

An International Human Right: Sexuality Education for Adolescents in Schools

Are governments obliged under international law to provide sexuality education in schools?

Yes. International human rights standards require that governments guarantee the rights of adolescents to health, life, education and non-discrimination by providing them comprehensive sexuality education in primary and secondary schools that is scientifically accurate and objective, and free of prejudice and discrimination.¹

What does sexuality education have to do with international human rights?

Everything. Under international human rights treaties, governments are bound to protect and ensure the rights to health, life, non-discrimination, education and information of its populations, particularly adolescents. These rights cannot be fully realized and enjoyed if adolescents lack sexuality education. A comprehensive understanding of sexual and reproductive health is imperative to an individual's ability to protect his or her health and make informed decisions about sexuality and reproduction. It follows that such information is vital to reducing adolescent pregnancies, unwanted pregnancies and unsafe abortions,² and preventing the transmission and spread of sexually transmitted infections (STIs) and HIV/AIDS among young people.³ Governments cannot effectively guarantee these rights and address these major public health concerns unless they ensure that individuals are armed with comprehensive, evidence-based, non-discriminatory sexual and reproductive health information.

Why is it so critical for human rights and global public health that governments provide sexuality education in schools?

Accurate and objective sexuality education in schools is critical to advancing global public health and promoting human rights. However, sexuality education is alarmingly inadequate or completely lacking in many countries. Increasingly, sexuality education programs in schools are rejected in

favor of ideologically driven programs and often put forth medically inaccurate and biased information about contraception, abortion, HIV/AIDS, and sexual orientation.⁴ These programs often promote abstinence-only messages, discourage condom use, and rely on gender stereotypes about sex, sexuality, and gender identity.⁵ In addition, studies show that such messages are largely ineffective in delaying sexual activity among youth.⁶ Absent alternative sources of information, these programs foster unsafe sexual practices, undermine the use of contraception, and ultimately the health of individuals and the public at large.

What human rights law creates the obligation to provide sexuality education in schools?

The fundamental rights of individuals to life, health, non-discrimination, education and information, enshrined in international human rights treaties, support and establish obligations in international law for states to provide sexuality education in primary and secondary schools.⁷

Indeed, these rights are interpreted to require sexuality education in schools by U.N. treaty-monitoring bodies that monitor state implementation of the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC).

These treaty-monitoring bodies make periodic observations and recommendations to each state party about its compliance or lack of compliance with a particular treaty. They also issue general comments that elaborate on the content and scope of the rights enshrined in the treaties. Both types of treaty-monitoring body statements serve as legal authorities that interpret the meaning of the treaty obligations of states parties and provide benchmarks for state compliance.

How has the international obligation to provide sexuality education in schools emerged?

The statements of U.N. treaty-monitoring bodies establish an international obligation to provide sexuality education in schools. The treaty-monitoring bodies have identified inadequate access to sexual and reproductive health education as a barrier to state party compliance with the obligation to ensure the rights to life, health, non-discrimination, education and information and they frequently ask states parties to implement sexuality education programs in schools.⁸ For example, the Human Rights Committee (which monitors the International Covenant on Civil and Political Rights (ICCPR)) has urged the removal of barriers to adolescents' access to information about safe sexual practices, such as condom use.⁹ The Committees have also cited sexuality education as a means to ensuring the right to health because it contributes to the reduction of the rates of maternal mortality, abortion, adolescent pregnancies, and HIV/AIDS.¹⁰ In addition, the Committee on the Rights of the Child (which monitors the Convention on the Rights of the Child (CRC)) recognizes that the right to education requires the provision of information necessary to develop a healthy lifestyle.¹¹

The Committees expressly recommend sexual and reproductive health education be made a mandatory and robust component of all students' schooling. For example, the Committee on the Elimination of Discrimination Against Women urges states parties to make sexuality education compulsory and to provide it "systematically" in schools,¹² including vocational schools.¹³ The Committee on the Rights of the Child similarly recommends that states parties make sexuality education part of the official curricula for primary and secondary school¹⁴ and has expressed concern about programs that allow parents to opt-out on behalf of their children.¹⁵

In addition to treaty law, are there other international authorities that support the obligation of governments to provide sexuality education in schools?

