



CUIMUN XXIV

Study Guide

UNHRC



STUDY GUIDE

CONTENTS

Welcome Letter from the Chairs	p. 3
Introduction to the Committee	p. 5
Topic A: Addressing the Rohingya crisis in Myanmar	
1) Introduction	p. 6
2) Timeline of Events	p. 7
3) Discussion	p. 10
4) Bloc Positions	p. 14
5) Key Issues – Further Reading	p. 16
6) Bibliography	p. 17
Topic B: Providing Universal Access to Sexual Education and Measures of Contraception	
1) Introduction	p. 20
2) Timeline of Events	p. 21
3) Discussion	p. 23
4) Bloc Positions	p. 27
5) Key Issues – Further Reading	p. 29
6) Bibliography	p. 30

Welcome Letter from the Chairs

Dear Delegates,

Welcome to the Human Rights Council! My name is Badshah Kazi and I will be serving as the Director for the committee. I am a 19-year-old Pakistani currently studying at UCL. Cambridge will be my 36th conference overall and 13th time serving as staff. I've had the pleasure of being staff at conferences such as LSEMUN, OxIMUN, and LIMUN before and I'm currently serving as one of the Secretariat members for OxIMUN 2018. After being a delegate last year, I am very excited to return to Cambridge as a chair this year!

Outside of being involved in Crisis, my go to GA Committees have always been the Human Rights Council or the High Commission for Refugees. One of the key things which I love about the committee is the challenge of finding consensus within debate. Everyone can normally expect each other to be in support of Human Rights but getting the whole committee to agree on a resolution will be the key challenge the committee will offer.

In the meantime, I look forward to meeting all of you in person and we will be working tirelessly to ensure this is a conference to remember.

Best Wishes,

Badshah Kazi

Dear Delegates,

I am Ananya Bhaduria and am honoured to be serving as your assistant Chair for UNHRC this year. I warmly welcome you to Cambridge University International Model United Nations (CUIMUN)!

I am currently perusing M.A.(Hons.) International Relations and Law at the University of Edinburgh, Scotland. I spent my childhood in Kenya and have moved 34 places around the world since then but am currently a resident of Nepal and an Indian national. I have an experience varying from debating around the world to working for human rights and voting rights in developing countries to working for the Governor of the Reserve Bank of India and the Ministry of External Affairs for the Indian government to cooking Asian cuisine.

My work with the United Nations, the Indian government, US AID and South Asian Cooperation for Regional Cooperation (SAARC) has led me to question the very ethos and working of the UNHRC. I hope to see fruitful and passionate debating to make CUIMUN an unforgettable intellectual stimulation.

From this point onwards, please feel free to send in your queries or doubts at any point of time or to just introduce yourselves! I impatiently wait the opportunity to hear your well- thought and creative ideas to truly make an impact and to build CUIMUN's longstanding mission.

Kind regards,

Ananya Bhaduria.

Dear Delegates,

My name is Ali Kermalli and I am one of the Assistant Directors for the UNHRC this year. This will be my third and final CUIMUN.

I am currently a 3rd Year Politics and International Studies Student at the University of Warwick. I have attended over 40 conferences and am currently the Secretary General of WARMUN XII (held 30th November - 2nd December). I initially started off as a delegate in the DISEC Committee but ever since I have joined university, I have had the opportunity to experience the work of the UNHRC in more depth.

I have always been fascinated in the work of the UNHRC and was lucky enough to chair this very committee last year and I would urge all delegates to immerse themselves fully in debate and step out of their comfort zones for the weekend. It is imperative that delegates focus on representing their country as accurately and consistently possible, no matter what the situation is and not compromise their values for the sake of gaining consensus. Part of the skill of MUN is being able to engage with alternative points of view in a nuanced, considering and sensible manner and this is what I will be paying attention to in committee.

I look forward to seeing you all at the conference and please do not hesitate to contact me should you have any questions.

Yours Faithfully

Ali S Kermalli

Introduction to the Committee



The room of the UNHRC in the Palace of Nations in Geneva.

The United Nations Human Rights Council (UNHRC), formed in 2006, is an intergovernmental body belonging to the UN, which is tasked with the promotion and protection of human rights around the world.

It is composed of 47 seats, which are occupied by UN members for a 3-year term; the distribution of members is as follows:

- 13 members from Africa
- 13 members from Asia
- 6 members from Eastern Europe
- 8 members from Latin America and the Caribbean
- 7 members from Western Europe and Other Groups

As the main UN body responsible for the adherence to international legislation and defined rules on human rights, the UNHRC has a number of roles it fulfils in that regard. Its key roles and key issues it addresses are:

- An independent reviewer of the human rights record of every nation; this function is carried out through the production of the Universal Periodic Review every 4 years (first published in 2012), where all nations are reviewed in terms of their adherence to human rights and any violations are recorded.
- A think tank providing expertise and advice on specific human rights issues, a function carried out by the Advisory Committee.
- A complaint recipient; the Complaint Procedure allows individuals and organizations to file complaints to the Council about human rights violations.
- A forum where open discussion can take place on all issues of human rights; this is carried out by smaller subsidiary bodies such as the Expert Mechanism on the Rights of Indigenous Peoples, the Forum on Minority Issues and the Social forum, which can help ensure equal access to basic human rights for all.

The members of the UNHRC for each tenure are voted on annually by the General Assembly. If 2/3rds of the General Assembly are in agreement, a member can be expelled if they are found to have committed a significant human rights violation during their tenure. The Council has 3 set annual meetings annually where issues are discussed: one in March, one in June and one in September - this is the type of meeting the UNHRC in CUIMUN 2018 will emulate. Special meetings can be arranged in case 1/3 of the committee members wish to discuss an urgent issue; 20 such meetings have been held so far.

Topic A: Addressing the Rohingya crisis in Myanmar



A Rohingya child sits amid piles of donated clothes at a refugee camp in southern Bangladesh. Photo by Tommy Trenchard/Caritas

