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**International Centre for the Legal Protection of Human Rights
(INTERIGHTS) v. Croatia
Complaint No. 45/2007**

**RESPONSE FROM THE INTERIGHTS TO THE
GOVERNMENT'S OBSERVATIONS ON THE MERITS**

Registered at the Secretariat on 31 July 2008

**RESPONSE TO CROATIAN GOVERNMENT'S OBSERVATIONS IN
COMPLAINT 45/2007**

Contents

INTRODUCTION

DEVELOPMENTS SINCE COMPLAINT WAS LODGED

Events in Croatia

November 2007: Expert Commission concerns and adoption of GROZD programme

January 2008: Announcement of schools participating in pilot programme

March 2008: Renewed concerns expressed by Ombudspersons

Developments in standards

RESPONSE TO GOVERNMENT CRITIQUE ON SOURCES AND REPORTING METHOD

RESPONSE TO GOVERNMENT'S ARGUMENTS REGARDING VIOLATIONS OF THE CHARTER

Article 11(2)

Failure to provide comprehensive, mandatory and ongoing sexual education

Content is not comprehensive, evidence-based and non-discriminatory

Failure to ensure appropriate teacher training and qualifications

Failure to ensure effective monitoring and evaluation

Article 16

Article 17

Failure to allocate sufficient time to sexuality education

Failure to adhere to rule of law ensuring transparent, objective and accountable decision making

CONCLUSIONS

ANNEXES

Annex A

Commentary on extracts from the minutes of the Committee for Health Education's Fourteenth Meeting held on 3rd of November 2006 in relation to changes made to GROZD programme

Annex B

Experimental Health Education Programme for Primary Schools pertaining to content of GROZD programme

Annex C

Extracts from the Gender Equality Ombudsperson Annual Report 2007

Annex D

Extracts from the Children's Rights Ombudsperson Annual Report 2007

Annex E

Letter from the Working Group on Reproductive Health, HIV/AIDS and Development to the President of the Republic of Croatia

Annex F

Extract from the *Strategy for the Construction and Development of the National Curriculum for Preschool Education, General Compulsory and Secondary School Education*, Republic of Croatia Ministry of Science, Education and Sports, Council for the National Curriculum, 2007

INTRODUCTION

1.1 In its observations to complaint 45/2007 the Croatian Government has failed to address the substantive arguments raised by INTERIGHTS. In particular, the Government has failed to provide concrete evidence to rebut the main points of the complaint.

1.2 The Government fails to show that sexuality education is provided on a regular and mandatory basis. Substantial allegations regarding the unscientifically based and discriminatory content of the Teen STAR and GROZD programmes are merely dismissed without any supporting evidence being provided. In some instances the supporting evidence provided by the Government actually strongly condemns its own approach (see, for example, Attachment 31 reproducing the letter of 9 November 2007 by the Children's Rights Ombudsperson).

1.3 It is significant that, throughout its observations, the Government fails to address the repeated, serious and substantial criticism of its sexual and reproductive health education system not just by international bodies and civil society but also by its own Ombudspersons. This is despite the fact that the Government itself requested from the Children's Rights Ombudsperson her opinion on the programmes (see Attachment 28 to the Government's Observations) The criticism of the Government's plans and programme for sexual education has continued in the intervening nine months since the complaint was lodged, including in relation to the conduct and outcomes of the recent reform process.

1.4 INTERIGHTS maintains that the allegations outlined in the complaint, far from being out of date, remain as relevant today as they did at the time of lodging. Indeed, intervening events, as detailed below in section 2, demonstrate that Croatia's lack of compliance with the Charter in the field of sexual and reproductive health education will continue. The main reason for this is the Ministry of Science Education and Sports' (MSES) approval of the programme GROZD as one of the courses in the experimental phase.

1.5 The Government has failed to address the GROZD programme's sexual education component's serious deficiencies in areas such as gender stereotyping, the use of contraceptives and the relative merits of marriage compared to other forms of relationships, despite repeated requests to do so by the Government's own second and third Expert Commissions created by the MSES and Ministry of Health and Social Welfare (MHSW) respectively, as well as the Ombudspersons. Such failure will have serious consequences for all school pupils receiving sexual and reproductive health education. Although the impact of the extra-curricular programme Teen STAR has been marginalised, due to a reduction in the number of schools, the architects of Teen STAR, through their website, are now promoting that GROZD be taught. The acceptance of GROZD means that Croatia will soon have an unsatisfactory programme taught in

numerous primary and secondary schools, with the future potential of it being taught in all schools throughout the country.

1.6 The description offered by the Croatian Government of its current sexual and reproductive health education programmes in general, in which it outlines how the subject is either being taught in a limited way as part of various national curriculum subjects or as extra-curricular programmes, reaffirms both the fragmented patchwork of delivery and the failure to provide comprehensive information beyond basic biological material. The information provided in these courses could not minimally be considered as a sexuality education programme (see below in response to Government's arguments on Charter violations under Article 11 for more details on the content of existing courses). In addition, the classes are not mandatory for all students through most of their education

1.7 The Government's observations are characterised by frequent reference to education in general or 'health education' rather than sexual and reproductive health education which is the subject matter of the complaint. For example, the Government frequently refers to the MSES' 'Overview of Achievements 2004-2007'. Whilst this provides a good overview of the achievements of Croatia in the education field during the last three years there is not one single reference to sexual and/or reproductive health education. Indeed, the only references to 'health' concern providing education for those children with particular health problems. Hence, the document has little relevance in addressing the issues raised in this particular complaint. This approach by the Government demonstrates both its lack of understanding of the issue and the lack of priority given to sexual and reproductive health education.

1.8 In addressing other issues such as teacher training and monitoring and evaluation the Government again relies on general information relating to education as a whole rather than seeking to specifically address sexual and reproductive health education. This is dealt with further below under the respective headings of the complaint.

1.9 Substantial and serious allegations in the complaint concerning the lack of transparency of the recent reform process are not rebutted with any supporting evidence. Instead, the Government relies on an assumption of ex post facto transparency which, it is submitted, is insufficient to comply with Article 17.

DEVELOPMENTS SINCE COMPLAINT WAS LODGED

Since the complaint was lodged on 10th October 2007 there have been significant developments in Croatia, and with respect to the further elaboration of international standards, which further reinforce the strength of our original submission.

Events in Croatia

November 2007: Expert Commission concerns and adoption of GROZD programme

2.1 On 2nd November 2007 the MSES adopted the GROZD programme to be taught in primary and secondary schools and the Forum for Freedom in Education ('the Forum') to be available for students to choose in secondary schools instead of the GROZD programme. The decision to adopt GROZD was taken despite repeated criticism of its content by Ombudspersons and the MSES and MHSW's own expert Commissions, as set out in the complaint and below. The programme is to be implemented through an initial experimental or pilot phase and then be subject to evaluation before being extended to all schools across the country, affecting several hundred thousand school children.

2.2 As outlined in the complaint at paras. II.47-58, GROZD is based on the extra-curricular Teen STAR programme, in so far as it has adopted much of the same discriminatory and unscientific content. The coordinator of GROZD is Ladislav Ilčić who was Deputy President of Teen Star. (See also Annex I of the complainant's complaint for content comparison). The Forum, unlike GROZD, has as part of its programme for first grades of secondary schools sensitization on issues of sex/gender, discussing differences between sexes/genders, the sociological roles of different sexes, prejudices and stereotypes yet will only be made available as an option in secondary schools after all primary schools have adopted GROZD.

MSES Expert Commission Concerns

2.3 The decision of the MSES to accept GROZD, despite the latter's failure to make appropriate revisions to its content, disregards the serious concerns raised by the MSES's own Expert Commission over one year previously (see para II 39 of complaint and Annex IX) in November 2006. The majority of significant concerns have not been addressed by GROZD, either in relation to its elementary schools or secondary schools programme as a detailed assessment at Annex A to this response indicates.

2.4 A number of these concerns were reiterated by the third Expert Commission in March 2007 (see Government's own Attachment 21) when it stated:

'The views expressed in the introductory part on the quality of life concept and on human sexuality are not universal and generally accepted – neither from an individual's point of view nor from the philosophical, medical, ethical or the moral one. The programme should therefore be significantly adapted in these segments so as to avoid any type of discrimination and human rights violation.'