Yes. The recommendations and statements of international organizations and global consensus documents among states also support the obligation to provide sexuality education in schools, and in some cases provide greater guidance on the content of the obligation. For example:

- The International Conference on Population and Development (ICPD) Programme of Action recognizes that education about sexual and reproductive

health must begin in primary school and continue through all levels of formal and non-formal education to be effective.¹⁶

- The Joint United Nations Programme on HIV/AIDS (UNAIDS) has concluded that the most effective approaches to sex education begin with educating youth before the onset of sexual activity.¹⁷
- According to the World Health Organization (WHO), it is critical that sexuality education be started early because, in developing countries in particular, girls in the first classes of secondary school face the greatest risk of the consequences of sexual activity.¹⁸ Beginning sexuality education in primary school also reaches students who are unable to attend secondary school.¹⁹
- Guidelines from the WHO Regional Office for Europe specifically call on Member States to ensure that education on sexuality and reproduction is included in all secondary school curricula and is comprehensive.²⁰
- UNESCO's EDUCAIDS, a framework for a comprehensive education sector response to HIV/AIDS, recommends, *inter alia*, that HIV/AIDS curricula in schools "begin early, before the onset of sexual activity;" "build knowledge and skills to adopt protective behaviors and reduce vulnerabilities;" and "address stigma and discrimination, gender inequality and other structural drivers of the epidemic."²¹

Are there international standards and guidelines on the quality of information that sexuality education programs must provide?

Yes. U.N. Committees have set out general standards that recommend that states ensure that sexuality education programs provide comprehensive information that is accurate and objective. To be accurate and objective, the information must be evidence-based and must not be biased, ideologically motivated, or censored. For example:

- The Human Rights Committee linked the obligation to provide accurate and objective sexuality education to the right to life under the ICCPR when it asked Poland to "ensure that schools include accurate and objective sexuality education in their curricula."²²
- The Economic, Social and Cultural Rights Committee and the Committee on the Rights of the Child find that the rights to health and

information require that states refrain from “censoring, withholding or intentionally misrepresenting health-related information, including sexuality education and information.”²³

- The Committee on the Rights of the Child has concluded that the rights to health and information require states to provide children with adequate, appropriate and timely HIV/AIDS and sexual health information. In addition, “consistent with their obligations to ensure the right to life, survival and development of the child (art. 6), States parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality.”²⁴
- Further, the Committee on the Rights of the Child has stated that adolescents “have the right to access to adequate information essential for their health and development” and that states must ensure “that all adolescent girls and boys, both in and out of school, are provided with, and not denied, accurate and appropriate information on how to protect their health and development and practise healthy behaviours.”²⁵

Recommendations from international organizations also support the need for states to provide accurate and evidence-based information in sexuality education programs.²⁶ For example, the World Health Organization (WHO) has provided specific guidance on how sexuality education should be incorporated into school curricula and recommends that sexuality education be taught as a separate subject, rather than incorporated into other subjects.²⁷ Such an approach is the best way to ensure that states meet their obligation to promote health effectively through the provision of comprehensive, ongoing and mandatory sexual and reproductive health education.²⁸

Do international authorities set standards and guidelines on the topics that should be covered by sexuality education curricula in order for it to be comprehensive?