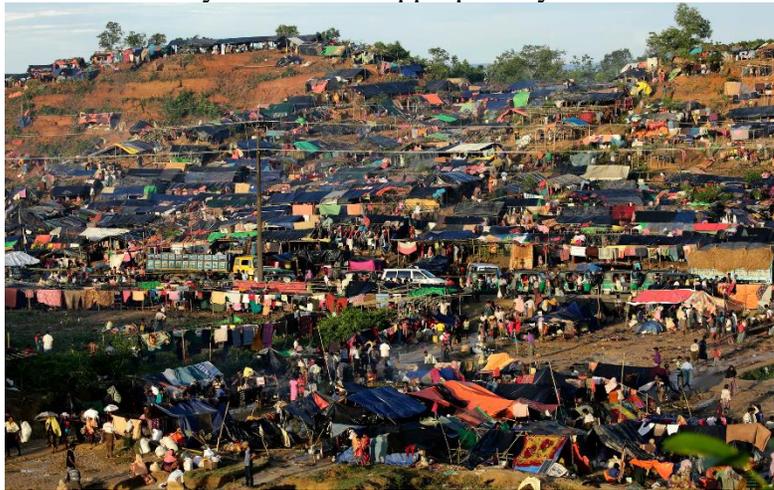
Introduction

The Rohingya people, commonly described as “the world’s most persecuted minority”, are a mostly Muslim Indo-Aryan ethnic group that live in the majority Buddhist Myanmar. They originated in the Rakhine state of the country and claim to have been there since time immemorial. There are currently about 1.1 million Rohingya who live in Myanmar, making them one of the largest stateless populations in the world. The first crackdown in 1978 was launched on the basis of expelling Rohingya insurgents, though it turned out they were actually targeting Rohingya refugees; this led an estimated 250,000 people to flee to neighbouring Bangladesh. The modern persecution of the Rohingya people began in the 1970s with the Myanmar military rule. The root of the persecution stems from the perception that the Rohingya people are not seen as Burmese but Bengali; this is because during the British rule of India, there was internal migration of labourers to Myanmar from India and Bangladesh. The Rohingya stateless identity began when Burma implemented the 1982 citizenship law, in which the Rohingya people are not identified as one of the 135 official ethnic groups. On October 9, 2016, the Arakan Rohingya Salvation Army, an insurgent Rohingya militant group, attacked three security outposts along the border of Bangladesh-Myanmar. The attack resulted in the death of nine Myanmar border officers. In response, Myanmar authorities launched a military campaign against the Rohingya. This is the beginning of the currently ongoing Rohingya persecution crisis in Myanmar.

The current Rohingya crisis have been described by the United Nations High Commissioner of Human Rights as a “textbook example of ethnic cleansing.” This is not the first time the government of Myanmar have been accused of the action with regards to the Rohingya people. The 2012 Rakhine States riots occurred in the northern Rakhine states of Myanmar, was a series of ethnic conflicts between ethnic Rakhine Buddhist and Rohingya Muslims. The 2012-

2013 riots resulted in the displacements of 140,000 people¹. In 2015, an estimated 100,000 Rohingya people have fled Myanmar by sea to neighbouring countries by boats earning their infamous nickname; “boat people.”

The bulk of the refugees has fled to Bangladesh; as of 2015, there is an estimated 32,000 registered Rohingya in refugee camps, while 200,000 unregistered Rohingya reside in the country. On February 2017, the government of Bangladesh announced that it planned to relocate the new refugees and another 232,000 Rohingya refugees already in the country to Thengar Char, a sedimentary island in the Bay of Bengal². The island has been described as “a haven for pirates.” The government of Bangladesh is already stretched thin with regards to their capabilities to facilitate the large numbers of refugees. They call upon the international community and the government of Myanmar to act appropriately.



*The crowded camp near Tangkhali, Ukhiya, Bangladesh
Photo by Abir Abdullah/EPA*

The government of Myanmar have largely ignored the condemnation of the international community. Their de facto leader, Nobel peace prize laureate, Aung San Suu Kyi has been especially criticized for her inactions toward the injustice. However, the international community’s action have also been minimal. Therefore, this is the task that is set upon the delegates of the United Nations Human Rights Council of CUIMUN 2018.

Urgent action is needed to alleviate tension and help secure basic rights and safety for the Rohingya people. Condemnation from the international community might not be enough anymore at this point. It is the moral responsibility of the global community to address the plight of the Rohingya refugees by taking necessary measures to improve the situation of the Rohingya population within Myanmar.

¹ Slodkowski, Antoni, 2017

² The Guardian, 2015

Timeline of Events

- Indian and Bangladeshi labourers migrated to present day Myanmar during the British colonial rule, giving rise to the Rohingya population in Myanmar.
- Operation King Dragon, the first crackdown on Rohingya people, takes place in 1978.
- In 1982, a new nationality law is implemented, renouncing the Rohingya of their nationality and the rights associated with it.

2012

- The 2012 Rakhine States riots begin in June between the ethnic Rakhine Buddhists and the Rohingyas.
- The Myanmar government rejects an offer by the Association of Southeast Asian Nations (ASEAN) to an open talk between themselves, the ASEAN and the UN regarding the issue.
- In December, the UN General Assembly adopts a resolution expressing concern about the situation and calling upon the government to protect civilians³.

2013

- In March, the UNHRC adopts a resolution urging the Myanmar government to ensure that those responsible for violence in the Rakhine state are held accountable, enable humanitarian assistance and end discrimination against the Rohingya⁴.
- The 3rd committee of the UN General Assembly passes a resolution urging the Myanmar government to grant equal access to full citizenship for Rohingyas and address the root causes of attacks against Muslim throughout the country⁵.

2015

- As of 2015, 140,000 refugees are stuck in internal displacement camps and 100,000 have fled Myanmar by sea. Based on UNHRC estimates, in early 2015 25,000 people took to boats via human traffickers and 3,500 have arrived in Thailand, Malaysia and Indonesia. 32,000 Rohingya refugees are sheltered in two camps in the south-eastern district of Cox's Bazar in Bangladesh, as well as 200,000 unregistered asylum seekers.
- In March 2015, the UNHRC adopts a resolution reiterating its concern about the situation and calling upon the Myanmar government to ensure the equal access of Rohingyas to full citizenship and related rights⁶; another is adopted in June condemning the systematic violations of human rights in Myanmar⁷. The GA adopts a similar resolution in December.

³ A/RES/67/233

⁴ A/HRC/RES/22/14

⁵ A/RES/68/242

⁶ A/HRC/RES/28/23

⁷ A/HRC/RES/29/21



A fishing boat carrying Rohingya and Bangladeshi migrants is towed to shore by Acehnese fisherman off the coast of Julok, Indonesia. Photo by Reuters

2016-2017

- On October 9, 2016, the Arakan Rohingya Salvation Army, an insurgent Rohingya militant group, attacked three security outposts along the border with Bangladesh, killing nine Myanmar border officers. In response, Myanmar authorities launched a military campaign against the Rohingya. The next day, humanitarian aid to the area was suspended, with troops deployed to the areas near Maungdaw, Buthidaung and Rathedaung in northern Rakhine.
- As of November 2016, more than 100 people have been killed, hundreds have been detained by the military, more than 150,000 aid-reliant people lack food and medical care, many women have reported sexual assault, more than 1,200 buildings razed and 30,000 people have fled for their lives⁸.
- In December 2016, the UN strongly criticized the Myanmar government for its treatment of the Rohingyas and called on Aung San Suu Kyi to take steps to stop violence against them, though these calls were met with silence and inaction.⁹
- In February 2017, the Office of the UN High Commissioner for Human Rights released a report on the military operations in north Maungdaw, which documented mass gang-rape, killings, beatings, disappearances and other serious human rights violations by the military¹⁰.
- In September 2017, the Bangladesh government said it was expanding the camp for the Rohingya and was doing its best to help, "but it is nearing its limits". They urgently called on the Myanmar government to repatriate the Rohingya within Bangladesh, and on the international community to pressure Myanmar to do so.
- As of October 2017, an estimated 515,000 Rohingyas have fled Myanmar¹¹.