2.5 The Commission, going on to criticise GROZD in areas such as segregation of boys and girls, the formation of relationships, masturbation and the relative merits of marriage compared to other forms of relationship, concluded that prior to accepting the programme adaptation would be required in accordance with its expert opinion.

January 2008: Announcement of schools participating in pilot programme

2.6 The changes called for by the Government's own commission were not implemented and in January 2008 the MSES published on its website that a total of 21 schools (10 elementary and 11 secondary) had applied to participate in the experimental programme with GROZD being implemented in nine elementary schools and both GROZD and the Forum being implemented in six secondary schools. ¹. Therefore at the elementary level no choice of provision is available.

2.7 As far as the complainant is aware the pilot programme has yet to be begin but when it does will cover the fifth grades of primary school and first grades of secondary school. Should the experiment be deemed by the Government to be successful, the programmes will be introduced to all schools next year, . However, it is not clear against what criteria 'success' will be measured.

2.8 The majority of the elementary schools selected for the experiment have been practising the previous extra-curricular Teen STAR programme. The following quotes (on file with the complainant) from schools that have applied for the experimental programme also indicate the close connection between Teen STAR and GROZD.

- *'We applied because we have an instructor in catechism who had conducted the Teen Star programme before. We believe she has expert knowledge, and also that every form of education is good for the children'* – Jako Šuker, the headmaster of Elementary school Retkovec.
- *'We applied because we have an instructor in catechism who was conducting Teen star. She expressed her wish to work according to Grozd's programme, the teacher's council agreed so we applied to the tender'* Marija Miholjek, Elementary school Žuti Brijeg's pedagogue .
- Višnja Lipošćak, Headmaster of Bernardin Frankopan Comprehensive school in Ogulin, said that the reason for inviting their school to participate in this programme was probably the fact that they have been conducting the programme "Teen STAR" for three years now.

2.9 The GROZD programme that will be taught in schools still has problematic definitions of masturbation², contraception³ and pre-marital sex⁴, as well as recommendations that some subjects should be taught to boys and girls separately (see

Annex B: Experimental Health Education Programme for Primary Schools), despite this being assessed by the Ministry of Health itself as being inappropriate.

2.10 The decision of the MSES to finally approve GROZD, without addressing these significant weaknesses in its content and, in so doing, ignoring comments to the contrary by both Ombudspersons (see below) not merely continues to place Croatia in breach of its obligations under Articles 11(2), 16 and 17 of the Charter but actually reinforces that lack of compliance. It effectively means that the ultimate outcome of the recent reform process will be to implement an unsatisfactory sexual and health reproductive health programme across the whole country.

2.11 The Government is incorrect when it states in Attachment 12 page 10 that “*Until this day no one had any objections to their content..., which indicates that the GROZD and Forum programmes are significantly different and much improved when compared to the initial versions and versions which existed mid-way in the process...*” In addition to numerous statements in the media, mostly radio and TV, from the civil society coalition, Stop high risk sexual education, there has been substantial criticism from authoritative bodies within Croatia.

March 2008: Renewed concerns expressed by Ombudspersons

2.12 Criticism has continued since the complaint was lodged, both in terms of the content of the proposed GROZD programme and the lack of cooperation of the Croatian government. Both the Gender Equality Ombudsperson and the Children’s Rights Ombudsperson in their 2007 reports describe the failure of government ministries to heed their concerns about the experimental health programmes, in particular GROZD, and on occasion even to respond to their requests for specific information. Such flagrant disregard by the Government for the two bodies charged with safeguarding gender equality and the best interests and rights of children contrasts sharply with the Government’s own proclaimed desire to uphold such principles when implementing sexual and reproductive health education.

2.13 In her Annual Report for 2007 published in March 2008 (see Annex C of this response) the Gender Equality Ombudsperson makes a number of serious criticisms in relation to education and, in particular, the recent reform process on the delivery of sexual and reproductive health education. She reiterates her initial criticisms of the content of GROZD (see paras II 52 and 53 of complaint). She then continues to state that, despite repeated requests to view the revised programmes in order to assess whether the alterations were made in accordance with gender equality principles that this did not occur prior to the decision by the Ministry to approve both on 2nd November 2007. The Ministry continued to fail to send either revised programme to the Gender Equality Ombudsperson by the end of 2007.

2.14 In her Annual Report for 2007 published (see Annex D), the Children’s Rights Ombudsperson outlines her ultimately unsuccessful efforts to have her recommendations with respect to the programmes, including the content of the GROZD programme,

accepted or even considered. On 31st October 2007 the Office of the Children's Rights Ombudsperson requested from both the MSES and the Ministry for Health and Social Welfare (the MHSW) to write a report on what specific alterations were asked by the Expert Reform Committee, whether they complied with the standards of quality health education recommended by the Children's Rights Ombudsperson in January 2007. However, the report was never received despite reminders from the Children's Rights Ombudsperson. On 9th November 2007 the Children's Rights Ombudsperson sent an opinion to both the MSES and the MHSW that GROZD, unlike the Forum, had failed to fully harmonize its programme as required by the Expert Reform Committee, which were identical to her recommendations from January 2007 (see Attachment 31 of Government observations) .

2.15 In the letter of 9th November the Children's Rights Ombudsperson is highly critical of not just the attitude of the GROZD programme in relation to criticisms made by the first Expert Commission, which she shared, but also the approach of the Government in implanting the experimental pilot:

'we find worrying the lack of clarity on who will carry out the education, on how the tender to select the schools will be carried out by that time, as well as on how the educators will be adequately trained, and handbooks, workshop contents and depictions prepared by them.'

2.16 It is submitted that the Government has still failed to answer many of these questions with the implementation of the pilot phase imminent.

2.17 The Children's Rights Ombudsperson went on to conclude in her 2007 Annual Report that

'from the materials that were made available to the Ombudsman for Children...most of the recommendations, given in January 2007 referring to: the way of implementing the programme, clarity in explaining and planning the human resources, the evaluation, the Health Programme for Elementary School, were not accepted...What is especially troubling and is unacceptable is that the children and parents in elementary schools have been deprived of the possibility of choice because the Association GROZD's programme will be the only one implemented in elementary schools...'

2.18 In response to the opinion of the Children's Rights Ombudsperson, the MSES stated that it both respected and took into consideration the January 2007 recommendations of the Children's Rights Ombudsperson (which is clearly not true based on the lack of any previous response or action by the MSES, see details in Collective Complaint). It also stated that it was very glad to see that 'considering the content of the proposed experimental programme of health education the children's rights and interests are not violated'. However, the Children's Rights Ombudsperson in her 2007 report states that she did not express such an opinion.

2.19 At the end of 2007 the Children's Rights Ombudsperson, in response to a request by the Council of Europe (COE)'s Commissioner for Human Rights to carry out an evaluation of the current situation in Croatian schools and how the Ministry responded to her earlier recommendations, attempted to meet with both the MSES and MHSW. However, both Ministries declined to meet with her.

2.20 The Children's Ombudsperson concludes her 2007 report with a damning indictment of the Government's current approach to sexual and reproductive health education:

'The Ombudsman for Children's Office is extremely concerned that the programme is still not implemented and that the model of implementation is such that there will be children that will not have access to health education. It is necessary that the executive government takes immediate steps in creating concrete measures for the protection of children's health and prevention through health programmes, at the same time to realize measures from the National Action Plan for the Rights and Interests of the Children for the period 2006 to 2012. It is especially important to make the programme from all five areas of health education available to all the children (maintaining health and quality of life, human sexuality, addiction prevention, the culture of social communication and the prevention of violent behavior). We completely agree with the recommendation of the Committee of the Ministry of Health and Social Welfare that in the future, if possible straight away, a decision is made for the creation and implementation of a unique regular programme of health education developed by the relevant expert institutions that have the authority, knowledge and the capacity of implementation.'

2.21 This is in stark contrast to the assertion of the Government at para 2.1.3.1.12 that "In no part of her Opinion does the Ombudsperson mention violation of children's rights and interests (Att 30 an 31)" together with its omission of any reference to the Children's Rights Ombudsperson's sustained criticism of GROZD and its discriminatory and harmful content..