Yes. The U.N. Committees have consistently stated that sexual and reproductive health education programs in schools must be comprehensive, covering topics of prevention of teenage pregnancy,²⁹ unsafe abortion,³⁰ the spread and prevention of HIV and other sexually transmitted infections (STIs),³¹ family planning and contraception.³² Furthermore, according to the Committee on the Rights of the Child, education programs should include information aimed at changing cultural views and addressing gender roles and stereotypes that contribute to harmful

traditional practices, such as female genital mutilation, honor killings and early marriage.³³ In addition, according to the Committee on Economic, Social, and Cultural Rights, sexuality education curricula must “adapt to the needs of changing societies and communities and respond to the needs of students within their diverse social and cultural settings.”³⁴

International organizations provide further guidance and support on the topics necessary for sexuality education curricula to be comprehensive. For example, the Joint United Nations Program on HIV/AIDS recommends that HIV prevention programs should be comprehensive, high quality and evidence-based; promote gender equality and address gender norms and relations; and include accurate and explicit information on safer sex, including correct and consistent male and female condom use.³⁵ The guidelines of the World Health Organization Regional Office for Europe also call on Member States to educate adolescents on all aspects of sexuality and reproduction.³⁶ The WHO has also recommended that curricula include explicit information on reproduction and contraception that is “described, their modes of action explained, and their advantages and disadvantages openly discussed – including with respect to the prevention of STDs.”³⁷ It deems abstinence-only approaches to sexuality education ineffective in practice for protecting young people’s health.³⁸

Are states obligated to ensure that sexuality education programs and curricula do not discriminate against women and girls?

Yes. Under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the International Covenant on Civil and Political Rights (ICCPR), states are required to eliminate discrimination against women by public and private actors in all fields, including in education and schools.³⁹ CEDAW requires that states parties eliminate all forms of gender stereotyping in sexuality education programs and curricula, including by revising textbooks and school programs.⁴⁰ Under CEDAW, sexuality education must be free of prejudice and discrimination, address the specific needs of women and girls, and promote gender equality and positive gender relations in its messages and programming, including “egalitarian views of women’s and men’s roles in the family and in society.”⁴¹ In addition to topics on gender relations, the CEDAW Committee has specified that topics on violence against women be included in sexuality education programs.⁴²

Are states also obligated to ensure that sexuality education programs and curricula do not discriminate on the basis of sexual orientation?

Yes. Like gender discrimination, states are required to eliminate discrimination on the basis of sexual orientation by public and private actors in all fields, including in education and schools.⁴³ The Committee on the Rights of the Child has stressed the importance of preventing discrimination against LGBT youth, noting that “[a]dolescents who are subject to discrimination are more vulnerable to abuse, other types of violence and exploitation, and their health and development are put at greater risk.”⁴⁴

Other international standards support adolescents’ right to be free from discrimination on the basis of sexual orientation in education. For example, under the Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity, states must not discriminate on the basis of sexual orientation in education, including by ensuring that “education methods, curricula and resources serve to enhance understanding of and respect for, inter alia, diverse sexual orientations and gender identities”⁴⁵ and that educational programs work to eliminate “prejudicial or discriminatory attitudes or behaviours” regarding sexual orientation or gender identity.⁴⁶

Conclusion

Under international human rights law, states must demonstrate that they have taken steps to fulfill their obligations to ensure the right to health, and the related rights to life, non-discrimination, education and information by removing barriers to adolescents’ access to sexual and reproductive health information and providing comprehensive sexuality education in schools that delivers accurate and objective information and is free of prejudice and discrimination.⁴⁷

Endnotes

¹ While international human rights law and standards support a general right of adolescents to receive sexuality education, this paper is limited to the specific right of adolescents to receive sexuality education in schools.

² See *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, paras. 7.44 (a), (b), 7.47, U.N. Doc. A/CONF.171/13/Rev.1 (1995) [hereinafter *ICPD Programme of Action*]; *Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development*, Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly, U.N. GAOR, paras. 35(b), 73(c), (e), U.N. Doc. A/S-21/5/Add.1 (1999).

³ See *ICPD Programme of Action*, supra note 2, paras. 8.29(a), 8.31, 8.32; see also *Further Actions and Initiatives to Implement the Beijing Declaration and Platform for Action*, U.N. GAOR, para. 44, U.N. Doc. A/Res/S-23 (2000).

⁴ See SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES (SIECUS), IN THEIR OWN WORDS: WHAT ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS SAY (2005).