⁸ OHCHR, 2017

⁹ A/RES/70/233

¹⁰ OHCHR, 2017

¹¹ UNHCR, 2017

Discussion

The global refugee crisis is an ongoing concern, with the United Nations High Commissioner for Refugees (UNHCR) reporting a sharp increase in forcibly displaced populations from 59.5 million in 2014 to 65.3 million in 2015.

A refugee is defined as someone who lives outside his or her country of nationality or usual residence, who is able to show a well-founded fear of persecution on specific grounds, and who lacks protection from their country. The definition of displaced individuals as a result of persecution overlaps considerably with that of stateless persons, who are described as individuals not considered as a national by any state. Accessing basic rights such as healthcare, employment, education and freedom of movement is often impossible for stateless people.

The Rohingya people in Myanmar are one of the most persecuted minorities in the world. The majority are not considered to be citizens by the Myanmar Government, and live in a condition of statelessness. They have been fleeing Myanmar in large numbers, often to nearby developing countries to avoid conflict and persecution. Correspondingly, the refugee crisis in Bangladesh has reached critical levels, with the number of unregistered Rohingya refugees estimated to range from 200,000 to 500,000 people¹².

Current Problems

Out of the estimated 400,000–500,000 Rohingyas living in Bangladesh, 33,131 are registered as refugees living in two camps in the Ukhiya and Teknaf in Cox Bazar. However, there are 63,000–80,000 undocumented refugees in nearby makeshift camps¹³. Children comprise 1/4 of the camp's population, and most were born in the camps. However, there is high infant mortality in both camps. There are schools and medical facilities available for registered refugees, but access to education remains partial and ad hoc, with no entitlement to education for non-camp Rohingya children. There are also scarce resources in the camps, especially of potable water, which worsens during the dry season. Both camps have clinics providing basic healthcare free of charge, including limited referrals to specialists in the Cox's Bazar and Chittagong districts.

There have been reports of burning of Muslim villages, as well as looting and acts of intimidation. Authorities in Myanmar have indicated that at least 176 of 471 Muslim villages in northern Rakhine have been totally abandoned. Looting, occupation of and destruction of property is common practice in the northern Rakhine state. This is carried out by Myanmar security forces or by Rakhine villagers¹⁴. These same groups also performed extrajudicial executions, random shootings, enforced disappearance of Rohingya people and arbitrary



¹² Milton, Abdul, 2017

¹³ Ibid

¹⁴ OHCHR, 2017

detention. There have also been reports of rape, including gang rape, and other forms of sexual violence by primarily the same groups. At the Security Council meeting on the situation in Myanmar on September 2017, Antonio Guterres, Secretary General of the United Nations, warned that failure to address the violence could result in a spill-over into central Rakhine, resulting in the displacement of another 250,000 Muslims.

Going back to the root of the problems, the persecution of Rohingyas and the current crisis in Myanmar resulted from state-sponsored violence, which has been supplemented by legislative measures that negatively single out the Rohingyas and prevent them from being heard. Senior General Min Aung Hlaing of the Myanmar military has stated at a meeting with the US ambassador that Rohingya Muslims (to whom he referred as Bengali) are not native to Myanmar and they are only there because of British colonialism. This view on the Rohingyas is shared by the Buddhist majority in Myanmar¹⁵, who also see them as unworthy of the same rights as Myanmar citizens. The General has also condemned the actions of the ARSA insurgents, who the Myanmar authorities claim are Muslim "terrorists" who want to impose Islamic rule. ARSA says it is fighting on behalf of the Rohingya and has "[denied any] links with al-Qaeda, ISIS, Lashkar-e-Taiba or any other transnational terrorist group."¹⁶

Existing Actions

In 2014, Bangladesh announced its 5-element national policy for managing the refugees:

1. Preparation of a list of unregistered refugees,
2. Provision of temporary basic humanitarian relief,
3. The strengthening of border management,
4. Diplomatic initiatives with the government of Myanmar,
5. Increasing national level coordination.

There are currently two government-led refugee camps for Rohingyas in the Cox's Bazar area. However, the socioeconomic conditions of Cox's Bazar, one of Bangladesh's poorest districts, has further complicated finding a durable solution for the Rohingyas in the area¹⁷.

As of October 2017, UNHCR is urgently seeking US\$83.7 million in additional funds for the next six months to help the Rohingya refugees in Bangladesh¹⁸. From the outset of the crisis, UNHCR has been supporting the response managed by the Bangladeshi authorities. This involved helping organise the effective delivery of aid and services for refugees. In addition to protection, shelter and sanitation works in south-east Bangladesh, the UNHCR have flown in around 500 metric tonnes of aid.

Since 2010, ECHO has provided more than € 76.5 million in humanitarian aid to the Rakhine state, including in the more isolated northern areas. In 2017, they are funding projects throughout

¹⁵ Birsal, Robert, 2017

¹⁶ Edroos, Faisal, 2017

¹⁷ Channel Newsasia, 2017

¹⁸ UN News, 2017

Myanmar's Rakhine State to address some of the most urgent needs, including food and nutrition, basic health services, water, sanitation, protection and shelter for affected communities displaced by outbreaks of violence in 2012 and 2016. Since 2007, close to € 35 million have been allocated for basic health care, water, sanitation, shelter, nutrition, protection and psychological support, including €4.5 million in 2017¹⁹.



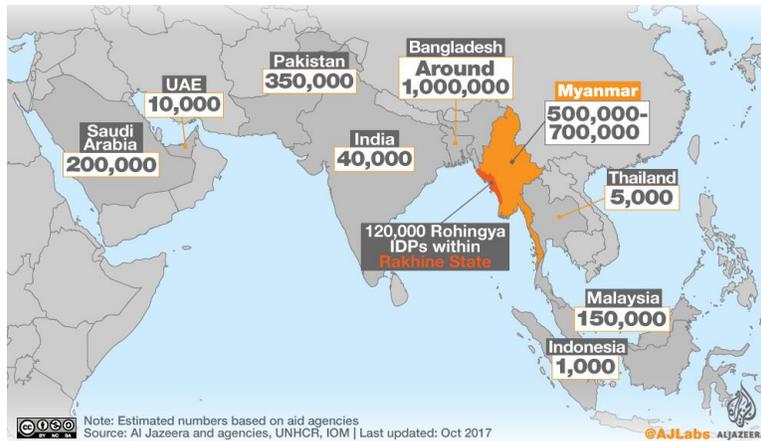
Rohingya Muslim women collect sanitary products distributed by aid agencies near Balukhali refugee camp, Bangladesh. Photo by Dar Yasin/AP

Although Aung San Suu Kyi finally broke her silence in September 2017, condemning all human rights violations in Rakhine, she did not criticize the Tatmadaw national army, which has a gruesome record of human rights abuses and of disregarding international law. Her government also faces increased internal pressure from both the army and the populace, both of whom view Rohingyas as beneath Buddhist Myanmar citizens.

The international community, particularly the Association of Southeast Asian Nation (ASEAN), needs to take more decisive action; ASEAN's ideology of non-intervention has instead been criticized as being a hindrance. Apart from criticism by Malaysia and Indonesia, ASEAN as a regional grouping seems to be reactive rather than proactive concerning the displacement and forced migration of the Rohingya. At best, the regional grouping acknowledges the need to explore establishing task forces to respond to similar crises.