Developments in standards: Recent documents adopted by Council of Europe or other international institutions

2.22 External initiatives by the Council of Europe and other international institutions have reaffirmed and further clarified the right to sexual and reproductive health education. In particular, the COE's Commissioner for Human Rights, Thomas Hammarberg has fully endorsed the Yogyakarta Principles,⁵ in respect of the need for States to counter prejudices based on sexual orientation, underlining: "The document also requests governments to take concrete action to counter prejudices through education and training. Steps should be taken to dispel sexual orientation or gender identity is superior or inferior."⁶ According to Principle 16, The Right to Education, states shall "[e]nsure that education is directed to the development of ... respect for each child's parents and family members ... in a spirit of understanding, peace, tolerance and equality, taking into account and respecting diverse sexual orientations and gender identities..."⁷ In addition, States shall "[e]nsure that education methods, curricula and resources serve to enhance understanding of and respect for, inter alia, diverse sexual

orientations and gender identities, including the particular needs of students, their parents and family members related to these grounds.”⁸

2.23 The need for equal treatment for same-sex partnerships has been recently underlined by the EU’s Fundamental Rights Agency (FRA) in a legal analysis covering all 27 EU Member States. “The report also concludes that rights and advantages of married couples should be extended to same-sex partnerships.”⁹ Croatia is currently an Accession country to the European Union.

2.24 Recent recommendations issued since the filing of the collective complaint, by the COE’s Committee of Ministers urge States to include gender equality education in their curriculum, including sexual education:

- **Recommendation CM/Rec(2007)13, of the Committee of Ministers** to member states on gender mainstreaming in education urges taking into consideration the following measures with a view to implementing them, with regard to “[s]chool governance and school organization ... promoting a holistic approach to informal and formal education in schools – an approach that ... covers ... gender equality... and encourages informed decision making, thus preparing girls and boys for community and family life;”¹⁰ with regard to “[i]nitial and in-service education and training for teachers and trainers ... promoting awareness-raising and training on gender equality for all education personnel...”;¹¹ with regard to “[c]ourse programmes, school curricula, subjects and examinations ... making education for private life part of the school curriculum, when necessary, in order to encourage boys and girls to be self-reliant in this area, make them more responsible in their emotional and sexual relationships and behaviour, combat sexist role stereotyping, and prepare young people for a new gender partnership in private and public life...”¹²

- **Recommendation CM/Rec(2008)1 of the Committee of Ministers** to member states on the inclusion of gender differences in health policy recommends to “promote gender equality in each sector and function of the health system including actions related to health care, health promotion and disease prevention in an equitable manner...”¹³

- **Recommendation CM/Rec(2007)17 of the Committee of Ministers** to member states on gender equality standards and mechanisms mentions that in the area of health including sexual and reproductive matters “[e]lements indicating state’s political will and commitment to gender equality in this regard include the following ... existence and promotion of gender-sensitive education and information about health, including sexual and reproductive health, namely through the educational system...”¹⁴

2.25 The gender equality approach of comprehensive sexual education has also been recently considered by the President of the United Nations General Assembly as essential for better access to prevention treatment and support services for HIV/AIDS.¹⁵

2.26 A recent World Health Organization Regional Office for Europe international report from the 2005/2006 survey on health behaviour in school-aged children shows an

increase of 70% in the last four years with regard to experience of sexual intercourse reported by 15-year olds, girls, from 9.7 to 17%, while the experience of sexual intercourse reported by 15-year olds boys rose from 23.2 to 29%, in Croatia.¹⁶

RESPONSE TO GOVERNMENT CRITIQUE OF USE AND CITATION OF SOURCES AND REPORTING METHOD

3.1 The Government, in section 3 of its observations, remarks on the complainant's use of citations of sources and reporting methods claiming that the complaint contains biased sources and intentional distortion of information, including inaccurate quotations.

3.2 The complainant rejects this, and asserts that the extensive use of citations demonstrates the thoroughness with which the complaint has been researched. The selection of sources comes from various authoritative national institutions and international sources as well as civil society organizations.

3.3 The Government's broad accusation of bias in the selection of scientific research sources is actually only based on one specific allegation, the complainant's use of the document "Stop High –Risk Sexual Education". The fact that this coalition of over 178 organizations and 250 individuals, many of whom are prominent in academic or other professional fields, is closely associated with one of the complainant's advisers does not of itself indicate bias. Many civil society organizations at the national level have similar concerns as presented in this complaint and have been documenting and advocating on them. "Stop High –Risk Sexual Education" is based on concrete and credible evidence collected by local experts.

3.4 The Government also argues that there is inaccurate information presented in the complaint, due to this alleged bias. However, the Government again goes on to provide one example claiming inaccuracy in the average age for commencing sexual relations in Croatia. The cited source is a World Health Organization publication from 2004 (see endnote 14 of the collective complaint) and closely mirrors the statistics provided by the Government in its own observations. Minor differences in data do not undermine the complainant's main argument as to the need for Croatia to urgently provide comprehensive, evidence-based and non-discriminatory sexual and reproductive health education.

3.5 In addition, the Government, in section 3.1.3 of its observations, implies that the information provided in the complaint on the situation in the world regarding HIV amongst adolescents is misleading, since the focus of the complaint is Croatia. The complainant maintains that this information is accurately reported as global statistics among young people; indeed, in the next sentence the Complaint explicitly states that Croatia has a low incidence of HIV/AIDS compared to other countries. The global context of HIV/AIDS is included in order to understand the growing trend around the world and the seriousness with which governments should take these trends. Furthermore, the statistics provided on the increase in sexually transmitted infections in Croatia, other than HIV, and which the Government does not refer to/refute in its observations, should also be of serious concern.

3.6 In section 3.2 of its observations the Government also accuses the complainant of “arbitrary interpretation and inaccurate and incomplete reporting” going on to (section 3.2.3) explicitly accuse the complainant of manipulation and deliberate distortion of facts. However, the Government provides no evidence in support or clarification of these vague but serious allegations beyond the presentation of the findings of some of the Expert Committee members in relation to the Teen STAR programme.

3.7 The complainant has never denied that not all members of the Committee found problems with Teen STAR, as the Government argues in its observations at 3.2.2. The collective complaint in paras 11.23 -11.25 clearly indicates that the adverse conclusions reached by some members in relation to Teen STAR were not agreed by the whole Committee and that this information was never made available to the public (para 11.27). This information was provided to the Committee to detail the concerns of some Committee members about the content of the programme and the failure of the Government to consider them, as well as similar concerns by other Croatian institutions, and respond accordingly.

3.8 In response to the Government’s observations in section 3.2.3 (Incomplete Reporting) the complainant maintains that the nature of the collective complaint is to address violations of the Social Charter and to make arguments in support of violations. Thus, the complainant provided information to the Committee in support of the specific violations claimed. That the complaint does not address issues raised concerning the Forum is because the issues did not fall within the scope of the violations we are claiming, in particular with regards to issues concerning discriminatory and unscientifically based programme content. The fact that the Forum provides a better option than GROZD in terms of the content of sexual and reproductive health education to be made available does not diminish the negative impact of the latter – an impact that has the potential to be much greater than the Forum given that GROZD has been chosen as the sole provider in primary schools.

3.9 The complainant maintains that the documentation provided to the Committee on the content of the Teen STAR programme was taken from the programme’s own information provided to the MSES Committee for Evaluating all Programmes Regarding Sexual Education Implemented in Primary and Secondary Schools (See explanation in Annex I and endnote 12 of the the Collective Complaint).

3.10 The Government mischaracterizes at para 3.4.1 the Working Group on Reproductive Health, HIV/AIDS and Development as speaking on behalf of the European Parliament. A correct reading of the letter shows that the Group never claimed to be representing the whole Parliament as the following wording indicates: “*The undersigned Members of the European Parliament, representing the Bureau of the Working Group on Reproductive Health, HIV/AIDS and Development (EPWG), are hereby writing you ...*”. (see Annex E of this response).

