/55/38 part II (2000) 77 at para. 315.

Sex education should be systematically included in schools, including vocational training schools. High risk groups should be targeted for HIV/AIDS prevention strategies and strategies to prevent the spread of other sexually transmitted diseases.

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- Burundi, CEDAW, A/56/38 part I (2001) 7 at paras. 60 and 62.

Paragraph 60

The Government is urged to take a multifaceted and holistic approach to combatting the HIV/AIDS pandemic, one which not only incorporates broad-based educational strategies but also includes practical prevention efforts, such as increased access to both male and female condoms.

Paragraph 63

Effective measures, such as sex education and information campaigns and the provision of effective contraception should be introduced, in order to reduce the number of clandestine abortions.

- Kazakhstan, CEDAW, A/56/38 part I (2001) 10 at para. 106.

The Government is encouraged to promote sex education for both girls and boys, as well as educational programmes to combat alcohol and drug abuse among women.

- Uzbekistan, CEDAW, A/56/38 part I (2001) 18 at para. 186.

The State party is encouraged to promote sex education during the compulsory school years.

- Mongolia, CEDAW, A/56/38 part I (2001) 26 at para. 274.

The Government is urged to increase access, particularly in the rural areas, to affordable contraceptives for women and men, and to provide sex education to girls and boys.

- Guyana, CEDAW, A/56/38 part II (2001) 60 at para. 179.

A multifaceted and holistic approach to combating HIV/AIDS should be taken, including broad-based educational strategies and practical prevention efforts targeted at women and adolescents.

- Viet Nam, CEDAW, A/56/38 part II (2001) 68 at para. 267.

Sex education for both boys and girls should be promoted, paying special attention to HIV/AIDS prevention.

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- Nicaragua, CEDAW, A/56/38 part II (2001) 72 at paras. 302 and 303.

Paragraph 302

Concern is expressed about the high fertility rate in Nicaragua.

Paragraph 303

Educational programmes on reproductive rights and responsible sexual behaviour on the part of both women and men, particularly young people, should be promoted.

See also:

- Jamaica, CEDAW, A/56/38 part I (2001) at para. 224.

CRC

- Russian Federation, CRC, CRC/C/16 (1993) 21 at para. 88.

The primary health care system should be improved regarding the effectiveness of antenatal care, health education, including sex education, family planning and immunization programmes.

- Romania, CRC, CRC/C/24 (1994) 21 at para. 97.

Greater efforts should be made to provide family education, to develop awareness of the equal responsibilities of parents and to widely disseminate knowledge about modern methods of family planning and thereby reduce the practice of abortion.

- Belarus, CRC, CRC/C/24 (1994) 24 at para. 119.

A stronger emphasis should be placed on primary health care activities, which would include the development of educational programmes to cover such matters as family education, family planning, sex education and the benefits of breast-feeding. Equally, community health care workers should be trained to develop awareness of these subjects among the general public, including children.

See also:

- Ukraine, CRC, CRC/C/46 (1995) 11 at para. 69.

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- Pakistan, CRC, CRC/C/29 (1994) 10 at para. 54.

The Government is encouraged to continue taking measures to strengthen the primary health-care system. Greater emphasis placed on family education, including family planning, and to training community health care-workers to assist in these tasks is desirable.

- Burkina Faso, CRC, CRC/C/29 (1994) 15 at para. 74.

More attention should be paid to the wider dissemination of knowledge about modern methods of family planning.

- Argentina, CRC, CRC/C/38 (1995) 10 at para. 45.

Undertaking greater efforts to provide family education and developing awareness of the equal responsibility of parents should be considered. Health education programmes should be developed to counter the high incidence of teenage pregnancy.

- Jamaica, CRC, CRC/C/38 (1995) 25 at para. 165.

Health education should be developed so as to ensure a better understanding by the population of the benefits of preventive health care and the detrimental effects on children of the persistence of traditional practices prejudicial to their health.

- United Kingdom of Great Britain and Northern Ireland, CRC, CRC/C/38 (1995) 35 at para. 216.

The insufficient attention given to the right of the child to express his/her opinion, including in cases where parents in England and Wales have the possibility of withdrawing their children from parts of the sex education programmes in schools, is of concern. In this as in other decisions, including exclusion from school, the child is not systematically invited to express his/her opinion and those opinions may not be given due weight, as required by article 12 of the Convention.