With the government of Bangladesh being stretched thin and the international community capability to facilitate the problem also limited. More actions is needed to assure the safety and protection of the Rohingya people.

¹⁹ Echo Factsheet, 2017



Countries hosting the Rohingya people. Map source: Al-Jazeera

Key Facts

- As of September 2017, there are an estimated 300,000 - 500,000 Rohingya refugees that fled to Bangladesh. Nearly 14,000 of them are lone children.
- In light of the scope and speed of displacement UNHCR declared a “Level 3 Emergency” – the top level – for this crisis in mid-September 2017.
- Currently, there are only two camps for documented Rohingya refugees—“Kutupalong” in Ukhia and “Nayapara” in Teknaf from the Cox’s Bazar district located on the Bangladesh’s southeastern coast.
- There are an estimated 63,000–80,000 undocumented refugees living outside of the two camps that have limited to no access to resources such as medication.
- Funds are urgently needed to better facilitate and treat the refugees in Bangladesh.

Bloc Positions

Bangladesh:

Due to its proximity to the Rakhine state, Bangladesh has received many Rohingya refugees over the past years. The government of Bangladesh has officially condemned their ethnic cleansing and proposed many solutions for its resolution, including the creation of a humanitarian zone within Myanmar and the repatriation of the Rohingya refugees. The official policy of Bangladesh is to keep its borders closed to Rohingyas, as opening them could encourage the ethnic cleansing efforts and place a further load on the country. However, some refugee camps have been created to host them, though they have proven inadequate for the extensive demand; as a solution, the Bangladeshi government had some of the Rohingyas displaced to the Thengar Char Island, in which the refugees have been facing very bad living conditions.

Thailand, Malaysia & Indonesia:

As some of the other countries who have been receiving a significant number of refugees from Myanmar, these countries are also involved in the crisis, though their treatment of the Rohingyas has left a lot to be desired. Reports from rescued refugees mentioned that the Thai army had abandoned them at sea after beating them, after which they were subsequently rescued by Acehese sailors. The governments of Indonesia and Malaysia have officially condemned the actions of the Myanmar government.

India:

India has taken a similar stance towards the Rohingyas as the Myanmar government, viewing them as “illegal immigrants” and using this to justify their expulsion. Prime Minister Narendra Modi visited President Suu Kyi in September 2017 and condemned the attacks performed by Rohingya insurgents; he also stated that “We hope that all stakeholders together can find a way out in which unity and territorial integrity of Myanmar is respected.”

China:

China has been one of the most high-profile allies of Myanmar in the issue of the Rohingyas, which is expected considering the economic and political alliance between the two countries, as Myanmar acts as a buffer state between China and India. The Chinese delegation to the Security Council has vetoed many statements that have been made against Myanmar, while in September 2017 the Chinese Foreign Minister condemned the violence in the Rakhine State and supported Myanmar’s efforts for peacekeeping in the region.

Europe & North America:

The European Union has on multiple occasions expressed its disapproval of the situation in Myanmar, both as an entity and through its individual member states; it has also passed many resolutions that condemn the actions of the Myanmar government and urge the international community to take action on the issue. The same views have been echoed by the USA, who have

condemned the ethnic cleansing of the Rohingyas and have pledged to take in about 45,000 Rohingya refugees and provide significant humanitarian aid to the Rohingyas in the Rakhine state and the refugee camps in Bangladesh.

Middle East:

Many countries of the Middle East have also expressed their anger over the situation in Myanmar, as there is a significant connection between them and the Rohingyas due to their shared religion. The President of Turkey, Recep Tayyip Erdogan, has called the actions of the Myanmar government a “genocide” against Muslims, with similar views having been expressed by many Arab countries - Saudi Arabia in particular has received around 250,000 Rohingya refugees, while other countries in the region have also greatly contributed to the provision of humanitarian aid to the Rohingyas.

Key Issues

1. Where will the Rohingya people be housed and how will they be protected in the area they will eventually end up?
2. How can the Rohingya people be brought out of statelessness?
3. How will the Rohingyas receive access to healthcare, education and employment? To what extent will the international community be expected to help protect these basic rights of the Rohingya people?
4. Will there be any type of punishment for the government and army of Myanmar for their persistent violation of human rights?
5. Will the countries that have currently received Rohingya refugees receive any international aid to provide for those communities?
6. Will there be UN peacekeeping forces installed in the Rakhine state to prevent the resurgence or escalation of the conflict?

Further Reading

Aljazeera.com. (2017). *Rohingya crisis explained in maps*. [Online] Available at: <http://www.aljazeera.com/indepth/interactive/2017/09/rohingya-crisis-explained-maps-170910140906580.html> [Accessed 11 Nov. 2017].

Europarl.europa.eu. (2017). *Joint motion for a resolution on Myanmar, in particular the situation of Rohingyas - RC-B8-0525/2017/rev. 1*. [Online] Available at: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+MOTION+P8-RC-2017-0525+0+DOC+XML+V0//EN&language=en> [Accessed 11 Nov. 2017].

Calamur, K. (2017). *The Misunderstood Roots of Burma's Rohingya Crisis*. [Online] The Atlantic. Available at: <https://www.theatlantic.com/international/archive/2017/09/rohingyas-burma/540513/> [Accessed 11 Nov. 2017].

Council on Foreign Relations. (2017). *What Forces Are Fueling Myanmar's Rohingya Crisis?*. [Online] Available at: <https://www.cfr.org/backgrounder/rohingya-crisis> [Accessed 11 Nov. 2017].