3.11 The complainant has not received the copy of the letter from the President of the European Parliament, Mr. Hans Gert Potering, despite it being cited and relied on by the

Government. Nevertheless the complainant does not deny that all European Parliament Working Groups, of which there are over 15, are not official bodies within the Parliament but are composed of individual members who, because of a like-minded concern or interest on a specific issue, form informal working groups. The Working Group on Reproductive Health, HIV/AIDS and Development, for example, was established in 1991 and is open to all MEPs who are interested in sexual and reproductive health and rights issues and the fight against HIV. It provides input on EU policy, mobilizes EU financial resources and promotes awareness raising on these issues. The complainant maintains that while Working Groups may not be official bodies of the European Parliament, and never proclaim to be, this does not undermine the high level of expertise and credibility they bring to the issues they work on, including in this case sexual and reproductive health as evidenced by the significant track record of work of the WG in this field during the last 15 years.

VIOLATION OF ARTICLES OF THE CHARTER

Article 11(2)

Failure to provide comprehensive, mandatory and ongoing sexual and reproductive health education

4.1 The Government has failed to provide concrete evidence to rebut the allegation in the complaint that the current coverage of sexual and health reproductive health education, whether provided through its own state curriculum or extra curricular providers, is fragmented and inadequate.

4.2 The information on different topics in the curriculum provided by the Government in its observations refers to health and not comprehensive sexual education. Moreover, the Government does not provide information about the extent of time and attention given to the topics considered by the state as sexual and reproductive health education, the extent of coverage in the various secondary schools and whether or not the courses the state provides information on are mandatory.

4.3 Narrowing sexuality education to biology lessons (medical technical issues of reproductive health in the context of anatomy (reproduction) and illness) means that the information provided is not comprehensive sexual education, but treats the issue as a technical medical one. (see paras. II.50, III.1-4, III16-37 of the Collective Complaint for international standards on content) This approach is confirmed by the Croatian government's description of its own curriculum, which is analysed in more depth below.

4.4 Information provided by the Government on primary school curricula shows that elements of health education that might have at least minimum relevance for sexual education are not taught until the 4th Grade – two apparently similar topics on limited biological information about puberty.¹⁷ No information is provided to show the amount of time allocated to what it considers to be sexual education. The State does not provide information to the Committee for the situation of sexual education in the 5th, 6th and 7th grades. The State only mentions Nature classes (that the Complainant is aware of being studied in the 5th and 6th grades), when pupils study again only one topic on limited biological information about puberty.¹⁸ Pupils in elementary school study Biology in their 7th and 8th grades, however information relevant to sexual education is only provided in the 8th Grade, during no more than three Biology classes (“1. Parents and offspring,” “4. Reproductive organs and formation and function,” and “7. Responsible sexual behaviour”). According to the information provided by the State, there is nothing in the curriculum of Physical Education that is relevant for sexual education.¹⁹

4.5 In the Secondary Schools Curricula, according again to evidence provided by the Government, the coverage of elements of health education and topics that have a minimum relevance for sexual education is even more fragmented and lacks coherence.²⁰

The state has failed to provide the Committee with clear and accurate information on the extent to which these courses are offered and mandated by the State in the various secondary schools that exist in Croatia: grammar schools, vocational schools, and art schools (see Attachment no.3 of the State's Observations). The complainant submits that Biology is only studied by all students in grammar schools compared to approximately one quarter of the total number of pupils in secondary schools, and by a limited number of pupils in vocational schools, depending on their speciality e.g. health schools, chemistry schools, school for food technicians.²¹ Psychology and Sociology are also studied only in grammar schools. They are not offered as elective courses for pupils in vocational or art schools. At para. 3.1.1.1. of the Written Observations, the State mentioned Hygiene, but provided no evidence of the topics related to sexual education studied in such a course, the year and type of secondary school where it is taught, whether the subject is mandatory or elective, and extent of time given to the topics on sexual education.

4.6 This fragmented approach is reinforced by the conclusions of the first Expert Commission: *"We especially emphasise the fact that lot of children, especially during secondary-school education, do not take some of the courses, i.e. psychology and sociology, and, for those who do, these courses do not begin until the second part of the high school education. At the same time, the need for adequate education is manifested much sooner. The child's transition from primary to secondary education coincides with especially sensitive adolescence phase, where all kinds of changes begin to occur..."*²²

4.7 The complainant also submits that the information is limited to the specificities of biology and psychology, and does not represent comprehensive sexual education. Again, the Government does not provide information about the amount of time and attention given to the topics it claims are taught as sexual education. This is particularly relevant since from the wording and numbering of these topics, some of them appear to be subsections of more extensive topics that are taught during just a one hour class or simply examples of aspects covered in a one hour class.²³

4.8 In para. 3.1.1.1., the Government claims that health education (implying but not explicitly referring to sexual education) is included "independently" by schools in the topics covered by "facultative and elective subjects, Homeroom Period curricula and a number of extracurricular programmes." First, these are non-mandatory classes. Second, the selection of topics provided in homeroom is wholly subject to the discretion of the individual school. In addition, the Government does not show support that any of these activities or programmes have direct relevance to sexual education, just as it does not with respect to the claims of "additional health education programmes," referred to in para. 3.1.1.2 of the state reply (The internet link that the Government is referring to in its footnote 21 is not relevant for the case – the project "E-medica" is about connecting medical/health schools with ICT technology.). In addition, the so-called 'list of projects and programmes of associations in the field of informal education of children and youth co-funded by the MSES' that the State is claiming to offer information on "gender equality and sexuality and reproductive education of youths" are also not part of mandatory education (see Attachment no.4 of the State Written Observations). Again,

the Government does not offer information as to relevance for sexual education, extent of time dedicated to such programmes, the curricula, where they are taught, and number of pupils attending such programmes (see para. II.7 of the Collective Complaint).

4.9 With regards to Government Observations concerning the Catholic Religious Teaching Course, the complainant maintains its arguments presented in the collective complaint (see paras. I.6, II.4, III.16, III.37, III.83).

4.10 In the circumstances Croatia cannot assert, as it does at para I.2.1 that it *considers that it fulfils all the prescribed criteria of comprehensive (on all educational levels) as well as mandatory (part of the regular curriculum) education, encompassing all students...*

4.11 Government support for MEMOAIDS, whilst welcome, should be put in context. It focuses solely on HIV/AIDS prevention and does not cover the range of issues that form part of sexuality education. In addition its coverage has decreased from 109 schools in 2005/06 to 30 schools in 2006/07, and to just 15 in 2007/08 (and the same number is expected for 2008/09).

Content is not comprehensive, evidence-based and non-discriminatory

4.12 No attempt is made by the Government to address the substantive criticisms of the sexual and health education programmes in the complaint, most notably the content of the extracurricular programme Teen Star and the GROZD Programme made by the Gender Equality and Children's Rights Ombudspersons.

4.13 No support is provided for the claim of the state that the *health education solution is in conformity with EU practices* and that *'content and information of extracurricular programmes also covers all topics recommended by international bodies'* and *Pilot programmes cover all the required topics recommended by international and regional bodies for effective health protection and promotion among youth* as it maintains in paras 1.2.3 and 1.3.7 respectively of its observations. It is notable that in defending its position the Government refers to 'health education' generally but rarely 'sexual and reproductive health education' demonstrating the lack of priority given to the latter and/or appropriate framework in place.

4.14 The fact that Teen STAR may no longer be taught in a large number of schools as previously does not affect the main arguments of the complaint as originally framed. As already outlined above, Teen Star, which is an extra-curricular programme, is being effectively replaced by the potentially mandatory programme GROZD in so far as the latter adopts many of the same approaches to issues such as gender and sexuality discrimination and stereotyping and the misinformation on the use of contraception. The main difference will be that ultimately GROZD is due to be implemented in all elementary and secondary schools and hence its impact will be that much greater.

4.15 In this regard it is not clear how the State can describe the reform process as being ongoing with all important documents being *'development documents, open to changes and improvements'* [para 1.3.2] if the outcome is to perpetuate existing weaknesses in programmes in the face of international and national criticism.

4.16 The State provides no concrete evidence to support its assertion at para 1.3.2 that since 2004 *'all course contents, including on sexual and reproductive health have been brought up to date and harmonised with the most recent scientific advances and accomplishments.'* Similarly, no elaboration is provided on what constitutes the *'methodical approach to teaching'* which has been allegedly modernised and how *'intensive professional education and training of all authorities competent for education activities'* has been carried out as per para 1.3.2

4.17 The State provides no evidence rebutting the claim of indirect discrimination, including criticism by both Ombudspersons. It goes on to erroneously state at para 1.3.8 that *there are no indicators which require positive discrim in this area'*.....thereby demonstrating its lack of commitment and or awareness in this area.