⁵ See *id.*

⁶ MATHEMATICA POLICY RESEARCH, INC., IMPACTS OF FOUR TITLE V, SECTION 510 ABSTINENCE EDUCATION PROGRAMS: FINAL REPORT 59 (2007), available at <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf> (last viewed June 16, 2008) (finding that the surveyed abstinence programs had “no overall impact on teen sexual activity [and] no differences in rates of unprotected sex” among those who completed the programs).

⁷ The treaties that protect the rights to life, health, non-discrimination, education and information include the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Elimination of All Forms of Racial Discrimination (CERD), the Convention on the Rights of the Child (CRC), the International Convention on the Rights of Migrant Workers and Members of their Families, and the Convention on the Rights of Persons with Disabilities.

⁸ See, e.g., Committee on the Elimination of Discrimination against Women (CEDAW Comm.), *Concluding Observations: Burundi*, para. 62, U.N.

Doc. A/56/38 (2001); CEDAW Comm., *Concluding Observations: Democratic Republic of the Congo*, para. 228, U.N. Doc. A/55/38 (2000); CEDAW Comm., *Concluding Observations: Jamaica*, para. 224, U.N. Doc. A/56/38 (2001); CEDAW Comm., *Concluding Observations: Kazakhstan*, para. 106, U.N. Doc. A/56/38 (2001); CEDAW Comm., *Concluding Observations: Lithuania*, para. 25, CEDAW/C/LTU/CO/4 (2008); CEDAW Comm., *Concluding Observations: Slovakia*, para. 19, CEDAW/C/SVK/CO/4 (2008); Committee on the Rights of the Child (CRC Comm.), *Concluding Observations: Bhutan*, para. 45, U.N. Doc. CRC/C/15/Add.157 (2001); CRC Comm., *Concluding Observations: Cambodia*, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); CRC Comm., *Concluding Observations: Comoros*, para. 36, U.N. Doc. CRC/C/15/Add.141 (2000); CRC Comm., *Concluding Observations: Egypt*, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); Committee on Economic, Social, and Cultural Rights (CESCR Comm.), *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); CESCR Comm., *Concluding Observations: China*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); CESCR Comm., *Concluding Observations: Poland*, paras. 28, 50, U.N. Doc. E/C.12/1/Add.82 (2002); CESCR Comm., *Concluding Observations: Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); CESCR Comm., *Concluding Observations: Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001); Human Rights Committee, *Concluding Observations: Poland*, para. 9, U.N. Doc. CCPR/CO/82/POL (2004).

⁹ See, e.g., CESCR Comm., *Concluding Observations: Zambia*, para. 53, U.N. Doc. E/C.12/1/Add.106 (2005); Human Rights Committee, *Concluding Observations: Poland*, para. 11, U.N. Doc. CCPR/C/79/Add.110 (1999).

¹⁰ See, e.g., CEDAW Comm., *Concluding Observations: Belize*, paras. 56, 57, U.N. Doc. A/54/38 (1999); CEDAW Comm., *Concluding Observations: Burundi*, para. 62, U.N. Doc. A/56/38 (2001); CEDAW Comm., *Concluding Observations: Chile*, paras. 226–27, U.N. Doc. A/54/38 (1999); CEDAW Comm., *Concluding Observations: Dominican Republic*, para. 349, U.N. Doc. A/53/38 (1998); CEDAW Comm., *Concluding Observations: Lithuania*, para. 25, CEDAW/C/LTU/CO/4 (2008); CEDAW Comm., *Concluding Observations: Nigeria*, para. 33, CEDAW/C/NGA/CO/6 (2008); Committee on the Rights of the Child (CRC Comm.), *Concluding Observations: Cambodia*, para. 52, U.N. Doc. CRC/C/15/Add.128 (2000); CRC Comm., *Concluding*