- Nicaragua, CRC, CRC/C/43 (1995) 10 at para. 64.

The provision of primary health care should be emphasized, with family planning services and knowledge of nutrition as two of its major components, and strategies should be developed to provide

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families with the necessary technical and other support to grow their own food.

- Holy See, CRC, CRC/C/46 (1995) 27 at para. 180.

The insufficient attention paid to the promotion of education of children on health matters, the development of preventive health care, guidance for parents and family planning education and services are of concern.

- Lebanon, CRC, CRC/C/54 (1996) 7 at para. 42.

The need for further reform in the school sector to improve the quality of education and prevent drop outs is noted. Specific needs appear to exist in the fields of health education and, as recognized by the delegation, teaching about values and about the environment.

- Mauritius, CRC, CRC/C/57 (1996) 29 at para. 189.

It is suggested that sexual education be included in school curricula.

- Cuba, CRC, CRC/C/66 (1997) 9 at para. 67.

Further resources and assistance should be devoted to activities in the area of family planning and health education programmes, with a view to addressing the problem of teenage or unwanted pregnancies and changing male sexual behaviour. Issues relating to the incidence and treatment of children infected with or affected by HIV/AIDS and STDs and to reducing the apparent recourse to abortion as a method of family planning should also be the focus of programmatic actions. Major efforts should be undertaken to broaden the coverage of reproductive health educational programmes beyond married couples.

- Ghana, CRC, CRC/C/66 (1997) 15 at para. 115.

Information and prevention programmes should be strengthened to combat HIV/AIDS and sexually transmittable diseases (STDs) as well as discriminatory attitudes towards children affected by or infected with HIV/AIDS. Furthermore, the State party should pursue and strengthen its family planning and reproductive health programmes, including for adolescents.

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- Lao People's Democratic Republic, CRC, CRC/C/69 (1997) 8 at para. 74.

Adolescent health should be promoted by strengthening reproductive health education and services to prevent and combat HIV/AIDS.

See also:

- Maldives, CRC, CRC/C/79 (1998) 31 at para. 234.
- Thailand, CRC, CRC/C/80 (1998) 35 at para. 176.

- Uganda, CRC, CRC/C/69 (1997) 21 at para. 149.

Information and prevention programmes should be strengthened in order to combat HIV/AIDS, particularly to prevent the transmission to children of HIV/AIDS and other sexually transmitted diseases (STDs) and to eliminate discriminatory attitudes towards children affected by or infected with HIV/AIDS. Family planning and reproductive health educational programmes, including for adolescents, should be pursued and strengthened.

See also:

- Togo, CRC, CRC/C/69 (1997) 39 at para. 286.

- Togo, CRC, CRC/C/69 (1997) 39 at para. 291.

All appropriate measures should be taken to prevent and combat drug and substance abuse among children, such as public information campaigns, including in schools and in other institutions. The support of all rehabilitation programmes dealing with children victims of drug and substance abuse is encouraged. In this regard, consideration of technical assistance from relevant international organizations, such as the World Health Organization (WHO), is encouraged.

- Hungary, CRC, CRC/C/79 (1998) 7 at para. 61.

In order to reduce the number of teenage pregnancies, reproductive health education programmes should be strengthened and information campaigns should be launched concerning family planning and prevention of HIV/AIDS.

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- Fiji, CRC, CRC/C/79 (1998) 25 at para. 138.

Adolescent health policies should be promoted and reproductive health education and counselling services should be strengthened.

- Maldives, CRC, CRC/C/79 (1998) 31 at para. 239.

Efforts should be strengthened to prevent and combat drug and substance abuse among children, and all appropriate measures should be taken, including public information campaigns in and outside of schools. In this regard, technical assistance should be considered from UNICEF and the World Health Organization.

- Luxembourg, CRC, CRC/C/79 (1998) 38 at para. 277.

The time period of maternity leave should be extended and serious efforts should be made to educate the public - especially new parents - on the benefits of breast feeding.

- Kuwait, CRC, CRC/C/80 (1998) 28 at para. 146.

The practice of early marriage is of concern. All appropriate measures, including legal measures, awareness-raising campaigns with a view to changing attitudes, counselling and reproductive health education, should be taken to prevent and combat this traditional practice which is harmful to the health and well-being of girls and the development of the family.