Failure to ensure appropriate teacher training and qualifications

4.18 In its observations the Government has not provided any relevant information on the appropriate teacher training and qualifications for those teachers charged with carrying out teaching on topics related to sexual education both in curricular and extra-curricular subjects.

4.19 Firstly, the information provided by the Government in para. 1.4.1. is not directly relevant to sexuality education as it refers to *general* training of teachers, school principles, expert associates, staff members, heads of county expert councils, and even representatives of the founders, irrespective of their teaching subject or area of activity. Furthermore, the Government did not provide any particular information about the content of these trainings.

4.20 As addressed in paras. III.51-III.54 of the complaint, various international and regional standards require specific training and retraining of teachers on sexual and reproductive health education. This is essential in order to ensure that students are receiving accurate and objective information on the different topics. Moreover, as addressed in para. III.55 of the Collective Complaint, according to the WHO Regional Strategy on Sexual and Reproductive Health in Europe, specific training and retraining is particularly needed due to the specific challenges in this area. Such challenges include being aware of the needs of youth, being capable of dispelling various myths, having the skills to establish good communication with the students based on confidence and understanding.

4.21 Secondly, the Government affirms in Attachment no.7 that health education topics are addressed within the teacher training for teachers of Nature and Biology, Physical

Education and Catholic Religious Teaching Course, expert associates, and pedagogues and at seminars for the secondary school teachers of Biology, Ethics, Catholic Religious Teaching Course, Sociology and expert associates. However, the Government does not offer detailed information on the content of these trainings in relation to sexual education, and the extent of time and information provided during these trainings and seminars. From the scarce information provided, it appears that only one cooperation with external experts and organizations may be relevant for a limited area of sexual education (medical aspects), but the content and extent of the so-called “educational package” is unclear.²⁴

4.22 Thirdly, existing sexual education courses for students have been criticized by several Croatian experts, including members of the MSES own First Commission, precisely because of the lack of teacher training: *“When looking from methodological and didactic perspective, one can note that the subject is mostly transferred in old-fashioned and ex-catedra manner. Also these courses are graded. We regard these circumstances to significantly aggravate the possibility of creating interactive and supportive environment, as the only way to create mutual trust and interactive surroundings between lecturer and students, and provide safe space for teaching and discussing these delicate issues. As data are presented sporadically and, in most cases, through lectures, we regard that neither the approach, nor the teaching style can successfully answer to all complexity of the issue. The basic objection to the approach and proposition, according to which it is possible to advance sexual education issues simply by supplementing existing compulsory courses is the lack of multidisciplinary approach in performing classes, within each of the courses...”*²⁵

4.23 Fourthly, the Government, in its reply, has failed to address the Ombudsperson for Children’s Rights criticism about the lack of training and qualifications of teachers at the level of government-approved extra-curricular sex education programmes such as Teen Star, as presented in paras. III.54 and III.58 of the Complaint.

4.24 In this respect the complainant would also like to apprise the Committee on the international standards with regard to the special considerations for teachers who will be involved in sexuality education. The first special considerations refers to the criteria for selecting educators, which is referred to in a World Health Organization (WHO) and UNICEF document: “[t]he Swedish Association for Sex Education, for example, explains that a teacher of sexuality education needs to feel comfortable talking about sexuality and have a desire to educate. This person must also command trust and give respect, and young people must have faith in this individual and feel comfortable asking questions, discussing issues, listening and learning (Lindahl & Laack, 1996).”²⁶ The teachers’ training will have to take into account that they may need to prepare differently from their regular course preparations to effectively address a) the different roles they will be asked to play e.g. guide, social justice builder, rapport builder, advocate, mentor and living example of the principles respect and diversity; b) the environment in which this content needs to be taught e.g. a safe classroom culture; and c) the responsive, participatory methods which are best suited for this material.²⁷

4.25 According to WHO's key elements of a health-promoting school information, "Teachers who are primarily responsible for family life, reproductive health, and population education may receive *specific relevant training* in implementing a selected curriculum. This training can address the content and a variety of teaching strategies, including active learning methods, such as discussions, debates, role plays, group activities, games, case studies, and community education projects, that engage students and parents. Training ideally provides a chance to practise some of these methods and demonstrates strategies for integrating concepts and skills into various subject areas, such as social studies, language arts, science, religious education, and/or math." [emphasis added]²⁸ In addition, the WHO encourages that teachers use "[a]ctive, informal, personalised, and participatory learning methods, that are culturally sensitive and age-appropriate are most effective in changing healthrelated behaviour and skills (Birdthistle & Vince-Whitman, 1997) and in improving the relationship between teachers and pupils (Parsons, Hunter, & Warne, 1988)."²⁹]

4.26 In view of the above, the professional training of the educators who will teach the selected pilot health education programmes that the State mentioned in para. 1.4.2. of the Written Observations raises issues as to its adequacy and effectiveness. First, the State did not provide information to the Committee regarding the process of selection of these educators, their background experience, knowledge and skills of teaching sex education for primary or secondary schools' pupils. The complainant submits that the process of selecting the educators was not presented. The State failed to provide information to the Committee regarding the content of this professional training.

4.27 In para. 1.4.3 of the Written Observations, the State refers to the training on HIV/AIDS of 6,617 teachers. First, the State did not provide information on the content of the training programme. Second, HIV/AIDS prevention is but only one component of comprehensive sexual education, as described in paras. III.27-III.33 of the Collective Complaint..

Failure to ensure effective education: monitoring and evaluation

4.28 Similar to other responses, the Government only provides general information on how education as a whole is evaluated and not specifically in relation to sexual and reproductive health education. The basis of the complaint with regards to evaluation is in related to sexual education, not in general. The complaint maintains its arguments presented in para III60-68 of the complaint.

4.29 No information is provided in the Government observations on how evaluations are carried out, how the results are assessed, whether and how they are made available to the public and transformed into reform and improvements. The specific allegation in the complaint, admitted by the Education and Teacher Training Agency itself, that it is under-resourced to carry out adequate evaluations, is not addressed.

4.30 More specifically the description of the reform process carried out since 2004 again fails to address the arguments laid out in the original complaint that sexual and reproductive health education is not the subject of any dedicated evaluation process.

4.31 No information is provided on the evaluation of extracurricular programmes such as Teen STAR, despite the significant impact that such a programme has had during the last few years.

4.32 The results of the evaluation 19 June 2006 mentioned by the Government at para 1.5.2 is not known to have been made public and, again, only refer to education in general and not sexual and reproductive health education.

4.33 The overall evaluation process of school education in Croatia has been the subject of recent strong criticism by an expert body established by the Government, the Council for the National Curriculum, in a document entitled *Strategy for the Construction and Development of the National Curriculum for Preschool Education, General Compulsory and Secondary School Education, Republic of Croatia Ministry of Science, Education and Sports, Council for the National Curriculum, 2007*:

'There is still no systematic internal or external education evaluation or self-evaluation on a pre-tertiary level. Bearing in mind the fact that external evaluation was introduced as late as 2005, we are facing a problem of incompetence of education bearers to evaluate or self-evaluate. No strategy for external education evaluation has yet been constructed, nor has a way been conceived to use the results of such evaluation. This is reflected in the non-systematic approach to planning and implementing short and long term changes'

4.34 The report goes on to add *'Similarly, there is no regulation in managing data useful for quality monitoring and development. It is, therefore, necessary to define who has the authority to deal with research and evaluation results and to determine the range and level of information transfer towards direct and indirect actors in the education system'* (see Annex F).

Article 16

4.35 The Government fail to address any of INTERIGHTS specific arguments in relation to Article 16, relying instead on general statements which have little or no relevance to the issues raised in the complaint. The complainant maintains the arguments presented in paras III 82-100 of the complaint and which have been reinforced in relation to GROZD by recent criticisms made by the Ombudspersons (see above).

4.36 No concrete evidence is provided by the Government to rebut the allegations that the content of certain sex education programmes, including both national curriculum and extra curricular, displays examples of gender stereotyping and discrimination on the grounds of sexual orientation. This is particularly the case in the teaching delivered by Teen Star and, imminently, GROZD.