Observations: Colombia, para. 48, U.N. Doc. CRC/C/15/Add.137 (2000); CRC Comm., *Concluding Observations: Dominican Republic*, para. 37, U.N. Doc. CRC/C/15/Add.150 (2001); CRC Comm., *Concluding Observations: Ethiopia*, para. 61, U.N. Doc. CRC/C/15/Add.144 (2001); CESCR Comm., *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); CESCR Comm., *Concluding Observations: Honduras*, para. 27, U.N. Doc. E/C.12/1/Add.57 (2001); CESCR Comm., *Concluding Observations: Libyan Arab Jamahiriya*, para. 36, U.N. Doc. E/C.12/LYB/CO/2 (2006); CESCR Comm., *Concluding Observations: Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); CESCR Comm., *Concluding Observations: Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001).

¹¹ CRC Comm., *General Comment 1: The Aims of Education* (2001) in *Compilation of General Comments and General Recommendations Adopted by the Human Rights Treaty Bodies*, para. 9, U.N. Doc. HRI/GEN/1/Rev.6 (2003).

¹² See, e.g., CEDAW Comm., *Concluding Observations: Lithuania*, para. 25, U.N. Doc. CEDAW/C/LTU/CO/4 (2008); CEDAW Comm., *Concluding Observations: Republic of Moldova*, para. 31, U.N. Doc. CEDAW/C/MDA/CO/3 (2006); CEDAW Comm., *Concluding Observations: Turkmenistan*, para. 31, U.N. Doc. CEDAW/C/TKM/CO/2 (2006).

¹³ See CEDAW Comm., *Concluding Observations: Republic of Moldova*, para. 31, U.N. Doc. CEDAW/C/MDA/CO/3 (2006).

¹⁴ See CRC Comm., *Concluding Observations: Antigua and Barbuda*, para. 54, U.N. Doc. CRC/C/15/Add.247 (2004); CRC Comm., *Concluding Observations: Trinidad and Tobago*, para. 54, U.N. Doc. CRC/C/TTO/CO (2006).

¹⁵ See CRC Comm., *Concluding Observations: Ireland*, para. 52, U.N. Doc. CRC/C/IRL/CO/2 (2006).

¹⁶ See *ICPD Programme of Action*, *supra* note 2, para. 11.9.

¹⁷ See JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), *IMPACT OF HIV AND SEXUAL HEALTH EDUCATION ON THE SEXUAL BEHAVIOR OF YOUNG PEOPLE: A REVIEW UPDATE 27* (1997).

¹⁸ See WORLD HEALTH ORGANIZATION (WHO), *ADOLESCENT PREGNANCY: ISSUES IN ADOLESCENT HEALTH AND DEVELOPMENT 63* (2004) [hereinafter WHO, *ADOLESCENT PREGNANCY REPORT*].

¹⁹ See *id.*

²⁰ WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE, *WHO REGIONAL STRATEGY ON SEXUAL AND REPRODUCTIVE HEALTH 9*, 14, EUR/01/5022130 (2001)

[hereinafter WHO REGIONAL STRATEGY REPORT]; see SAFE PROJECT, IPPF EUROPEAN NETWORK, SEXUALITY EDUCATION IN EUROPE 8, available at <http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf> (last visited September 3, 2008) [hereinafter SEXUALITY EDUCATION IN EUROPE].

²¹ UNESCO, EDUCAIDS, *Content, curriculum and learning materials*, <http://www.educaids.org/> (last visited September 3, 2008).

²² Human Rights Committee, *Concluding Observations: Poland*, para. 9, U.N. Doc. CCPR/CO/82/POL. (2004).

²³ CESCR Comm., *General Comment 14: The Right to the Highest Attainable Standard to Health*, para. 34, U.N. Doc. E/C.12/2000/4 (2000); CRC Comm., *General Comment 3: HIV/AIDS and the Rights of the Child* (2003), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, para. 16, U.N. Doc. HRI/GEN/1/Rev.6 (2003).

²⁴ CRC Comm., *General Comment 3*, *supra* note 23, para. 16.

²⁵ CRC Comm., *General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child*, para. 26, U.N. Doc. CRC/GC/2003/4 (2003).