- Guinea, CRC, CRC/C/84 (1999) 21 at para. 117.

The high and increasing rate of early pregnancies, high maternal mortality rate and the lack of access by teenagers to reproductive health education and services are of concern. A comprehensive and multidisciplinary study should be undertaken to understand the scope of adolescent health problems, including the negative impact of early pregnancies. Adolescent health policies and programmes should be promoted by strengthening reproductive health education and counselling services. International assistance from UNICEF and WHO should be considered.

See also:

- Ecuador, CRC, CRC/C/80 (1998) 9 at para. 46.
- Honduras, CRC, CRC/C/87 (1999) 26 at para. 122.

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- Yemen, CRC, CRC/C/84 (1999) 33 at para. 175.

The high and increasing rate of teenage pregnancies and the insufficient access to reproductive health education and counselling services for teenagers, including outside schools, are of concern. The lack of preventive measures, including information campaigns, regarding STDs and HIV/AIDS is also of concern. Adolescent health policies should be promoted and reproductive health education and counselling services should be strengthened. Awareness-raising campaigns should be undertaken to prevent and combat the spread of STDs and HIV/AIDS.

See also:

- Dominican Republic, CRC, CRC/C/103 (2001) 91 at paras. 518 and 519.
- Saint Kitts and Nevis, CRC, CRC/C/87 (1999) 17 at para. 87.

Efforts should be increased in promoting adolescent health policies and counselling services as well as strengthening reproductive health education, including the promotion of male acceptance of the use of contraceptives.

- Benin, CRC, CRC/C/87 (1999) 35 at para. 162.

Programmes should be introduced within the school environment to educate children about the harmful effects of narcotic drugs and psychotropic substances. In this regard, consideration of seeking technical assistance from UNICEF, WHO and the United Nations International Narcotics Control Board, is encouraged.

- Russian Federation, CRC, CRC/C/90 (1999) 18 at para. 110.

The effectiveness of measures taken should be guaranteed to ensure access for adolescents to sex education, including information about contraception and STDs, to promote adolescent health by strengthening reproductive health and family planning services, as well as counselling services, and to prevent and combat HIV/AIDS, STDs and teenage pregnancy and abortions.

- India, CRC, CRC/C/94 (2000) 10 at para. 105.

It is recommended that the State party develop a national drug control plan, or a Master Plan, with

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the guidance of the United Nations Drug Control Programme (UNDCP). The State party is encouraged to provide children with accurate and objective information about substance use including tobacco use, and to protect children from harmful misinformation through comprehensive restrictions on tobacco advertising.

See also:

- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at para. 325.
- Slovakia, CRC, CRC/C/100 (2000) 100 at para. 585.

- Costa Rica, CRC, CRC/C/94 (2000) 37 at para. 231.

Concern remains about the high and increasing rate of teenage pregnancies; at the insufficient access by teenagers to reproductive health education and counselling services; and at the increasing rate of substance abuse among adolescents. The State party should undertake effective measures to develop adolescent-friendly health policies and strengthen reproductive health education and counselling services in order, *inter alia*, to prevent and reduce teenage pregnancies.

See also:

- Ethiopia, CRC, CRC/C/103 (2001) 24 at para. 177.

- The Former Yugoslav Republic of Macedonia, CRC, CRC/C/94 (2000) 45 at paras. 269, 270, 275 and 279.

Paragraph 269

Recognizing the State party's efforts to provide financial and other assistance to ensure the access of children to health care, the Committee is nevertheless concerned that not all children have equal and adequate access to health care including, notably, children from regions facing particular economic hardship. The State party's policy of requiring adolescents aged 15 to 18 to make financial contributions to their health care costs may limit their access to health care, including sexual health education.

Paragraph 270

The State party is urged to continue its efforts to ensure that all children, and from all regions, have equal access to health care services. The State party should review policies requiring 15- to 18-year-olds to share costs, and ensure that these policies do not restrict the access of adolescents to full health care.

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Paragraph 275

The correlation, identified by studies, between low education among mothers and high infant mortality, and between the incidence of such mortality and certain regions are noted. The State party is urged to continue its efforts to address this concern, *inter alia*, through the effective provision of adequate health education to mothers.

Paragraph 279

The State party should increase its efforts to promote adolescent health policies and strengthen reproductive health education and counselling services, *inter alia* with regard to HIV/AIDS, STDs, pregnancy among girls and abortion.

