

Sexual and Reproductive Health and Human Rights: National Assessment

Key Findings

This publication was prepared by the Public Defender's Office with the support of the Country Office of the United Nations Population Fund (UNFPA) of Georgia, within the framework of the UN joint program for "Gender Equality" that is funded by the Swedish Government.

The opinions expressed in the publication belong to the author and are not the official position of the UNFPA or the Swedish Government.

Author of Methodology: Christina Zampas

Authors of the Research: Lela Shengelia, Lika Jalagania, Tamar Dekanosidze

Introduction

The Public Defender (Ombudsman) of Georgia is a constitutional body whose purpose is to call special attention to the existing situation regarding gender equality and women's rights in the country.

In cooperation with the Public Defender's Office and the United Nations Population Fund (UNFPA), it was possible to develop a complex approach to ensuring universal access to sexual and reproductive health and rights. This cooperation guarantees the involvement of the National Institute of Human Rights in the process of monitoring and evaluating the implementation of ensuring universal access to sexual and reproductive health and rights. This, in turn, will facilitate activation of international mechanisms of human rights and analysis of evidence based on national, regional and global trends.

In 2017, the Public Defender's Office issued a special report assessing the state of sexual and reproductive health and rights in Georgia.¹ Based on this assessment, the second phase of the assessment was planned and implemented in 2018, which aimed to assess sexual and reproductive health and rights in practice through enquiries with the target population.

The research revealed that despite the fact that the State has made a number of progressive steps, there are systemic problems that women from different groups still face related to sexual and reproductive health and rights. In particular, the State does not have a systemic vision for postnatal care and services; services related to family planning and contraceptives are still outside the purview of State funding; and complete integration of comprehensive education on human sexuality into the formal education system is still problematic.

The implementation of recommendations made to the Government of Georgia on the causes and consequences of the violence against women given by Ms. Dubravka Simonovic, the United Nations Special Rapporteur on violence against women, still remains a challenge, particularly the recommendation to integrate education on gender equality, violence against women and sexual and reproductive health and welfare into all levels of education².

Progressive steps by the State in regards to achieving the Sustainable Development goals related to sexual and reproductive health are also a challenge.³

The Public Defender's Office hopes that the findings revealed by this assessment and the recommendations that follow regarding sexual and reproductive health and rights in the country will be considered and reflected at all stages of policy development.

¹ The assessment is available on the website:

<https://drive.google.com/file/d/1OijtLDqkHg4dV0ml17Z4aPdhGmrnHCM4/view> [Last seen on 04.02.2019].

² Report of the United Nations Special Rapporteur on violence against women, its causes and consequences on their visit to Georgia A/HRC/32/42/Add.3, July 22, 2016. is available on the website:

<https://www.ohchr.org/en/hrbodies/hrc/regularsessions/session32/pages/listreports.aspx>, [Last seen on: 04.02.2019].

³ The 3rd, 4th and 5th Sustainable Development Goals. Information is available on the website:

<https://sustainabledevelopment.un.org/sdgs> The Source was last seen on: 04.02.2019.

1. Maternal Health

Accessibility and quality of maternal health services are important indicators for assessing the development of a country's health care system and implementation of their gender equality policies. It should be noted that unlike other aspects of sexual and reproductive health⁴, the maternal health component is to some extent considered in the current health care system.

As part of the Action Plan for the Global Strategy for Women's, Children's and Adolescent's Health 2016-2030 and the Sustainable Development Goals, government should strengthen administrative and managerial capabilities related to women's, children's and adolescents' health, strengthen multicultural approaches, and report to the public.

Monitoring carried out by the Public Defender's Office for assessing sexual and reproductive health services in Georgia has revealed both progressive steps and the problematic issues. Any problematic issues should be improved to ameliorate the existing situation regarding maternal health in the country.

Key Findings:

- The number of visits envisaged as part of an antenatal care basic package has increased from 4 to 8 visits in accordance with a recommendation from the Public Defender's Office. The list of basic medicines that are delivered to pregnant women under the Antenatal Care Program has also increased. Access to maternal health services has improved as a result of the regionalization of perinatal service-providing institutions;
- The Antenatal Service Package is a basic and only covers the primary needs of pregnant women. Accordingly, a number of laboratory tests that are essential for the effective monitoring of pregnancy⁵ are left out of the Antenatal Service Package. As such, these tests result in additional expenses for pregnant women;
- Psychological services (at both antenatal and postnatal care stages) should be included in the service package. The necessity of such services has been confirmed through analysis of cases of maternal mortality over last few years;⁶
- Despite the steps forward related to improving maternal health services, cases of maternal mortality and morbidity are still high. According to the preliminary data from 2018, the maternal mortality rate is 23.5 per 100 000 live birth;⁷
- A high percentage of cases of caesarean section were identified. The monitoring also revealed a lack of human resources, such as obstetricians, midwives, and anesthesiologists, in small towns

⁴ Such as comprehensive sexual education or contraception.

