Report

**"Input to Human Rights Council resolution 29/22 on the protection of the family". Submitted by**

 Association “HERA-XXI”



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In this submission, Association “HERA-XXI requests to OHCHR for input number of Sexual and Reproductive Health and Rights issues into the report on the “protection of the family and the contribution of families in realizing the right to an adequate standard of living” prepared for the UN Council session, taking place in March 2016. Including the issues concerning Reproductive Rights of individual members of the family, women’s rights, Reproductive Rights of the family members with the disabilities, issues related to the youth and protection of the family in the emergency situation. The report also highlights the lack of a rights based approaches to health, in particular, the barriers many women experience in accessing of sexual and reproductive health services that are available, accessible, acceptable and of high quality.

Countries have ratified number of international amendments and have obliged the primary responsibility to promote and protect the human rights and fundamental freedoms of all human beings. According to the obligations countries have the primary responsibility to promote and protect humans Reproductive Health and Rights as a main part of the human rights. Sexual and Reproductive Health and Rights contributes to strengthening the role of the families in society, as well as to improving the standard of living, that’s why we should pay attention issues related to the Reproductive Health and Rights.

***Youth***

When we are talking about the family protection, we should attract the main attention to the family leaded by youth as a strong force for social cohesion and integration, and social development. Healthy family members are essential to other family members’ well-being.

Young people often lack of information on Sexual and Reproductive Health and Rights and often face number of difficult issues. It is extremely important to recognize the diversity of needs and experience of this age group when we are talking about the protection of the family.

According to the researches, the reproductive and sexual health needs of adolescents are going largely unmet in many countries[[1]](#footnote-1). In this regard, the main problem is that, countries lacks policies and guidelines that support the provision of Family Planning services to youth. Youth Family Planning services are not offered alongside other health services that youth may seek.

Young people’s access to family planning and reproductive health is a fundamental right. The international community recognizes that youth must have access to comprehensive, evidence-based, scientifically accurate, and youth friendly family planning and reproductive information, services, and supplies. The 1994 International Conference on Population and Development Program of Action endorsed by 179 countries identifies young people’s reproductive rights as a priority. By providing youth with information and access to family planning and reproductive health services, countries empower young people to prevent unplanned pregnancies, protect themselves from HIV and other STIs, and stay in school. It can also help countries transition from high to low fertility and mortality and create a more balanced age structure. Investments in family planning, health, and education leads to a adequate standard of living, healthier population and therefore better overall development outcomes for youth worldwide.

According to this, it’s very important to ensure access to the Reproductive health counselling and distribution of contraceptives among youth by creating Youth- Friendly reproductive health Service Centers, which provides youths with free contraception, and information about the family planning and other reproductive health services.

When we are talking about the youth, we should highlight the issues like its ***early marriage.***

The right to freely enter into marriage and found a family is established in the UN’s Universal Declaration of Human Rights (Article 16), the Covenant on Civil and Political Rights (Article 23) and the European Convention on Human Rights (Article 12).The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence and they should protect them from the worst traditions. States have responsibilities to exercise due diligence to protect individuals against such violations and provide redress.

Early marriage is a traditional practice that in many places happens simply because it has happened for generations – and straying from tradition could mean exclusion from the community. Various international treaties, conventions, and programmes for action address child marriage. These include: the 1962 Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages; the Convention on the Elimination of All Forms of Discrimination Against Women (1979); the Convention on the Rights of the Child (1989); and the 1995 Beijing Platform for Action (which followed the UN Fourth World Conference on Women). These international instruments cover the abolishment of harmful customs and traditions, violence against the girl child, marriage consent, marriageable age, registration of marriage, and the freedom to choose a spouse.

As in many countries, Georgia also has taken positive steps and has enacted specific laws for the protection of human rights, particularly with regard to the early marriage but the issues still exists. Therefore, the states should take an effective step against stereotypes, empower adolescents and ensure the enforcement of existing legislation.

***Family protection in emergency situation***

Access to reproductive health care is a basic human right. Every individual have a right to good quality reproductive health care and that reproductive health programs must promote rights, respect and responsibility for all. Reproductive health care for people in emergency situation is not a luxury but a necessity, which saves lives and dramatically reduces ill health. Forced from their homes, separated from families and communities, refugees and internally displaced persons face extraordinary difficulties that affect their reproductive health. They often lack protection, health care, education, livelihood and community support. Integrated and fully comprehensive reproductive health services are not the norm in most emergency settings.

Sexual and reproductive health care should be available in emergency situations and be based on the needs and expressed demands of refugees, disaster victims, particularly women. Women’s often are vulnerable to sexual and gender based violence. Protecting the Population and family members as a unity from Natural and Man-made Emergency Situations is important part for the civil well being and safety. Emergency health activities are the responsibility of the State.[[2]](#footnote-2) States should enhance its level of preparedness, develop a national action plan, taking the opportunity of the preparedness work engaged by SRH national partners, in order to allow comprehensive implementation of priority life-saving SRHR services from the onset of a crisis.

***People with disabilities***

Persons with disabilities have the same sexual and reproductive health (SRH) needs as other people. They often face barriers to information and services. The ignorance and attitudes of society and individuals, including health-care providers, raise most of these barriers – not the disabilities themselves but the family members of people with disabilities. On 3 May 2008 the Convention on the Rights of Persons with Disabilities came into force. This is the first legally binding international treaty on disability. It mentions SRH specifically.

In Georgia, as in many countries of the world there are no researches conducted on the needs of SRH of persons with disabilities. It should be note, that a stronger evidence base will help states to create SRH programmes and will insure access to the SRHR services.

In particular, persons with disabilities, their families, the health and development community, and members of the general public need education about rights and about the services. Furthermore, people need to know whom to contact and where to go to obtain protection against any abuses.

Women with disabilities are not only less likely to receive general information on sexual and reproductive health and are less likely to have access to family planning services, but should they become pregnant, they are also less likely than their non-disabled peers to have access to prenatal, labor and delivery and post-natal services.[[3]](#footnote-3)

States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized; The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided; Persons with disabilities, including children, retain their fertility on an equal basis with others[[4]](#footnote-4).

People with disabilities have a right on their sexuality. Sexuality is an integral factor in almost all reproductive decisions; however it is a central aspect of being human, whether or not one chooses to reproduce.[[5]](#footnote-5)

States have the primary responsibility to promote and protect Sexual and Reproductive rights of persons living with disabilities and their family members and to take affective steps for resolving above mentioned issues.

In conclusion, Sexual and reproductive health and the associated rights (SRHR issues) extend to the equal opportunities, rights and conditions of every individual, every family member to have a safe and satisfying healthy life and the states have obligations to promote and protect it.

1. <http://www.intrahealth.org/files/media/reaching-underserved-youth-with-reproductive-health-and-family-planning-services-an-esd-approach/ESD_Legacy_Youth_6_24_10.pdf> [↑](#footnote-ref-1)
2. <http://police.ge/files/pdf/sagangebos_statistika/kanonebi/DRR%20Capacity%20Assessment%20Repot%20Georgia%202014.pdf> [↑](#footnote-ref-2)
3. <http://www.unfpa.org/sites/default/files/pub-pdf/srh_for_disabilities.pdf> [↑](#footnote-ref-3)
4. <http://www.unfpa.org/sites/default/files/pub-pdf/srh_for_disabilities.pdf> [↑](#footnote-ref-4)
5. <http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf> [↑](#footnote-ref-5)