- Armenia, CRC, CRC/C/94 (2000) 53 at para. 333.

Adolescents should have access to and be provided with reproductive health education, and child-friendly counselling and rehabilitation services.

See also:

- Islamic Republic of Iran, CRC, CRC/C/97 (2000) 8 at para. 65.
- Jordan, CRC, CRC/C/97 (2000) 31 at para. 194.
- Kyrgyzstan, CRC, CRC/C/97 (2000) 51 at paras. 312 and 313.

- South Africa, CRC, CRC/C/94 (2000) 81 at para. 451.

The high and increasing incidence of drug and substance abuse among youth and the limited psychosocial and medical programmes and services available in this regard are a concern. In light of article 33 of the Convention, it is recommended that the State party take all appropriate measures, including educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances. In this context, it is further recommended that programmes be reinforced within the school environment to educate children about the harmful effects of narcotic drugs and psychotropic substances.

- Georgia, CRC, CRC/C/97 (2000) 18 at paras. 123 and 141.

Paragraph 123

Efforts to promote adolescent health policies and child-friendly counselling services should be increased and reproductive health education should be strengthened, including the promotion of

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acceptance by men of the use of contraceptives. Additionally, it is recommended that the State party take further measures, including the allocation of adequate human and financial resources, to increase the number of social workers and psychologists, and to develop youth-friendly care and rehabilitation facilities for adolescents.

Paragraph 141

In light of article 33 of the Convention, all appropriate measures should be taken, including administrative, social and educational measures, to protect children from the illicit use of alcohol, narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances. The State party is encouraged to support rehabilitation programmes dealing with child victims of alcohol, drug and substance abuse.

See also:

- Grenada, CRC, CRC/C/94 (2000) 72 at para. 405.
 - Suriname, CRC, CRC/C/97 (2000) 84 at para. 494.
 - United Kingdom of Great Britain and Northern Ireland (Isle of Man), CRC, CRC/C/100 (2000) 31 at para.193.
 - United Kingdom of Great Britain and Northern Ireland (Overseas Territories), CRC, CRC/C/100 (2000) 40 at para. 246.
 - Tajikistan, CRC, CRC/C/100 (2000) 53 at para. 308.
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- Cambodia, CRC, CRC/C/97 (2000) 64 at paras. 377, 382 and 383.

Paragraph 377

The State party should continue to take effective measures for the prevention of HIV/AIDS, including awareness-raising and educational campaigns. The State party should take into consideration the Committee's recommendations adopted on its day of general discussion on children living in a world with HIV/AIDS (CRC/C/80). International technical assistance from UNICEF, WHO and UNAIDS, among others, should continue to be requested in this regard.

Paragraph 382

The high maternal mortality rate, the limited access by teenagers to reproductive and sexual health education and counselling services, including outside the school system, and the low level of contraceptive use are of concern. Insufficient attention has been given to issues of adolescents' mental health.

Paragraph 383

A comprehensive and multidisciplinary study should be undertaken to determine the scope of adolescent health problems, including mental health, as a basis for promoting adolescent health

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policies and strengthening reproductive health education. Further efforts should be undertaken for the development of child-friendly counselling services as well as care and rehabilitation facilities for adolescents.

See also:

- Comoros, CRC, CRC/C/100 (200) 110 at para. 632.

- Malta, CRC, CRC/C/97 (2000) 75 at paras. 436 and 437.

Paragraph 436

Concern is expressed about the increasing rate of teenage pregnancy; the insufficient access by teenagers to reproductive health education and counselling services, including outside school; and about the lack of a structured policy on health education. Insufficient attention has been given to issues of adolescents' mental health and alcohol consumption, and there is a shortage of psychologists.

Paragraph 437

The State party should take effective measures to develop adolescent-friendly health policies and strengthen reproductive health education and counselling services. The State party should strengthen its programmes on adolescent mental health and continue developing effective educational campaigns to discourage alcohol consumption among children.

- Burundi, CRC, CRC/C/100 (2000) 17 at paras. 143 and 144.

Paragraph 143

Concern is expressed about the lack of an adolescent health-care policy, particularly with regard to reproductive health, early teenage pregnancy, mental health and problems related to the inhaling of substances such as glue and petrol and the use of marijuana.