⁵ E.g. Urine bacteriological testing

⁶ Perinatal Health Report, 2016. National Center for Disease Control and Public Health.

⁷ This is a preliminary indicator that may change, as every case of maternal mortality is investigated both through medical records and an autopsy. The letter N 06/727, February 28, 2019, Legal entity of public law L. Sakvarelidze National Center for Disease Control and Public Health. In 2017 maternal mortality rate was 13.1 per 100 000 per live birth.

and villages. This has a negative impact on the availability and quality of services. The study also reports that effective implementation of the referral system remains challenging among maternal health service providers. In particular, timely identification, management and correct and timely referral for post-childbirth or cesarean section-related complications is a significant challenge;

- The study revealed the absence of a systemic vision for postnatal services, which negatively affects the quality of maternal health services. Particularly, the problem is related to conceptualization of the importance of post-childbirth visits and care by health care policy makers, which is needed for the prevention of maternal mortality and for maintaining women's mental and physical well-being;
- There is a challenge with the non-binding nature of continuing medical education in the country, as there are no further training/continuing education requirements for obstetricians and mid-level medical personnel (midwives, nurses) that align with modern medical achievements. This significantly reduces the quality of maternal health services;
- The language barrier remains a challenge for women of ethnic minorities while receiving maternal health services. In particular, the absence of a professional translator/interpreter in medical facilities operating in regions populated by ethnic minorities is a barrier to accessing high quality and confidential medical services;
- The State's perception of surrogacy as a social event, rather than a significant component of the health care system, is also a problem. The Country does not have legislation regarding modern reproductive health technologies, including surrogacy and *in vitro* fertilization. Consequently, women involved in these services do not have the legal means for protection;
- The non-homogenous quality and accessibility of maternal health care services in the country remains a challenge, which is a major problem in terms of timely and efficient receiving of appropriate health care services.

Recommendations:⁸

- Review and improve the basic package for antenatal care;
- Enhance the licensing process in order to introduce uniformed quality of laboratory services throughout Georgia;
- Ensure the mandatory continuing medical education for health care providers;
- Establish a professional interpreter service in medical facilities located in regions populated by ethnic minorities;
- Ensure routine use of the "Robson Classification" by the Ministry of Health while making decisions related to cesarean sections;
- Ensure that medical institutions make pregnant women fully aware of the pros and cons of natural childbirth and cesarean sections;
- Take measures to improve the referral system for both pregnant women and newborns;

⁸ All the recommendations outlined in the text will be addressed to the Ministry of Internally Displaced Persons from the Occupied territories and to the Ministry of Labor, Health, and Social Affairs of Georgia.

- Develop systematic approaches to postnatal care, which should ensure the provision of required services during the postnatal period through State programs, and take measures to improve awareness raising regarding existing services;
- Integrate psychological assistance into the basic package for both antenatal and postnatal services and introduce the "Edinburgh Scale" system for identification of postpartum depression;
- Ensure a non-discriminatory environment while organizing surrogacy no matter the family status or sexual orientation;
- Ensure recognition of Georgian residency as a necessary requirement for surrogacy to avoid the practice of "reproductive tourism".
- Establish a minimum age limit for surrogacy, which according to the Convention⁹ on the Rights of the Child should be above 18 years old to guarantee the surrogate mother's relevant maturity and ability to understand the potential risks to her health and pregnancy during the decision-making process;
- Collect surrogate-related data and periodically submit it to the regulatory agency or other relevant State institution; this should be a requirement for obtaining a medical reproductive service license.

2. Family Planning Services and Contraceptives

Access to health care services and opportunities for autonomous decision-making for women is restricted by limitations on the reproductive functions of women established in the family and society.¹⁰ Although the protection of reproductive health and human rights is essential to achieve gender equality, the role of the State does not meet required standards for effective implementation of these rights.