4.37 This omission by the Government is in contrast to the detailed examples presented in the complaint of where programmes breach gender equality. In particular no attempt is made by the Government to address or rebut the strong criticisms made by the UN CEDAW Committee and Croatia's own Ombudspersons for Gender Equality and Children or even how it has responded to such concerns.

4.38 References to authorisation of textbooks do not make any specific mention of content on sexual and reproductive health education.

4.39 No details are provided on the assessment and authorisation process for teaching material used by extracurricular providers such as Teen STAR. Instead, a blanket denial is offered in relation to both its own curricular and extra curricular subjects without any supporting evidence. The conclusion at para 2.1.8 that "*It is thus evident that regular and extra curricular subjects taught in Croatia – including sex edn as well as other educational content – do not contain discriminatory content, nor stereotypes and prejudice that accompany such contents*" is arrived at without any tangible reasoning

4.40 It is not clear how the general details described in para 2.1.7 concerning the MSES' 2007 strategy on national curricula on a '*responsible approach attitude towards ones health...*' are relevant in the context of addressing the Article 16 arguments of the complaint.

Article 17

Failure to Allocate Sufficient Time to Sexuality Education

4.41 The Government's observations on this issue merely reinforce INTERIGHTS' original arguments in the complaint that sufficient time has been allocated to sexuality education. No information is provided by the Government on the number or even minimum hours allocated for sexual and reproductive health education or whether an appropriate planning framework is in place for making such calculations. The resulting impression is one of arbitrariness and lack of concern about seeking to meet WHO guidelines in this field (see below).

4.42 The Government claims that health education (implying also sexuality education) is integrated into other school subjects in both primary and secondary schools. However, the Government has not shown the extent to which topics of sexuality education are being taught (see below). As noted in the complaint at para. III.106, effective health education programmes, including sexual and reproductive health, implies that they last a sufficient length of time. WHO recommends at least 14 hours or more per school year.³⁰ The State does not provide information as to the exact number of hours per school year currently allocated for sexual education.

4.43 In addition, the Government fails to address the limited amount of time (12 hours) allocated to all 5 modules of the proposed health education programmes, which would amount to allocating only 2-3 hours per school year on the human sexuality module (see paragraphs III 105-109 of Collective Complaint). The complainant would also like to emphasise that the Government has not addressed the Ombudsperson for Children's Rights criticism in this regard (see para. III.108 of the Collective Complaint).

Failure to adhere to rule of law ensuring transparent, objective and accountable decision making

4.44 The Government fails to provide any concrete evidence in supporting its assertion that it has 'ensured transparent, objective and responsible decision making' when selecting the experimental pilot programmes. Indeed, some of its own submitted supporting documentation, as outlined below, directly contradicts the Government's own arguments.

4.45 In making its final decisions on the selection of experimental pilot programmes, the government fails to take into account the serious concerns of independent and credible experts such as the Children's Rights Ombudsperson. In addition and even more seriously, some of the Government's responses misstate the views of the Ombudsperson in relation to potential violations of children's rights (see below and her 2007 Annual Report at Annex D).

4.46 It is submitted that making available on the Ministry's website the final versions of the programmes, as well as other documents [para 2.1.3.1.1.13 of the Government's observations], whilst welcome, is insufficient and does not demonstrate transparency and openness throughout *the whole* selection process.

4.47 The chronology presented by the Government in its Attachment 12 focuses generally on education, which is not the subject of the complaint. The complaint addresses the sensitive and often politically charged issue of sexuality education and the failure of the state to ensure that the process of selection was conducted by competent, unbiased persons in an open and transparent manner which takes into account amongst others the opinion of its own national human rights institutions, particularly Ombudspersons opinions. This is evidenced by the lack of inclusion in Attachment 12 of the Government's observations, which purports to provide a detailed chronology of the events, of any of the Ombudspersons' numerous opinions issued throughout the years on this subject. In addition, the Children's Rights Ombudsperson's Annual Report for 2007 reports on the lack of transparency and public participation in the process (see Annex D of this response).

4.48 The details provided in Attachment 12 on the numerous Commissions neither indicate that their deliberations were made public. In this respect the Complainant maintains its arguments presented in paragraphs III.127 -139 of the complaint. Of particular concern is the lack of consideration taken of the opinions of both the Ombudspersons for Children's Rights (CO) and Gender Equality (GEO) throughout the whole process. In one instance the Minister of Health challenged the qualification of the CO to issue an opinion related to the rights of children and called her opinion disrespectful (see para III.35 of the Collective Complaint and attached Ombudspersons for Children's Rights 2007 Annual Report). None of this is refuted by the Government.

4.49 The complainant submits that the information provided in paragraph 2.1.3.1.13 and in Annex 30 of the Government's observations is inaccurate. Specifically, the MSES states in its letter to the CO dated November 28, 2007 that "*We have considered the opinion you provided us with and are pleased that, concerning the contents of the proposals of experimental health education programmes children and their interests are not violated.*" Yet, as reported in the CO Annual Report for 2007 (Annex D of this response), she had not stated that children's rights were not violated. This is supported by her opinion dated 9 November (see Attachment 31 of the Government's Observations) with regards to the content of the GROZD programme. The CO concluded in her annual report "*that most of the [her] recommendations, given in January 2007...were not accepted*". Such misrepresentation and manipulation of the views of the Ombudsperson's office cannot claim to amount to transparent, objective and accountable decision-making, and is further evidence of lack of compliance with Article 17 of the Charter.

4.50 Following receipt of a letter asking for her opinion on 30 October 2007 (see Attachment 28 to the Government's Observations), the Children's Rights Ombudsperson as reported in her Annual Report, requested a report from both the MSES and the

Ministry of Health and Social Welfare (MHSW) on what specific changes had been made to the GROZD and Forum programmes in line with her and the Commission's recommendations from January 2007 (see opinion from Ombudsperson for Children's Rights, Annex XIII and paragraphs II.48 –II.51, III 134, 135, 137-139 of the Collective Complaint; See also Opinion of Ombudsperson for Gender Equality paras II 52-II53 and III. 139, Annex XIII, stating her concerns on the Grozd Programme). However, as the Children's Rights Ombudsperson notes in her Annual Report *"This report was never received not even after a reminder was sent to both Ministries."*

4.51 Yet, two days later, on 2 November 2007, without waiting for the Ombudsperson's opinion or taking into consideration her earlier opinions, the MSES announced its final decision on the health education programme for secondary schools. (see Attachment 25 to the Government's Observations).

4.52 In justifying its decision, the Government relies on opinions issued by various agencies and ministries (see para 2.1.3.1.7 of the Government's Observations). It has characterized these opinions as "positive". However, in fact, they either provide no opinion on the content of the programmes, as in the case of the National Centre for External Evaluation and the Education and Teacher Training Agency or no justification for their support, as in the case of the Agency for Vocational Education and Training which merely states that: *"The Agency for Vocational Education and Training supports the introduction of the above mentioned health education programmes into secondary schools."* (Attachments 20 and 22, respectively, of the Government's Observations)

4.53 Moreover, the evaluation provided by the MHSW dated 16 April 2007 (Attachment 21 of the Government's Observations), explicitly notes serious human rights concerns and questions scientific accuracy with regard to the content of GROZD programme's module on sexual education and recommended that these changes be made. Support for the programmes by the Ministry of Health (see Attachment 20) was conditioned on the harmonization of the programmes in accordance with the statements they have signed, which included that they made changes in the programme as MHSW requested and if they did not to explain why.

4.54 However, as noted above, GROZD did not harmonize its programme accordingly and therefore continues to contain discriminatory and medically inaccurate elements which will now be taught to hundreds of students in the first instance with the potential to subsequently impact on all elementary and secondary school pupils. At no stage did the Ministry of Health see to ensure that GROZD changed the content of its programme. Instead of ensuring an objective evaluation of revisions that were made by GROZD the Ministry permitted GROZD to carry out its own self-evaluation (see page 6 of Government Attachment 12 and Ministry letter at Attachment 20).

4.55 The complainant submits in response to paragraph 2.1.3.1.1.13 of the Government's Observations, that the current availability of the programmes and other documents on the MSES's website does not *"...demonstrate the transparency and openness ...throughout the whole process of introducing experimental health education programmes into its*

school system". Information was only made available after the final decisions were made on the programmes, in November 2007 (see paragraphs II 41, III 47, 127-129, 132- 133 of the Collective Complaint).