²⁶ See, e.g., WORLD HEALTH ORGANIZATION (WHO), FAMILY LIFE, REPRODUCTIVE HEALTH AND POPULATION EDUCATION: KEY ELEMENTS OF A HEALTH-PROMOTING SCHOOL, INFORMATION SERIES ON SCHOOL HEALTH DOC. 8, at 30, 38, available at http://www.who.int/school_youth_health/media/en/family_life.pdf (last visited July 31, 2007) [hereinafter WHO, FAMILY LIFE]; JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), INTENSIFYING HIV PREVENTION: UNAIDS POLICY POSITION PAPER 33 (2005) [hereinafter INTENSIFYING HIV PREVENTION]; see also *ICPD Programme of Action*, *supra* note 2, at para. 7.5(a).

²⁷ WHO, FAMILY LIFE, *supra* note 26, at 39.

²⁸ See generally *id.*

²⁹ See, e.g., CRC Comm., *General Comment 4*, *supra* note 25, at para. 28; CESCR Comm., *Concluding Observations: Honduras*, paras. 27, 48, U.N. Doc. E/C.12/1/Add.57 (2001); CESCR Comm., *Concluding Observations: Mexico*, para. 44, U.N. Doc. E/C.12/MEX/CO/4 (2006); CEDAW Comm., *Concluding Observations: Uruguay*, para. 170, U.N. Doc. A/57/38 (2002).

³⁰ See, e.g., CESCR Comm., *Concluding Observations: Benin*, paras. 23, 42, U.N. Doc.

E/C.12/1/Add.78 (2002); CESCR Comm., *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); CESCR Comm., *Concluding Observations: Mexico*, para. 43, U.N. Doc. E/C.12/1/Add.41 (1999); CESCR Comm., *Concluding Observations: Mexico*, para. 44, U.N. Doc. E/C.12/MEX/CO/4 (2006); CESCR Comm., *Concluding Observations: Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001).

³¹ See, e.g., CRC Comm., *General Comment 4*, *supra* note 25, para. 28; CESCR Comm., *Concluding Observations: Cameroon*, para. 45, U.N. Doc. E/C.12/1/Add.40 (1999); CESCR Comm., *Concluding Observations: Chile*, paras. 27, 55, U.N. Doc. E/C.12/1/Add.105 (2004); CESCR Comm., *Concluding Observations: Libyan Arab Jamahiriya*, para. 36, U.N. Doc. E/C.12/LYB/CO/2 (2006); CESCR Comm., *Concluding Observations: People's Republic of China*, para. 60, U.N. Doc. E/C.12/1/Add.107 (2005); CESCR Comm., *Concluding Observations: Republic of Moldova*, para. 48, U.N. Doc. E/C.12/1/Add.91 (2003); CESCR Comm., *Concluding Observations: Russian Federation*, para. 62, U.N. Doc. E/C.12/1/Add.94 (2003); CESCR Comm., *Concluding Observations: Trinidad and Tobago*, para. 47, U.N. Doc. E/C.12/1/Add.80 (2002); CESCR Comm., *Concluding Observations: Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001); CRC Comm., *Concluding Observations: Indonesia*, para. 59(c), U.N. Doc. CRC/C/15/Add.223 (2004); CRC Comm., *Concluding Observations: Sao Tome and Principe*, para. 47(b), U.N. Doc. CRC/C/15/Add.235 (2004); CRC Comm., *Concluding Observations: Togo*, para. 55, CRC/C/15/Add.255 (2005).