State budget funds are not allocated for family planning consultations or services, and these services are not included in the service packages of State programs or private insurance companies. The State also does not include contraceptives on the list of medications that are part of State health care programs.¹¹

Lack of finances and poor availability of information regarding contraceptives is a serious problem that results in the limited use of contraceptives in Georgia and, consequently, undesirable pregnancy and artificial termination of some pregnancies (abortion). Within the scope of this study, two extreme types of rhetoric were revealed related to abortions: the extensive use of abortion as a family planning tool on

⁹ Convention on the Rights of the Child. Available on the website:

<https://matsne.gov.ge/ka/document/view/1399901?publication=0> [Last seen on April 3, 2019]

¹⁰ UNDP, Gender Equality in Georgia: Barriers and Recommendations, Part II, 2018, p. 48, see:

http://www.ge.undp.org/content/dam/georgia/docs/publications/DG/UNDP_GE_DG_Gender_Equality_in_Georgia_VOL2_GEO.pdf

¹¹ Public Defender's Report Human rights in the context of sexual and reproductive health and well-being: Country Evaluation, 2017, p. 56.

the one hand and viewing abortion in the moral-religious context and demanding its prohibition on the other. Additionally, the monitoring revealed that sex-selective abortions still remain a current problem.¹²

In recent years, the number of abortions has decreased throughout Georgia; however, low utilization of contraceptives and the use of abortion as a family planning method are still problematic.¹³

Key Findings

- Availability and accessibility to quality services are still critical problems in Georgia. Family planning services are not fully integrated into primary health care services and are unsystematically undertaken as part of the duties of different specialists. The absence of approaches focused on the dissemination of information on family planning and contraceptives by the State creates significant barriers to accessing services;
- The number of family planning service provider clinics/outpatient clinics and women's consultation centers is limited in the Regions, especially in high mountainous villages. Women living in rural areas have to go to larger settlements or towns nearby to get these services, which are also linked to additional financial burden. The problem of service availability in the Regions and villages is also connected to a limited supply of adequate techniques and necessary equipment in clinics and medical centers;
- Women do not have access to comprehensive information regarding both traditional and modern methods of contraception, although most women have heard of and/or used some methods of either traditional or modern contraception. The most frequent types of contraception used are intrauterine devices (IUD), condoms, calendar methods and hormonal pills. Prevention of using modern methods of family planning is caused by widespread myths about the harmful effects of hormonal contraceptives, which are purported to be potential causative factors for infertility and various diseases. These myths are also promoted by gynecologists. Lack of knowledge of emergency contraceptives is an additional barrier to protecting women against unwanted pregnancy. Lack of delivery of sufficient and comprehensive information by service providers contributes to the low level of awareness within the population regarding different methods of contraception;
- Receiving family planning services is still determined by gender roles in society. Women rarely go to the doctor together with their partners/husbands to get a consultation on contraceptives. Protection from unwanted pregnancy is considered to be the entire responsibility of women. In addition, women typically "choose" methods of contraception that will create less inconvenience for their husbands/partners;
- Sterilization methods as contraception are less common; however, when sterilization is requested, clinics frequently request the husband's consent, which hinders a woman's decision about her own body and results in the possibility of violating her rights;

¹² See also the Public Defender's Report on "Human Rights in the Context of Sexual and Reproductive Health and Well-being: the Situation Assessment of the Human Rights in the Country." (2018), p. 64-65.

¹³ See also the Public Defender's Report on "Human Rights in the Context of Sexual and Reproductive Health and Well-being: the Situation Assessment of the Human Rights in the Country." (2018), p. 64-65.