4.56 Moreover, the general public debate held by the MSES on its website was launched on 26 January 2007 and analyzed only 11 days later on 7 February (see Attachment 17). Such little opportunity for the public to participate does not support the argument that the *process* of choosing a health education programme was genuinely transparent (particularly in the absence of any public meetings and/or calls for submission of evidence). The complainant maintains that Article 17 of the Charter requires a thorough and transparent review *process*. Neither a brief discussion nor completion of a questionnaire on sexual and reproductive health education on the website nor the availability of documents only after a final decision has been made (see paragraphs III 113-117 of the Collective Complaint) can be considered to constitute transparency.

4.57 With regard to the youth participation noted in Government attachment 12, the complainant submits that the National Students Council is not a representative body of students, as the Council has been selected by teachers and the Council does not report back to the students. Furthermore, it has been recently reported in the media as non-functioning.³¹ In addition, the complainant submits that the first and third Commissions as well as the MSHW did not have any youth representatives. Moreover, among 28 members of the first commission, only one was a representative of a civil society organization, the parents association RODA, and there were no representatives of human rights or youth organizations. In the second commission the only representative of civil society was again from the same parents association, RODA.

4.58 As regards the allegation of undue influence the complainant maintains its submissions with regards to the workings of the Second Commission which have not been rebutted by the Government with any concrete evidence.

4.59 The overall lack of due process has manifested itself in the failure of the Government to demonstrate how any of the significant human rights and scientific concerns expressed by the Ombudspersons (see Annexes to Collective Complaint and Attachment 31 of the State's Observations) have been addressed. In addition, the complainant submits that the Second Commission did indeed recommend that "*if the GROZD Association does not alter the programme according to the Commission's requests, the Commission will suggest that these sections be incorporated into the programme from Croatian Red Cross amended proposal...*", as presented in the State's own submission (see Attachment 18 of the State's Observations). Furthermore, it is unclear on what basis the state claims that conclusion by the Second Commission would be 'illogical' and would have "discredited itself."

CONCLUSIONS

5.1 The Complainant maintains its claims as outlined in the Complaint. The Government remains in breach of its obligations under Articles 11(2), 16 and 17 of the Charter in conjunction with the prohibition on non discrimination.

5.2 The general information provided by the Government in its response combined with an absence of relevant and tangible supporting evidence on sexual and reproductive health education underscores its lack of appreciation of the issue. This is reinforced by its failure, during the intervening period since the Complaint was lodged, to take seriously the concerns expressed by its own Ombudspersons and others in relation to the significant extra curricular programme Teen STAR and the GROZD programme currently being piloted.

5.3 The imminent implementation in a number of primary and secondary schools of the GROZD programme, with its unscientifically based and discriminatory content, and its subsequent potential adoption across the country, will have serious consequences for the nature of Croatian sexual and reproductive health education. By continuing to actively support such a programme the Croatian Government is failing in its obligations to its young people under the Charter.

¹ Elementary schools: Vladimir Nazor, Daruvar; Eugen Kumičić, Velika Gorica; Ljudevit Gaj, Nova Gradiška; Šime Budinića, Zadar; Eugen Kumičić, Slatina; Novi Marof, Novi Marof; Retkovec, Zagreb; Žuti brijeg, Zagreb and K.Š. Gjalski, Zabok. Secondary schools: Bernandin Frankopan Comprehensive school, Ogulin; Upravna i birotehnička škola (School of Administration), Zagreb; Antun Vrančić Comprehensive school, Šibenik; The first Croatian Comprehensive school Susak, Rijeka; Vladimir Nazor Comprehensive school, Zadar
Economic school, Buje

² For example, one of the educational views, which the teachers will have to develop in their secondary school students of first grade according to GROZD's programme, is a sense of masturbation being harmful and "representing turning towards oneself, towards inside, towards that part of sexuality and personality that was clearly meant to be in relation with other person" as it is explicitly stated in the topic: "Reproductive system, hormones and processes".

³ According to GROZD contraceptives show no respect towards the nature of intercourse between man and woman

⁴ According to GROZD sexual intercourse fulfils its meaning in a complete relationship based on love between a man and a woman in permanent union

⁵ The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, available at http://www.yogyakartaprinciples.org/principles_en.htm. Launched by a group of human rights experts on 26 March 2007, The Yogyakarta Principles "... are intended as a coherent and comprehensive identification of the obligation of States to respect, protect and fulfill the human rights of all persons regardless of their sexual orientation or gender identity. ... the Principles have attracted considerable attention on the part of States, United Nations actors and civil society. It is likely that they will play a significant role ... whether directly or otherwise, in normative and jurisprudential development." For more information see Michael O'Flaherty, John Fisher, *Sexual Orientation, Gender Identity and International Human Rights Law: Contextualising the Yogyakarta Principles*, Human Rights Law Review 8:2 (2008), Oxford University Press.

⁶ Council of Europe, Commissioner for Human Rights, Thomas Hammarberg, *Time to reconsider that human rights principles apply also to sexual orientation and gender identity*, Press Release, 14/05/08, also available at the Commissioner's website at www.commissioner.coe.int.

⁷ The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, Principle 16, The Right to Education, point c, available at http://www.yogyakartaprinciples.org/principles_en.htm.

⁸ The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, Principle 16, The Right to Education, point d, available at http://www.yogyakartaprinciples.org/principles_en.htm.

⁹ See EU Fundamental Rights Agency (FRA), Media release, 30.06.2008, available at http://fra.europa.eu/fra/index.php?fuseaction=content.dsp_cat_content&catid=9.

¹⁰ Recommendation CM/Ree(2007)13 of the Committee of Ministers to member states on gender mainstreaming in education, adopted by the Committee of Ministers on 10 October 2007 at the 1006th meeting of the Ministers' Deputies, point 16, available at <https://wcd.coe.int/ViewDoc.jsp?id=1194631&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>.

¹¹ Recommendation CM/Rec(2007)13 of the Committee of Ministers to member states on gender mainstreaming in education, adopted by the Committee of Ministers on 10 October 2007 at the 1006th meeting of the Ministers' Deputies, point 20, available at <https://wcd.coe.int/ViewDoc.jsp?id=1194631&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>.

¹² Recommendation CM/Rec(2007)13 of the Committee of Ministers to member states on gender mainstreaming in education, adopted by the Committee of Ministers on 10 October 2007 at the 1006th meeting of the Ministers' Deputies, point 27, available at <https://wcd.coe.int/ViewDoc.jsp?id=1194631&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>.

¹³ Recommendation CM/Rec(2008)1 of the Committee of Ministers to member states on the inclusion of gender differences in health policy, adopted by the Committee of Ministers on 30 January 2008, at the 1016th meeting of the Ministers' Deputies, point 2, available at <https://wcd.coe.int/ViewDoc.jsp?id=1241743&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>.

¹⁴ Recommendation CM/Rec(2007)17 of the Committee of Ministers to member states on gender equality standards and mechanisms, adopted by the Committee of Ministers on 21 November 2007 at the 1011th meeting of the Ministers' Deputies, point 45.iii, available at <https://wcd.coe.int/ViewDoc.jsp?id=1215219&Site=CM&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75>.

¹⁵ See Statement by H.E. Srgjan Kerim at the Closing of the United Nations High-Level Meeting on HIV/AIDS, the President of the United Nations General Assembly, at pp. 1-2, 12 June 2008, United Nations, New York.

¹⁶ See World Health Organization, HSBC International Report from the 2005/2006 Survey, Inequalities in Young People's Health, at p. 144, 2008, ISBN 978 92 890 7195 6, available at http://www.euro.who.int/eprise/main/WHO/InformationSources/Publications/Catalogue/20080617_1.

¹⁷ See Attachment no.2 Curriculum for Primary Schools, 3. Aims and tasks of primary school education, Nature and Society, pp. 2-3.

¹⁸ See Attachment no.2 Curriculum for Primary Schools, 3. Aims and tasks of primary school education, Nature, p. 3.

¹⁹ See Attachment no.2 Curriculum for Primary Schools, 3. Aims and tasks of primary school education, Physical Education, pp. 5-9.

²⁰ See Attachment no. 3, Secondary Schools Curricula, pp. 1-2.