Bibliography

1. Monitor, T. (2017). *Why Myanmar's Rohingya are forced to say they are Bengali*. [online] The Christian Science Monitor. Available at: <https://www.csmonitor.com/World/Asia-Pacific/2013/0602/Why-Myanmar-s-Rohingya-are-forced-to-say-they-are-Bengali> [Accessed 19 Oct. 2017].
2. BBC News. (2017). *UN accuses Myanmar of ethnic cleansing*. [online] Available at: <http://www.bbc.co.uk/news/world-asia-38091816> [Accessed 19 Oct. 2017].
3. AFP, S. (2017). *1,000 killed in Myanmar violence: UN rapporteur*. [online] The Daily Star. Available at: <http://www.thedailystar.net/world/myanmar-rohingya-refugee-crisis-1%2C000-killed-Myanmar-%20violence-%20un-rapporteur-1459426> [Accessed 19 Oct. 2017].
4. AFP, S. (2017). *1,000 killed in Myanmar violence: UN rapporteur*. [online] The Daily Star. Available at: <http://www.thedailystar.net/world/myanmar-rohingya-refugee-crisis-1%2C000-killed-Myanmar-%20violence-%20un-rapporteur-1459426> [Accessed 19 Oct. 2017].
5. Asia, S. and Reuters, C. (2017). *Rohingya refugee camp capacity exhausted in Bangladesh: UN*. [online] The Daily Star. Available at: <http://www.thedailystar.net/world/south-asia/270000-rohingyas-seek-refuge-bangladesh-past-2-weeks-united-nations-1459297> [Accessed 19 Oct. 2017].
6. u-17, f. (2017). *PM Modi tells Suu Kyi India is with Myanmar, but skips mention of Rohingya issue*. [online] <http://www.hindustantimes.com/>. Available at: <http://www.hindustantimes.com/india-news/modi-in-myanmar-pm-praises-suu-kyi-s-leadership-vows-to-fight-terror-in-joint-statement/story-vC4Pi9WL594NnRt8Oe430J.html> [Accessed 19 Oct. 2017].
7. U.K. (2017). *Myanmar's Rakhine State denies persecution at root of migrant crisis*. [online] Available at: <http://uk.reuters.com/article/uk-asia-migrants/myanmars-rakhine-state-denies-persecution-at-root-of-migrant-crisis-idUKKBN00708U20150522> [Accessed 19 Oct. 2017].
8. the Guardian. (2017). *Bangladesh plans to move Rohingya refugees to island in the south*. [online] Available at: <https://www.theguardian.com/world/2015/may/28/bangladesh-plans-to-move-rohingya-refugees-to-island-in-the-south> [Accessed 19 Oct. 2017].
9. Refugees, U. (2017). *UNHCR in US\$84 million appeal for refugee crisis in Bangladesh*. [online] UNHCR. Available at: <http://www.unhcr.org/news/briefing/2017/10/59d741684/unhcr-us84-million-appeal-refugee-crisis-bangladesh.html?query=rohingya> [Accessed 19 Oct. 2017].
10. U.S. (2017). *Bay of Bengal people-smuggling doubles in 2015: UNHCR*. [online] Available at: <https://www.reuters.com/article/us-thailand-rohingya-unhcr/bay-of-bengal-people-smuggling-doubles-in-2015-unhcr-idUSKBN0NT11D20150508> [Accessed 19 Oct. 2017].
11. Refugees, U. (2017). *Bangladesh: Life-saving assistance needed as Rohingya influx surges*. [online] UNHCR. Available at: <http://www.unhcr.org/en-us/news/briefing/2017/9/59ae5b734/bangladesh-life-saving-assistance-needed-rohingya-influx-surges.html?query=rohingya> [Accessed 19 Oct. 2017].

12. Channel NewsAsia. (2017). *Injury and illness on the rise in overcrowded Rohingya refugee camps*. [online] Available at: <http://www.channelnewsasia.com/news/asiapacific/injury-and-illness-on-the-rise-in-overcrowded-rohingya-refugee-9224884> [Accessed 19 Oct. 2017].
13. Aljazeera.com. (2017). *Rohingya crisis explained in maps*. [online] Available at: <http://www.aljazeera.com/indepth/interactive/2017/09/rohingya-crisis-explained-maps-170910140906580.html> [Accessed 19 Oct. 2017].
14. Time.com. (2017). *Something Shocking Is Happening to Burma's Rohingya People*. [online] Available at: <http://time.com/4576079/burma-myanmar-arakan-rakhine-rohingya-tatmadaw-suu-kyi/> [Accessed 19 Oct. 2017].
15. The Week UK. (2017). *The Rohingya boat crisis: why refugees are fleeing Burma*. [online] Available at: <http://www.theweek.co.uk/63745/the-rohingya-boat-crisis-why-refugees-are-fleeing-burma> [Accessed 19 Oct. 2017].
16. Staff, A. (2017). *Myanmar: Who are the Rohingya?*. [online] Aljazeera.com. Available at: <http://www.aljazeera.com/indepth/features/2017/08/rohingya-muslims-170831065142812.html> [Accessed 19 Oct. 2017].
17. Ray Sanchez, C. (2017). *UN chief calls Myanmar's Rohingya crisis 'catastrophic'*. [online] CNN. Available at: <http://edition.cnn.com/2017/09/13/asia/rohingya-unguterres/index.html> [Accessed 19 Oct. 2017].
18. UN News Service Section. (2017). *UN News - UN report details "devastating cruelty" against Rohingya population in Myanmar's Rakhine province*. [online] Available at: <http://www.un.org/apps/news/story.asp?NewsID=56103#.WeMZv2hL9PZ> [Accessed 19 Oct. 2017].
19. UN News Service Section. (2017). *UN News - UN human rights chief points to 'textbook example of ethnic cleansing' in Myanmar*. [online] Available at: <http://www.un.org/apps/news/story.asp?NewsID=57490#.WeMZo2hL9PZ> [Accessed 19 Oct. 2017].
20. Birsal, R. (2017). Myanmar army chief says Rohingya Muslims 'not natives,' numbers fleeing exaggerated. [online] U.S. Available at: <https://www.reuters.com/article/us-myanmar-rohingya/myanmar-army-chief-says-rohingya-muslims-not-natives-numbers-fleeing-exaggerated-idUSKBN1CH0I6> [Accessed 22 Oct. 2017].
21. Edroos, F. (2017). ARSA: Who are the Arakan Rohingya Salvation Army?. [online] Aljazeera.com. Available at: <http://www.aljazeera.com/news/2017/09/myanmar-arakan-rohingya-salvation-army-170912060700394.html> [Accessed 22 Oct. 2017].
22. UN News Service Section. (2017). UN News - Rohingya refugee crisis a 'human rights nightmare,' UN chief tells Security Council. [online] Available at: <http://www.un.org/apps/news/story.asp?NewsID=57770#.Wes--NfXZPY> [Accessed 22 Oct. 2017].
23. European Commission. (2017). Rohingya Crisis. [online] Available at: http://ec.europa.eu/echo/files/aid/countries/factsheets/rohingya_en.pdf [Accessed 22 Oct. 2017].
24. United Nations Human Rights Office of the High Commissioner. (2017). Interviews with Rohingyas fleeing from Myanmar since 9 October 2016. [online] Available at: <http://www.ohchr.org/Documents/Countries/MM/FlashReport3Feb2017.pdf> [Accessed 22 Oct. 2017].

25. Global Centre for the Responsibility to Protect. (2017). Timeline of International Response to the Situation of the Rohingya and Anti-Muslim Violence in Burma/Myanmar. [online] Available at: <http://www.globalr2p.org/media/files/timeline-of-international-response-to-burma-23.pdf> [Accessed 22 Oct. 2017].
26. UN News Service, Bay of Bengal 'three times more deadly' than Mediterranean for migrants and refugees - UN, 23 February 2016, available at: <http://www.refworld.org/docid/56cd736540b.html> [accessed 13 November 2017]
27. Slodkowski, A. (2017). Myanmar's Rakhine State denies persecution at root of migrant crisis. [online] U.K. Available at: <http://uk.reuters.com/article/uk-asia-migrants/myanmars-rakhine-state-denies-persecution-at-root-of-migrant-crisis-idUKKBN00708U20150522> [Accessed 13 Nov. 2017].
28. Council of the European Union. (2013). Council conclusions on the Comprehensive Framework for the European Union's policy and support to Myanmar/Burma. [online] Available at: https://eeas.europa.eu/sites/eeas/files/comprehensive-framework-for-eu-policy-and-support_en.pdf [Accessed 13 Nov. 2017].
29. Milton, A.(2017). Trapped in Statelessness: Rohingya Refugees in Bangladesh. *International Journal of Environmental Research and Public Health*, 14(8), p.942.