- A significant barrier to receiving family planning/contraception services is a lack for beneficiaries due to financial barriers, which is particularly relevant for socially vulnerable, marginalized women and adolescents. Due to this financial barrier, women have limited access to customized contraceptive options provided to them in an informed manner. It should also be noted that other significant obstacles are long queues, lack of thoroughness by physicians and their hurried nature, and prolonging of the referral process by family doctors determined by insurance companies. These are the reasons that women often refuse to accept services or postpone their visits to the doctor;
- Violation patient confidentiality is a significant barrier to accessing high quality services. While receiving reproductive health or contraceptive services, the confidentiality is frequently violated in many forms, including the presence of a third party (including other medical personnel) during consultation with the doctor, sharing medical information with the patient's family members who accompanied her without consent of the woman, and interviewing the patient in a non-isolated space.;
- An important challenge for women is the absence of an environment free from stigma and discriminatory attitudes while receiving services; women often get non-sensitive, uncourteous, disrespectful and unfavourable attitudes from service providers, which makes it uncomfortable for the patient and negatively affects the quality of the service delivered and received;
- Adolescent girls have limited access to contraceptive services and information due to the following: the double standard that exists in the society with regarding male vs. female sexuality, a lack of friendly services and information for teenagers, a lack of existing legislation on informed consent by health care providers, and the extremely low quality of protections available for adolescent confidentiality. These barriers cause young girls, especially in the regions, to avoid pharmacies and medical institutions when they need services. Adolescents primarily learn information about contraceptives and family planning from their peers and the internet. This information may not be accurate and cannot guarantee adolescents' protection from risky behavior;
- Lack of friendly and confidential services is a significant barrier to quality services for teenagers. It is the widespread practice of medical service providers, often against the will of the minor, to not only inform their parent about the services provided, but to also asks for consent from the parent for those services, violating the minor's right to confidentiality and generating significant obstacles to the quality of services;
- Lack of awareness of women with disabilities related to family planning/contraception services is a major obstacle for them in receiving necessary and adequate services. Women with disabilities who have limited abilities from an early age have less information about contraception than women who acquired limited abilities in adulthood. The reason for this is the perception that women with disabilities are "asexual creatures" from childhood who should not have reproductive health issues;
- An important barrier to receiving family planning services for disabled women is the inaccessibility of clinics. Gynecological examination rooms and gynecological chairs throughout the country are not adapted for women with wheelchairs, which makes it impossible to conduct proper

gynecological examinations. In addition to this, entrances to medical facilities are typically accessible, but the facility's inner premises are not adapted for wheelchair users;

- Gynecological services for women with hearing and speech impairments are problematic as medical institutions do not have a sign language interpreter; thus, women with disabilities are obliged to take their own interpreter (or a family member who will function as an interpreter) with her, which prevents confidentiality of the service;
- In terms of the availability of information and services on contraceptives, ethnic Armenians and Azeri women experience additional barriers compared to ethnic Georgian women related to lack of access to information, financial barriers and poor quality of services;
- Ethnic Armenian women prefer to receive medical services in Armenia, as they face language barriers in Georgia and do not have access to appropriate quality services. However, as the results of the monitoring showed, this tendency was stronger in the past and currently Armenian women go to medical institutions in Georgia more often than in previous years;
- In ethnic Azeri and Armenian communities, women are extremely restricted in their autonomous decision-making regarding reproductive health issues. Contraceptive use, number of children, birth spacing, abortion and other issues related to the woman's reproductive health are usually decided by a spouse, mother-in-law or other senior member of the family. Ethnically Azeri women are almost always accompanied by a spouse or mother-in-law who function as an interpreter, since Azeri women often do not speak Georgian or Russian and sometimes do not have access to the internet to get needed information;
- Female sex workers belong to a group at risk of violation of their rights to sexual and reproductive health. Sex workers almost always use condoms to prevent pregnancy and sexually transmitted diseases. In this respect, the women are almost entirely dependent on services provided by NGOs (like "Tanadgoma"). They typically do not use other contraceptive methods. Clients refusing to use condoms is a significant problem for sex workers that is a particular risk to their health;
- According to the study, barriers to contraception and lack of access to information about contraceptives increases the use of abortion as a means of family planning. Violation of the standards of medical ethics, the dignity of women and the right to choose while providing abortion services are significant problems as well. Lack of affordability for abortions leads to the use of the arbitrary methods to terminate pregnancy that carry significant health risks;
- The majority of medical facilities with a permit for gynecological services do not offer abortion and family planning services to the population, especially in the regions. The absence/inaccessibility of abortion services promotes the establishment of various illegal practices.
- The monitoring, based on information provided by health care providers, showed that the five-day waiting period required for making decisions related to abortions, which recently replaced a three-day waiting period, does not work in practice and has not achieved a decrease in the number of abortions or any other legitimate goals. On the contrary, it creates an additional, unnecessary barrier for women to access abortion services. In a number of cases, women did not return to the medical facility after the five-day waiting period and instead received an abortion at another facility or chose an arbitrary method for termination of the pregnancy and then, with a deteriorating health condition (like bleeding), returned to the original medical facility.