³² See, e.g., CRC Comm., *General Comment 4*, *supra* note 25, para. 28; CEDAW Comm., *Concluding Observations: Antigua and Barbuda*, para. 267, U.N. Doc. A/52/38/Rev.1, Part II (1997); CEDAW Comm., *Concluding Observations: Belize*, paras. 56–57, U.N. Doc. A/54/38 (1999); CEDAW Comm., *Concluding Observations: Bosnia and Herzegovina*, para. 36, U.N. Doc. CEDAW/C/BIH/CO/3 (2006); CEDAW Comm., *Concluding Observations: Chile*, para. 227, U.N. Doc. A/54/38 (1999); CEDAW Comm., *Concluding Observations: Dominican Republic*, para. 349, U.N. Doc. A/53/38 (1998); CEDAW Comm., *Concluding Observations: Greece*, para. 208, U.N. Doc. A/55/38 (1999); CEDAW Comm., *Concluding Observations: Peru*, para. 342, U.N. Doc. A/53/38 (1998); CEDAW Comm., *Concluding Observations: Slovakia*, para. 92, U.N. Doc. A/53/38/Rev.1 (1998);

CEDAW Comm., *Concluding Observations: Slovenia*, para. 119, U.N. Doc. A/52/38/Rev.1 (1997); CEDAW Comm., *Concluding Observations: Zimbabwe*, para. 161, U.N. Doc. A/53/38 (1998).

³³ See CRC Comm., *General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child*, paras. 10, 24, 30, 39(g), U.N. Doc. CRC/GC/2003/4 (2003).

³⁴ CESCR Comm., *General Comment 13: The Right to Education*, para. 6(d), U.N. Doc. E/C.12/1999/10 (1999).

³⁵ INTENSIFYING HIV PREVENTION, *supra* note 26, at 33.

³⁶ WHO REGIONAL STRATEGY REPORT, *supra* note 20, at 14.

³⁷ See WHO, ADOLESCENT PREGNANCY REPORT, *supra* note 18, at 63.

³⁸ See *id.*

³⁹ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), art. 10(c), adopted Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979) (entered into force Sept. 3, 1981); Human Rights Committee, *General Comment 28: Equality of Rights Between Men and Women (Art. 3)* (2000), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, para. 31, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

⁴⁰ CEDAW, *supra* note 39, at art. 10(c); see also CEDAW Comm., *General Recommendation 24: Women and Health*, para. 18, U.N. Doc. A/54/38 (1999); CEDAW Comm., *Concluding Observations: Slovakia*, para. 19, CEDAW/C/SVK/CO/4 (2008); CEDAW Comm., *Concluding Observations: Croatia*, paras. 200-01, U.N. Doc. A/60/38 (2005).

⁴¹ See CEDAW Comm., *General Recommendation 24*, *supra* note 40, at para. 18; CEDAW Comm., *Concluding Observations: Slovakia*, para. 19, CEDAW/C/SVK/CO/4 (2008); CEDAW Comm., *Concluding Observations: Croatia*, paras. 200-01, U.N. Doc. A/60/38 (2005); see generally CEDAW Comm., *General Recommendation 15: Avoidance of Discrimination Against Women in National Strategies for the Prevention and Control of Acquired Immunodeficiency Syndrome (AIDS)* (1990), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, at 240, U.N. Doc. HRI/GEN/1/Rev.6 (2003).

⁴² CEDAW Comm., *Report*, para. 120, U.N. Doc. A/52/38/Rev.1 (1997); CEDAW Comm., *Concluding Observations: Slovenia*, para. 120, U.N. Doc. A/52/38/Rev.1 (1997).

⁴³ Human Rights Committee, *General Comment 28*, *supra* note 39, at para. 31; see *Toonen v. Australia*

(488/1992), Human Rights Committee, para. 8.7, U.N. Doc. CCPR/C/50/D/488/1992 (1994) (establishing that sexual orientation is protected from discrimination under the International Covenant on Civil and Political Rights (ICCPR)).

⁴⁴ CRC Comm., *General Comment 4*, *supra* note 25, at para. 6.

⁴⁵ The Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity, principle 16(d) (2007), available at www.yogyakartaprinciples.org (last visited September 3, 2008).

⁴⁶ *Id.* at principle 2(f).

⁴⁷ See CESCR Comm., *General Comment 3: The Nature of States Parties Obligations*, art. 2(1), U.N. Doc. 14/12/90 (1990).