Paragraph 144

Additional efforts should be made to develop a comprehensive adolescent health-care policy and to provide reproductive health education and specialized assistance for the treatment of mental, reproductive and other health concerns of adolescents.

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- Central African Republic, CRC, CRC/C/100 (2000) 77 at paras. 457 and 458.

Paragraph 457

Concern is expressed at the limited availability of health assistance for adolescents and of reproductive health education and assistance for adolescents and adults.

Paragraph 458

The State party should improve the provision of health assistance to adolescents and of reproductive health education and assistance to both adolescents and adults. Special efforts should be made to address the incidence of pregnancy and sexually transmitted diseases among adolescents including through the provision of child-friendly counseling.

- Marshall Islands, CRC, CRC/C/100 (2000) 89 at para. 534.

Efforts to promote adolescent health policies, particularly with respect to accidents, suicides, violence, alcohol consumption and tobacco abuse should be increased. The State party should undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular reproductive health, and to develop youth-friendly counselling, care and rehabilitation facilities that are accessible, without parental consent when in the best interests of the child. The State party is urged to strengthen reproductive health education programmes for adolescents and to ensure that men are included in all training programmes on reproductive health.

See also:

- Latvia, CRC, CRC/C/103 (2001) 9 at para. 67.

- Comoros, CRC, CRC/C/100 (2000) 110 at para. 633.

The State party should study and effectively address the health problems of adolescents, in particular in the area of reproductive health education and the prevention of teenage pregnancies.

- Ethiopia, CRC, CRC/C/103 (2001) 24 at paras. 169 and 175.

Paragraph 169

The State party is urged to ensure that access to primary health care services is increased, that the national health infrastructure is strengthened and that public health education programmes are used to lower infant mortality rates and raise life expectancy in the State party. Assistance should be

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sought from the World Health Organization, UNICEF and the United Nations Development Programme in this regard.

Paragraph 175

The State party is urged to make efforts to remain informed of the scale of the HIV/AIDS problem in the country, to reduce the spread of HIV/AIDS and to provide assistance to children with HIV/AIDS and to children whose parents and other family members have HIV/AIDS. The State party should give particular attention to HIV/AIDS orphans and to ensuring that children with HIV/AIDS are not discriminated against. It is recommended that the State party make use of educational measures.

- Egypt, CRC, CRC/C/103 (2001) 36 at paras. 238 and 239.

Paragraph 238

Concern is expressed at the insufficient information available in relation to adolescent health, such as access to reproductive health services, STDs and HIV/AIDS prevention programmes, mental health counselling services and substance abuse education.

Paragraph 239

The State party should undertake a comprehensive study to understand the nature and extent of adolescent health problems and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes. In light of article 24, adolescents should have access to and be provided with reproductive health education and child-friendly counselling and rehabilitation services.

See also:

- Saudi Arabia, CRC, CRC/C/103 (2001) 71 at paras. 411 and 412.

- Lithuania, CRC, CRC/C/103 (2001) 47 at paras. 290, 291 and 301.

Paragraph 290

Concern is expressed about the following: the increase of cases of sexually transmitted diseases (STDs) and HIV/AIDS; the growing abuse of alcohol and tobacco; the frequency of unplanned pregnancies and abortions among youth. Note is taken of the limited availability of programmes and services in the area of adolescent health including mental health, in particular treatment and rehabilitation programmes, and of prevention and information programmes, especially on reproductive health, at school.

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Paragraph 291

The State party should continue to increase its efforts to promote adolescent health, including mental health and reproductive health, and to develop a programme for the systematic sexual education of adolescents at school. A comprehensive and multidisciplinary study should be undertaken to determine the scope of adolescent health problems, including the negative impact of STDs, HIV/AIDS and alcohol abuse, in order to develop adequate policies and programmes. Further measures, including the allocation of adequate human and financial resources, should also be undertaken to evaluate the effectiveness of training programmes in health education, in particular reproductive health education, and to develop youth-friendly counselling, care and rehabilitation facilities that are accessible without parental consent, when this is in the best interests of the child.

Paragraph 301

The State party should undertake studies on the abuse of drugs among children and adolescents, in particular those living in the street, with a view to understanding the extent, scope and nature of these practices, adopting adequate measures and policies and changing attitudes. Further, awareness raising and preventive measures should be pursued, including drug education in schools. More resources should be allocated for treatment and rehabilitation services specifically tailored for children and adolescents.