Recommendations:

- Include consultation on family planning and contraceptives in the Basic Package of the Universal Health Care Program of Georgia;
- Ensure continuous medical education for gynecologists, obstetrician-gynecologists and reproductive health specialists to strengthen their knowledge on family planning, contraceptive methods and counselling principles, including patient confidentiality, prohibition of discrimination, and the provision of services favorable to young people;
- Develop and implement campaigns and educational programs to raise public awareness on the importance of family planning, including on modern contraception and the importance of its usage;
- Create sexual and reproductive health services favorable to young people and provide family planning information and services;
- Increase access to information on contraceptives in the languages of ethnic minorities through media, informational meetings and dissemination of informational materials;
- Eliminate the anti-law practice, according to which medical service providers obtain informed consent from legal representatives of 14-17 year old adolescents on issues related to abortion and contraception;
- Adapt medical facilities, gynecological examination rooms and gynecological chairs for women using wheelchairs and train gynecologists on the specifics of reproductive health service provision for women using wheelchairs;
- Provide information to disabled women through relevant information campaigns on issues of contraception and reproductive health;
- Provide abortion services that maintain the dignity of the patient without judgement of their moral, ethical or religious grounds;
- Ensure access to confidential and sexual and reproductive health services that are tailored to the needs of sex workers, including access to contraceptives;
- Integrate family planning services into antenatal and postnatal counselling;
- Review the increased waiting period for an abortion procedure in accordance with existing international evidence and guidelines, emphasizing that restricting access to abortion services does not affect the decision of the woman to abort, but instead increases the risk of receiving an abortion under hazardous circumstances.

3. Comprehensive Education on Human Sexuality

Lack of comprehensive education on human sexuality is a critical challenge in Georgia's formal education space related to both the policy and the education system itself. Parts of society are consciously aware of the need for inclusion of these aspects in the education system. For example, according to the latest report published by the United Nations Population Fund (UNFPA), the vast majority of respondents agree that schools should provide and be responsible for sexual and reproductive health education, as the

school environment is the only space for delivery of the information in a structured, correct and systematic manner.¹⁴

Despite the support and benefits related to health and human rights that the delivery of comprehensive education on human sexuality gives, there is a certain part of the society who has sharply negative attitudes towards it. This has adversely affected development of the State program in this field.¹⁵

Lack of inclusion of important issues regarding comprehensive education on human sexuality in the formal education space, in addition to the lack of strong political will by the State, can be explained by the sensitivity of these issues and the cultural contradiction against them from certain parts of society, including the Patriarchate of Georgia and other conservative groups to which the State has special loyalty.¹⁶

However, according to information provided by the Ministry of Education, Science, Culture and Sport of Georgia,¹⁷ in order to integrate education on a healthy lifestyle, two basic subjects have been revised in the formal education system: "Biology" and "Civic Education". According to the information provided, one of the aims of studying and teaching Biology in the new national curriculum (basic level) is that the student should be able to analyze the importance of health and a healthy lifestyle.

According to the Ministry, the physiological risks related to premature marriage/pregnancy are also being taught in the 9th grade. Thus, the Ministry explained that teaching of reproductive health issues has received greater emphasis in the National Curriculum of the New Generation.¹⁸ However, there are only a few issues that are taught in the school space – premature pregnancy, sexually transmitted diseases and physiological aspects related to sex – which are only a small part of comprehensive education on human sexuality.

As for gender equality principles in school curricula, according to the Ministry, teaching of the subject "Society and Me" started in the 2018-2019 academic year in the 3rd and 4th grades in all public schools

¹⁴ Evert Ketting, "Sexual and Reproductive Health Services for Young People in Georgia - Situation Analysis" Consultation Mission Report on behalf of UNFPA Georgia Office, November 16-20, 2015 p. 22; 30

¹⁵ For the illustration of the above mentioned, see "Levan Vasadze and Society", "Netgazeti" Available only in Georgian: <http://netgazeti.ge/life/99457/> ; see also, "Catholicos-Patriarch of All Georgia": we asked to take out some terms from the project "Society and Me". Available only in Georgian: <http://netgazeti.ge/news/72572/> ; See "Levan Vasadze's 120 comments to the Ministry of Education", Available only in Georgian: <http://liberali.ge/news/view/21238/levan-vasadzis-120-shenishvna-ganatlebis-saministros>