Topic B: Providing Universal Access to Sexual Education and Measures of Contraception



Teachers display an illustration depicting a girl undergoing a medical checkup in Shadabad Girls Elementary School in Johi, Pakistan - Photo by Reuters

Introduction

Ever since the International Conference on Population and Development (ICPD) of 1994, reproductive rights have been identified as an integral part of human rights, given their explicit derivation from the rights to life, non-discrimination and health.

The provision of universal access of contraception and sexual education - a core aspect of reproductive health - is recognised as an essential determination of States obligations to uphold the human rights of their citizens. Yet, as we shall in the next sections, although significant progress has been achieved since the ICPD, in most regions of the world universal access to sexual education and contraception still remains insufficient and deeply inadequate.

Laws and policies which jeopardise access to sexual health and violate human rights are still in place, while major domestic reforms fail to be successfully implemented due to lack of funding, deeply held cultural and religious norms and social stigma, as well as reluctant healthcare providers. As a result, many people, especially those belonging to the most disadvantaged and marginalised groups of society, still remain exceptionally vulnerable to high rates of sexually transmitted diseases, unwanted pregnancies and early parenthood, sexual violence and discrimination.

Despite the controversial nature of the topic and the many challenges to address, universal access to contraception and sexual education is one of the propositions of the Sustainable Development Goals that the UN hopes to achieve by 2030, and is therefore at the top of the global human rights agenda.

Timeline of Events

- Between the 1930s and 1960s many modern methods of contraception were developed and commercialised, finally providing safer alternatives to highly unsuccessful traditional methods like withdrawal. However, wherever not illegal, access to contraception was often restricted in its availability and limited to certain means of contraception. (Tellier, 2009)
- In the 1960s pressures from feminist rights activists, combined with a growing fear of global overpopulation, prompted a number of governments across the world to improve and enhance access to contraception (Tone, 2002).
- In 1969, the **United Nations Population Fund (UNFPA)**, the world's largest multilateral source of funding for population and reproductive health programs, is created. The purpose of this Fund is that of assisting governments and NGOs in promoting family planning and avoiding the spread of STI/STDs.
- In 1979, the **Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)** stressed under Article 16(e) that women, on an equal basis with men, should have the right to: “decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights”.
- After the 1981 AIDS epidemic spread across the world and killed over 2.5 million people by 1993, **UNAIDS** was founded in 1994. In 1996 it began working with governments and NGOs on preventing new HIV infections and mitigating the impact of the epidemic, stressing the key role of condoms in preventing its spread.
- In 1994, 179 countries gathered at the **International Conference on Population and Development (ICPD)**, approving a Programme of Action which explicitly recognised reproductive rights as a fundamental subset of human rights, deriving from the right to health as articulated in Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights.
- In 2000, the provision of universal access to reproductive health was set as one of the goals to achieve by 2015 under the **Millennium Development Goals (5.B)**
- In 2003, the **Committee on the Rights of the Child**, re-emphasising the specific needs and rights of adolescents, declared that: “States parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the

prevention and treatment of sexually transmitted diseases (STDs).” (CRC, General Comment 4).

- In 2010, the UNFPA Centre for Reproductive Rights examined 65 countries and estimated that the unsatisfied demand for contraceptives exceeds actual use in at least 30 countries, leaving 215 million women relying on traditional methods only.
- In 2015, the Resolution (A/HRC/28/L.28) was passed by the UNHRC, calling upon governments to ensure access of all people to a range of health services, including sexual and reproductive health care services (Art.28) and to provide comprehensive evidence-based and age-appropriate sexual education (Art.30).
- In 2015, building on the determination to achieve universal access to reproductive health despite the lack of success of MDG5b, this goal was incorporated (as aim 3.7) under the third of the new **Sustainable Development Goals**: Ensure healthy lives and promote wellbeing for all at all ages.

Discussion

The formal recognition and enshrinement of reproductive rights within the human rights landscape has created an obligation for states to respect, protect and fulfil the right to contraception and sexual education.

Human rights practitioners, organisations and campaign groups have appealed to these obligations when demanding change and continue to do so till date. In fact, while much progress has been made since the ICPD Programme of Action was adopted, reproductive rights remain a very contentious topic and many of the recommendations issued by the ICPD and other agencies are far from being met.

Access to Contraception

Figures from the World Health Organisation (WHO) show that globally, the use of modern contraception has risen only slightly, from 54% in 1990 to 57.4% in 2015.²⁰ Regionally, contraceptive use has increased in all parts of the world, with particularly significant increases in Latin America and Asia. However, contraceptive use continues to be worryingly low in sub-Saharan Africa.

As married or in-union women of reproductive age (women aged 15-49) constitute 90% of contraceptive users²¹, most available statistics on global contraceptive use are focused on women. Between 2008 and 2015, the increase in the proportion of women who reported using of a modern contraceptive has also been minimal: going from 23.6% to 28.5% in Africa, raising slightly from 60.9% to 61.8% in Asia, and remaining stable at 66.7% in Latin America and the Caribbean²². This halt in growth of contraceptive use needs to be urgently redressed, especially when understood in a context where in 2017 alone 214 million women of reproductive age in developing countries who want to avoid pregnancy reported not using a modern contraceptive method.²³

According to the WHO, the current global unmet need for contraception can be attributed to the following reasons:

1. Limited access to contraception;
2. Limited on the choice of methods;
3. Poor quality of available services;
4. Cultural or religious pressures and opposition to the use of contraceptive
5. Gender-based barriers.
6. Provider bias and judgement, lack of confidentiality;
7. Fear, embarrassment, and/or experience of side-effects;

²⁰ WHO, Contraception Factsheet, 2017

²¹ UN Department of Economic and Social Affairs, 2015

²² Ibid

²³ WHO, Contraception Factsheet, 2017

Young people, marginalised social groups and unmarried people tend to particularly experience the ill-effects of barriers to the access to contraceptive methods and services due to lack of information and legal restrictions to their access to contraception which can be found in many legislatures across the globe.²⁴ Young people are currently the group most severely impacted by HIV/AIDS and STDs. In 2009, individuals aged between 15 and 24 years accounted for 41% of all new HIV infections among adults over the age of 15. Rates of STIs also show the highest prevalence among 20 to 24-year-olds, followed by 15 to 19-year-olds. In both cases, adolescent girls seem to specifically bear the heaviest burden, reporting the highest rates of infection.²⁵

Barriers to contraception also directly impact the world's population, with 16 million children born to girls aged 15–19 (11% of births worldwide & more than 50% of all births in Sub-Saharan Africa). These births are often a result of unplanned pregnancies (often due to sexual coercion), which are more likely to end by forced and unsafe termination.²⁶

[Access to Sexual Education](#)

The use of contraceptive measures inevitably interlinks with access to reproductive health information, and specifically to comprehensive sexual education (CSE). Across the world there are many different names for, and approaches to, what UN bodies refer to as 'comprehensive sexuality education' - many of these approaches however, fail to meet the requirements that the international community has set for the implementation of comprehensive sexual education.