- Palau, CRC, CRC/C/103 (2001) 79 at paras. 466 and 467.

Paragraph 466

Concern is expressed about the limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including suicides; mental health, particularly with respect to boys; teenage pregnancy; STDs; and the use and abuse of tobacco, betelnut, alcohol and illicit drugs.

Paragraph 467

The State party should increase its efforts to promote adolescent health policies and services and to further strengthen reproductive health education, including the promotion of male acceptance of the use of contraceptives. A comprehensive and multidisciplinary study should be undertaken to understand the scope of adolescent mental health concerns. Additionally, further measures, including the allocation of adequate human and financial resources should be undertaken, to increase the number of social workers and psychologists, and to develop accessible youth-friendly care, counselling, and rehabilitation facilities for adolescents.

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- Denmark, CRC, CRC/C/108 (2001) 10 at paras. 68 and 69.

Paragraph 68

While noting efforts already made by the State party, concern remains about the health problems faced by adolescents, particularly the high incidence of eating disorders, especially among teenage girls; drug, alcohol and tobacco abuse; and suicide.

Paragraph 69

The State party should reinforce its efforts to address these adolescent physical and mental health concerns, through preventive education, counselling and rehabilitative programmes to strengthen self-confidence among you people and prevent behaviour that could negatively affect their health.

- Turkey, CRC, CRC/C/108 (2001) 18 at paras. 133 and 134.

Paragraph 133

Concern is expressed regarding the high rates of early pregnancy, the rise in the number of children and young people using tobacco and drugs, the increase in cases of sexually transmitted diseases (STDs), in particular syphilis, and the growing number of case of HIV/AIDS among young people. Furthermore, the limited availability of programmes and services in the area of adolescent health, including mental health, in particular treatment and rehabilitation programmes for drug addiction, is noted. The lack of sufficient prevention and information programmes, especially on reproductive health, in schools is also noted.

Paragraph 134

Efforts should be increased to promote adolescent health, including mental health, policies particularly with respect to reproductive health and substance abuse and the programme for health education in schools should be strengthened. It is suggested that a comprehensive and multidisciplinary study be undertaken to understand the scope of adolescent health problems, including the negative impact of STDs and HIV/AIDS, in order to be able to develop adequate policies and programmes. It is also recommended that the State party undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive counselling, care and rehabilitation facilities that are accessible without parental consent, when this is in the best interests of the child.

See also:

- Guatemala, CRC, CRC/C/108 (2001) 47 at paras. 271 and 272.
- Mauritania, CRC, CRC/C/111 (2001) 8 at paras. 68 and 69.

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- United Republic of Tanzania, CRC, CRC/C/108 (2001) 71 at paras. 400 and 401.

Paragraph 400

Concern is expressed with respect to the limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including on early marriage and pregnancy, HIV/AIDS and STDs, abortion, violence, suicides, mental health, and alcohol, drug and substance abuse.

Paragraph 401

The State party should strengthen adolescent health policies, including reproductive health education. Further, it is suggested that a comprehensive and multi-disciplinary study be undertaken in order to understand the scope of adolescent health problems, including the special situation of children infected and/or affected by HIV/AIDS and STDs. Additionally, adequate human and financial resources should be allocated to increase the number of social workers and psychologists and to develop youth-sensitive care, counselling and rehabilitation facilities for adolescents. Technical assistance should be sought from, among others, UNICEF and WHO.

See also:

- Kenya, CRC, CRC/C/111 (2001) 21 at paras. 126 and 127.
- Gambia, CRC, CRC/C/111 (2001) 89 at paras. 442 and 443.

- Bhutan, CRC, CRC/C/108 (2001) 85 at paras. 466 and 467.

Paragraph 466

Noting the State party's efforts to address adolescent health, such as the publication of pamphlets on reproductive and mental health, and drug abuse, there is concern about the effectiveness of these efforts.

Paragraph 467

Adolescents should have access to and be provided with education on reproductive health and other adolescent health issues, as well as with child-sensitive and confidential counselling services. Efforts should be strengthened to provide adolescent health education within the educational system.

See also:

- Qatar, CRC, CRC/C/111 (2001) 59 at paras. 310 and 311.
- United Arab Emirates, CRC, CRC/C/15/Add.183 (2002) at paras. 36 and 37.