¹⁶ For instance, after the Ministry of Education and Science consulted with the Patriarchate of Georgia and non-profit organizations, they approved a new subject "Society and Me". Despite contradictions, several changes were made to the content of the course: the terms "liberalism", "democratic values", "gender" and "tolerance" were altered, and some terms and definitions were completely taken out from the course. Source: Public Defender's Office of Georgia, SRHR, p. 99

¹⁷ The response letter of the Ministry of Education and Science after consultations with the Patriarchate of Georgia MES 1 18 01639770, 20/12/2018

¹⁸ *ibid.*

in Georgia. The curriculum envisages emphasizing issues of gender equality in compulsory study topics, which are included in the subject manual.¹⁹

The standards for primary (1st – 6th grades) and basic (7th – 9th grades) levels were revised and approved with the support of the United Nations Population Fund Country Office in Georgia. The information relevant to each age on sexual and reproductive health, reproductive rights and gender equality is integrated into the subjects: "Nature" and "Society and Me" (in the primary level), and "Biology" and "Civic Education" (in the basic level). Based on the age of the students, relevant topics are integrated into the curricula regarding the standards of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). The revision of the "Biology" and "Civic Education" curricula for the middle level (10th – 12th grades) has been started.

However, the above mentioned cannot guarantee teaching of certain components of the comprehensive education regarding healthy lifestyle and human sexuality in the formal/informal educational space. In addition, the quality and depth of the teaching of issues that are officially included in the curriculum is problematic. As the present monitoring has shown, the learning process is characterized by many complex and mutually linked gaps that impedes knowledge delivery to and awareness by adolescents.

Key Findings:

- Today, despite the need for comprehensive education on human sexuality, Georgia does not fully integrate it into the formal learning process and only sporadically includes certain related aspects in curricula for various subjects;
- The teaching of certain components of comprehensive education on human sexuality is prevented by the misinterpretation of its essence at the policy level, as well as by the moral panic created by formal or informal groups/institutions in society. Resistance to comprehensive education on human sexuality is related to the lack of awareness by parents and their limited involvement in school life;
- Knowledge of adolescents on human sexuality is still insufficient, with students not having complete information about their body, reproductive health and sexuality;
- Teachers' low competency, limitations in the content of textbooks and the non-permanent nature of delivering knowledge within the curricula, both during the learning process and within classroom discussions, leads to the significant obstacles;
- Pedagogies and teachers' readiness, knowledge and sensitivity to providing information to the students in a complete and non-stigmatizing manner remains a problem. The content of the information provided by teachers has gaps in it and is frequently superficial rather than comprehensive;

¹⁹ The response letter of the Ministry of Education and Science after the consultations with the Patriarchate of Georgia MES 2 18 01620573, 17.12.2018. Several stakeholders worked on the content of the program, including local teachers, various international organizations (UNFPA, UN Women) and local CSOs.

- Under the existing curricula, the quality of teaching about human sexuality is poor within the subject of “Biology”. The practice of teachers omitting mandatory hours of the programme, asking students to read these lessons at home and speaking separately with boys and girls on these issues is still occurring;
- Stigma and associated taboos affect the teaching process for human sexuality; the “Biology” teacher feel uncomfortable while discussing issues regarding the sexual anatomy of the body and healthy lifestyle with students;
- Like teachers, students are not prepared to receive information on human sexuality, healthy lifestyle and sexual anatomy of the body, which is expressed by also feeling uncomfortable from their perspective;
- Teaching issues related to human sexuality is done strictly in accordance with the content of manuals developed for the curricula, which limits students and teachers in terms of the content and does not allow them to deepen the issues;
- It is agreed that there is a need for inclusion of comprehensive education on human sexuality in formal education spaces. Teachers, as well as students, youth and adults emphasize the necessity of such education at schools and its role in the improvement of the quality of life and welfare of adolescents.

Recommendations:

- Carry out inclusion of comprehensive education on human sexuality in the formal education system appropriate for each age group; include this commitment in education plans and strategies at the different levels of education;
- Adjust comprehensive education components on human sexuality to align with international standards and UNESCO guidelines; develop educational materials for comprehensive education on human sexuality for students appropriate to their age;
- Outline the role of municipalities in the development of non-formal education programs on comprehensive education on human sexuality and their on-site implementation process;
- Support teachers and schools in the Regions, especially in high mountainous villages, in strengthening informal and formal learning on human sexuality;
- Ensure parental involvement in school life and encourage their full awareness;
- Develop learning materials based on human rights for target groups of teachers and promote their continuing education.