Indeed, various societal, cultural, and religious factors create an inhibitive environment for discussion of sexual education as many societies hold a deeply embedded sense of disapproval of sexual activity, turning it into a taboo subject that should not be addressed in public. These societies effectively cultivate a damaging culture of puritanism and shame, which often stigmatizes sexual health concerns (in particular STIs/HIV) and is deeply hostile to sexual education due to the fear that it would corrupt the youth and encourage sexual activity outside of marriage, promiscuity among girls and women, and promote the 'LGBT+ agenda' by recognising and accepting other orientations.²⁷ The Catholic Church in particular is a very strong opponent of anything related to sexual education, as well as contraception and abortion, as they go against the basic tenets of chastity and sexual morality, instead espousing abstinence and chastity-based sexual education.

UN agencies, including the WHO and UNESCO, have attempted - with limited success - to combat these negative and deeply-ingrained attitudes by insisting that CSE, which they view as grounded in human rights provisions and duties and the only truly effective way to promote healthy sexual behaviour, is taught early in childhood (before any input from non-reputable sources on sexual behaviour) and always follows an "age-appropriate, culturally relevant

²⁴ Morris, Rushwan, 2015

²⁵ Ibid

²⁶ WHO, Adolescent Pregnancy factsheet, 2014

²⁷ Morris, Rushwan, 2015

approach to teaching about sexuality and relationships, which provides scientifically accurate, realistic, non-judgmental information”.

As a rights-based, age-sensitive and gender-informed approach, CSE beyond offering scientifically accurate information about human development, anatomy and reproductive health, also plays an important role in distributing information about how to access reproductive health services, choose and utilise contraception and prevent sexually transmitted infections (STIs), including HIV. Outside of its medical scope, CSE also helps young explore discussions about family life, relationships, culture and gender roles, human rights, gender equality, consent and sexual abuse.

Upholding human rights and accelerating social change

The positive effects of granting universal access to contraception and CSE, in terms of public health and wellbeing, respect for human rights, social change and sustainable development, are well documented. There is clear evidence that the delivery of comprehensive sexual education and easily accessible contraception, notably contributing towards reducing infection rates for STIs and HIV, as well as unintended pregnancy - meaning fewer new born and maternal deaths, which in turn mean more girls could stay in education longer, thus increasing their lifetime earnings and their opportunities as well as their influence on their communities.²⁸ Contrarily to what many opponents of the promotion of sexual education believe, evidence has also confirmed that sexual education does not hasten sexual activity, but actually encourages safer sexual behaviours by delaying sexual debut and increasing condom use.²⁹

Furthermore, CSE has demonstrated impact in terms of improving knowledge and self-esteem, as well as changing negative attitudes towards gender and social norms. By lifting the taboo surrounding discussions of sexual health and challenging negative attitudes towards gender and sexuality whilst promoting knowledge and consent, CSE encourages individuals to seek medical attention and support for matters relating to their reproductive health and wellbeing. It also plays an instrumental role in promoting the acceptance of LGBT+ orientations and identities, and especially in reducing the global phenomenon of gender-based violence by helping individuals understand personal boundaries and recognise, as well as avoid, abusive behaviour.³⁰

A Universal Provision

In order to really reap the benefits descending from the provision of CSE and contraception it is crucial that access to both is universal. Universal access refers to the ability or opportunity of all people to secure necessary health services and should be understood through its three key dimensions: physical accessibility, financial affordability, and acceptability.³¹

²⁸ ASTRA, 2014

²⁹ Ibid

³⁰ Ibid

³¹ Evans et al, WHO Universal health coverage and universal access bulletin, 2013

- Accessibility is fulfilled when quality health care services are actually available within the physical reach of people who need them and have service systems in place to allow delivery when people need them.
- Affordability takes into account not just the ability of the people to pay for health services without facing financial hardship, but also opportunity and indirect costs, such as taking off work and transportation costs.
- Acceptability has to do with the people's willingness to get health services - patients' perception of the effectiveness of treatments and cultural factors, such as language barriers and the health provider's religion, age, ethnicity, or sex, both play a role in this measure.

Despite its centrality to the issue and its derivation from the human right to non-discrimination, the provision of universal access has constantly been neglected by states and requires particular attention.

Challenges to Progress

Despite the existence of clear international consensus on the benefits descending from universal access to contraception and comprehensive sexual education and on the grounding of this provision on human rights obligations, the ideological opposition and the polarisation of debate on this issue has made it a very unpopular topic (particularly when considered in relation to abortion, gender and LGBT equality).

As a result, many of the commitments undertaken are vague, large implementation gaps remain within existing programmes, little feedback on progress is provided to monitoring bodies, and funding for initiatives is often insufficient and precarious as efforts depend on political support and hence vulnerable to electoral and demagogic pressures.³²

³² UNFPA, ICPD 20 years, 2013

Bloc Positions:

The Americas:

The Americas show a very wide variation in terms of their attitudes to sexual education and contraception. North America tends to be more liberal on the issue, with many states of both Canada and the USA having state-run comprehensive sexual education, though there are large variations between states in terms of attitudes towards the issue; many states support abstinence-based sexual education and there is still significant religious input that limits free access to sexual education and contraceptives. On the other hand, Latin America is one of the regions with the strictest laws on abortion and contraception; particularly due to the influence of the Catholic Church, which espouses abstinence and chastity-based sexual education, many basic provisions, such as equal access to contraception, are denied to the citizens, as there is significant religious opposition to their use. Sexual education is also based on the same principles, with most governments either opposing comprehensive sexual education or creating their own programs adhering to those principles.

Africa:

Most of the countries with the lowest rates of contraceptive use; highest maternal, infant, and child mortality rates; and highest fertility rates are in Africa. Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, and the region with the highest rate of adolescent pregnancies. As a result, sex education in the region is largely centred on the prevention of the HIV and early pregnancy and is highly dependent on initiatives set up and NGOs. Due to the dependence of many programmes on foreign aid, impositions like the US Global Gag Rule, which prevents the supply of US funds to any organisation which performs or promotes abortions for purposes of family planning, have seriously compromised the delivery of the programmes as well HIV spread containment.

Asia and the Pacific:

Five countries specify that sexuality education should be provided from the primary level up (Bangladesh, Maldives, Papua New Guinea, Philippines and Viet Nam). In many countries there are also independent initiatives to help spread sexual education, especially in areas with high HIV infection rates; in India, for instance, the Family Planning Association and Sonagachi Program (an initiative to increase the use of condoms among West Bengal sex workers) have been incredibly beneficial in that regard. Addressing sexual abuse and early pregnancy are themes for the education sector in a smaller number of country laws and plans (Fiji and the Philippines). A number of policies/laws include specific target groups, key affected populations is the case for the sensitisation of males (Maldives, Nepal and Pakistan), out-of-school youth in Papua New Guinea, and street youth, young urban men and ethnic women in the case of Viet Nam. In addition to reproductive health in general, gender awareness is a theme that emerges prominently in the population and reproductive health laws/policies in a majority of the countries.³³

³³ UNESCO, Sexuality Education in Asia and the Pacific, 2012

Europe:

Attitudes towards sexual education vary widely across Europe, leading to a great disparity in its support by the state and the way it is administered. Western Europe is a very open area in that regard, with many countries viewing sexual education as integral knowledge and a lawful duty to their citizens; for example, Germany and the Netherlands are known to have a very liberal attitude to sexual education and place a great deal of emphasis on contraception and the acceptance of teenage sexuality, as well as making age-appropriate sexual education a compulsory school subject. On the other hand, many countries in Central and Eastern Europe are still lagging in that regard due to religious opposition and local attitudes - for instance, countries such as Poland and Croatia, which are largely Catholic, have very underdeveloped sexual education programs. The issue is generally exacerbated by the deficiencies in the health systems and the difficulty in accessing means of contraception. There are also countries in Western Europe, such as the UK and Ireland, where sexual education is discretionary and depends on parental support; this has led to reduced numbers of children receiving those classes at school and increased rates of teen pregnancies compared to other regions.

Key Issues:

1. Which human rights underpin the obligation to provide universal access to contraception and comprehensive sexual education?
2. How can the global unmet demand for contraception be solved? Which steps should the UN take to remove current barriers?
3. How can universal access be truly achieved? Will the issue of the lack of LGBT sexual education be tackled in the countries where it is legal to engage in sexual activities with individuals of the same sex?
4. What measures need to be taken to help remove the stigma associated with sexual education in many societies and how will the communities themselves be involved in the process?
5. What aspects of the ICPD Plan of Action have failed to be implemented in particular? How can previous failures pave the way to future success?

Further Reading:

1. WHO (2015). *Sexual health, human rights and the law*. Available at: http://www.who.int/reproductivehealth/publications/sexual_health/sexual-health-human-rights-law/en/
2. UNFPA (2013). *ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform*. Center for Reproductive Rights (CRR). Available at: https://www.unfpa.org/sites/default/files/pub-pdf/icpd_and_human_rights_20_years.pdf
3. United Nations (1994). *International Conference on Population and Development Programme of Action*. UNFPA. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf
4. ASTRA Youth (2014). *Human Right to Comprehensive Sexuality Education*. Available at: <http://www.astra.org.pl/youth/pdf/Human%20Right%20to%20Comprehensive%20Sexuality%20Education.pdf>
5. Ohchr.org. (2017). *OHCHR | Sexual and reproductive health and rights*. [online] Available at: <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>

Bibliography:

1. Department for Education and Employment (2017). *Sex and Relationship Education Guidance*. Department for Education and Employment.
2. Catholic.com. (2017). *Birth Control | Catholic Answers*. [online] Available at: <https://www.catholic.com/tract/birth-control> [Accessed 11 Nov. 2017].
3. Boseley, S. (2017). *Trump's 'global gag rule' could endanger millions of women and children, Bill and Melinda Gates warn*. [online] the Guardian. Available at: <https://www.theguardian.com/global-development/2017/feb/14/bill-and-melinda-gates-trumps-global-gag-rule-endangers-millions-women-girls-us-funding> [Accessed 11 Nov. 2017].
4. Cdc.gov. (2017). *About Teen Pregnancy | Teen Pregnancy | Reproductive Health | CDC*. [online] Available at: <https://www.cdc.gov/teenpregnancy/about/index.htm> [Accessed 11 Nov. 2017].
5. News.bbc.co.uk. (2017). *BBC NEWS | Health | Teen pregnancy rates go back up*. [online] Available at: <http://news.bbc.co.uk/1/hi/uk/7911684.stm> [Accessed 11 Nov. 2017].
6. World Health Organization. (2017). *Family planning/Contraception*. [online] Available at: <http://www.who.int/mediacentre/factsheets/fs351/en/> [Accessed 11 Nov. 2017].
7. United Nations Population Fund (2010). *The Right to Contraceptive Information and Services for Women and Adolescents*. [online] Centre for Reproductive Studies. Available at: <https://www.unfpa.org/sites/default/files/resource-pdf/Contraception.pdf> [Accessed 11 Nov. 2017].
8. Center for Reproductive Rights. (2017). *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform*. [online] Available at: <https://www.reproductiverights.org/document/icpd-human-rights-20-years-un-treaty-bodies-legal-reform> [Accessed 11 Nov. 2017].
9. Un.org. (2017). *Rights to Sexual and Reproductive Health*. [online] Available at: <http://www.un.org/womenwatch/daw/csw/shalev.htm> [Accessed 11 Nov. 2017].
10. Unfpa.org. (2017). *Family planning | UNFPA - United Nations Population Fund*. [online] Available at: <http://www.unfpa.org/family-planning> [Accessed 11 Nov. 2017].
11. On Health. (2017). *Why adolescent contraceptive access and use is a global issue - On Health*. [online] Available at: <http://blogs.biomedcentral.com/on-health/2017/07/11/family-planning-2020-why-adolescent-contraceptive-access-and-use-is-a-global-issue/> [Accessed 11 Nov. 2017].
12. Calvin, K. (2017). *Universal access to reproductive health care: A global obligation and opportunity*. [online] Devex. Available at: <https://www.devex.com/news/universal-access-to-reproductive-health-care-a-global-obligation-and-opportunity-84383> [Accessed 11 Nov. 2017].
13. Guttmacher Institute. (2017). *Advancing Sexuality Education in Developing Countries: Evidence and Implications*. [online] Available at:

- <https://www.guttmacher.org/gpr/2011/08/advancing-sexuality-education-developing-countries-evidence-and-implications> [Accessed 11 Nov. 2017].
14. Kismödi, E., Cottingham, J., Gruskin, S. and Miller, A. (2017). *Advancing sexual health through human rights: The role of the law*.
 15. International Women's Health Coalition. (2017). *Sexual Rights Are Human Rights - IWHC*. [online] Available at: <https://iwhc.org/articles/sexual-rights-human-rights/> [Accessed 11 Nov. 2017].
 16. Unfpa.org. (2017). *Application of Human Rights to Reproductive and Sexual Health / UNFPA - United Nations Population Fund*. [online] Available at: <http://www.unfpa.org/publications/application-human-rights-reproductive-and-sexual-health> [Accessed 11 Nov. 2017].
 17. Ohchr.org. (2017). *OHCHR / Sexual and reproductive health and rights*. [online] Available at: <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx> [Accessed 11 Nov. 2017].
 18. Guttmacher Institute. (2017). *Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals*. [online] Available at: <https://www.guttmacher.org/gpr/2015/10/onward-2030-sexual-and-reproductive-health-and-rights-context-sustainable-development> [Accessed 11 Nov. 2017].
 19. Morris, J. and Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *International Journal of Gynecology & Obstetrics*, 131, pp.S40-S42.
 20. Sexual health, human rights and the law. (2015). World Health Organisation.