²¹ In 2006, 26.7% of students attended secondary school programme that is of a generalized or specialized 4-year curriculum; 29.8% of students attended secondary vocational schools focusing on technical or industrial trades with a one to five year curriculum; and 43.5% of students attended, an at least 4-year curriculum fine arts programme. Source: (<http://www.dzs.hr/>, Statističke informacije 2007, Državni zavod za statistiku, Zagreb, 2007.)

²² See Commission for verification of programmes of sexual education that are implemented in primary and secondary schools, Ministry of Science, Education and Sports, *Opinion and conclusions of the working group as a part of the members of the Commission for verification of programmes of sex education with suggestions for implementation of a complete and individual health education*, Zagreb, May 3rd, 2005.

²³ See Government Attachment no. 3, Secondary Schools Curricula, pp. 1-2.

²⁴ Cooperation between the Education and Teacher Training Agency and the experts of "Andrija Stampar" School of Public Health and the School of Medicine Doctors' Association, with the financial support of Procter & Gamble, educational package *About you*. See Attachment 7 Education and Teacher Training Agency, Implementation of the programme of teacher training in the area of health and sex education in Croatian schools, p.2.

²⁵ See Commission for verification of programmes of sexual education that are implemented in primary and secondary schools, Ministry of Science, Education and Sports, *Opinion and conclusions of the working group as a part of the members of the Commission for verification of programmes of sex education with suggestions for implementation of a complete and individual health education*, p. 2, Zagreb, May 3rd, 2005.

²⁶ See The World Health Organization's Information Series on School Health, Document 8, Family Life. Reproductive Health, and Population Education: Key Elements of a Health-Promoting School, p. 54, available at <http://unesdoc.unesco.org/images/0014/001485/148503e.pdf>.

²⁷ See Forthcoming publication by Corinne Whitaker with Joann Stemmerman for Pop Council(2008): Implementation of a teacher-delivered sex education programme: obstacles and facilitating factors, Katie Buston, Daniel Wight, Graham Hart and Sue Scott

²⁸ See The World Health Organization's Information Series on School Health, Document 8, Family Life, Reproductive Health, and Population Education: Key Elements of a Health-Promoting School, p. 54, available at <http://unesdoc.unesco.org/images/0014/001485/148503e.pdf>.

²⁹ The World Health Organization's Information Series on School Health, Document 8, Family Life, Reproductive Health, and Population Education: Key Elements of a Health-Promoting School, p. 35, available at <http://unesdoc.unesco.org/images/0014/001485/148503e.pdf>.

³⁰ See The World Health Organization's Information Series on School Health, Document 8, Family Life, Reproductive Health, and Population Education: Key Elements of a Health-Promoting School, p. 38, available at <http://unesdoc.unesco.org/images/0014/001485/148503e.pdf>.

³¹ source <http://209.85.135.104/search?q=cache:BzZ77Uof-bwJ:dnevnik.hr/vijesti/hrvatska/vodze-ucenickog-prosvjeda-podrzali-drzavnu-maturu.html+nacionalno+vijece+ucenika&hl=hr&ct=clnk&cd=14&gl=hr>
<http://www.glasistre.hr/?93115929c56ff853e8507f61f8c787fd.TS,3591..18128..226259,,>

ANNEX A

Commentary on extracts from the minutes of the Committee for Health Education's Fourteenth Meeting held on 3rd of November 2006 from 2:30p.m. to 6:30p.m in the Ministry of Science, Education and Sports

Required changes for elementary schools programme

- pg. 32. (tasks considering knowledge): to add the term gender "*to discover sexual differences in perceiving and developing self-respect*".

The changes were not made; the term gender was not added.

- pg. 46. (Recommendation for methodical elaboration): to leave out "*During this lesson it is recommended to separate boys from girls*".

The changes were not made

- Pg. 58 (teaching content). To clarify what is meant by this note: "*What are feelings; kinds of feelings*" and "*controlling feelings and moods*", what kinds of feelings are meant by this? A control of feelings doesn't exist, only the control of reaction and behaviour; nobody is to be blamed for their feelings. Of course there can be self-control, but here it is not clearly described what is to be controlled.

Changes were made; "control of feelings and moods" was left out.

- "*During this lesson it is recommended to separate boys from girls*" is to be left out.

The changes were not made

- Pg. 59 (tasks considering attitudes) If there is going to be a more in depth discussion of differences, "gender" must be at least mentioned. Homosexuality is to be connected to tolerance and acceptance. The other possibility is to leave out this topic and let it be thought by health workers.

The changes were not made, the Committee noticed that the term "gender" was yet again left out, but homosexuality was formulated in an acceptable way.

- Pg. 64 (tasks considering attitudes): "*starting to realise that with acquiring the habit of entering relationships with superficial and wrong motives means losing the capability to realise relationships with deeper and right motives*" is to be left out. Definitely leave the topic "The right to one's own opinion, the right to say NO, determination and withholding"

The changes were not made.

- Pg. 66 Parent's meeting. The topic about proactive sacrifice is to be left out and replaced with "punishing the child physically and psychologically" (although it would be best to deal with this topic in earlier elementary grades)

The changes have been made and the topic was withdrawn.

- Pg. 70 This topic is already a part of the regular program for elementary schools in VI grade. It is suggested that an exemplary student is be elected publicly not secretly.

The changes were made.

- Pg. 71 It is to be clarified on an example how the male/female roles will be explained

The changes were not made. The term gender was left out.

- Pg. 73 (teaching content): Proposal of *“Monitoring of signs of fertility and feelings and keeping notes in a table every day”* is to be left out.
- (tasks concerning skills): *“to develop capability of controlling one’s own sexual arousal and avoiding and resolving the habit of masturbation”* is to be left out as well as mentioning masturbation in the context of *“bad behaviour”*.
(recommendation for a methodical elaboration) *“During this lesson it is recommended to separate girls form boys”*. is to be left out.

The changes were partially made. “Avoiding resolving possible habit of masturbation” was replaced by “the capability to overcome possible habits of masturbating”.

- Pg. 75. The topic: *“The meaning of sexual intercourse”* is to be left out. (Because it refers to “the meaning”, in other words is interpreted and founded mostly on attitudes.).

The changes were partially made.

- Pg. 76 Teaching content under segment 4 “Questions: is there such thing as “safe sex”?.. and so forth.” is to be left out.
(Tasks concerning attitudes): *“To differentiate between the contraceptive and the abortive effect of contraception”* is to be left out.
The text *“To discover that different data exist, concerning the safety of certain contraceptive measures”* is to be replaced with the following text *“To introduce expert findings about the effectiveness of certain contraceptive methods”*.

The objections were accepted and the text was changed.

- Pg. 84. The text *“to be authentic in the way of personally accepting and practicing attitudes and values that he/she wishes to carry on to the students”* is to be left out.

The changes were made. Instead of “be authentic” it reads “to personally accept educational values of the program”.

Required changes for secondary schools

- Pg. 32 (teaching content), *segment 5 should be changed to: Introduce students to the physiology of sexual and body changes in puberty and adolescence (why do some boys, as well, experience the growth of chest and so forth)*
(Tasks concerning knowledge): the term gender should be added.
(Recommendation for methodical elaboration) it should be added that: *In the implementation of this methodical unit school doctors should be included (especially for the segment 5 of the teaching content)*
The way in which this content was proposed is too late for high schools (for example first menstruation and night pollution)

The objections were partially accepted, but the term gender was left out.

- Pg. 33 (teaching content), segment 2 “masturbation” and “the control of feelings and arousal” should be left out. To control feelings is impossible, what is possible is to control the reactions and behaviour, nobody is to be blamed for their feelings. Of course there can be self-control, but here it is unclearly worded what is controlled. Segment 3 should be completely left out.
What is meant by segment 1. under “feelings and moods” should be clarified and describe more in depth
(tasks concerning skills), *“to develop the capability of controlling one’s own sexual arousal and to avoid and resolve possible habits of masturbation”* should be left out.
(tasks concerning attitudes) *“To develop awareness that masturbation is a short circuit or in other words turning inwards, towards oneself, of that part of sexuality and personality which is obviously intended to be in relationship with another person”* should be left out.
Comment: If masturbation is described, in other methodical units as well, as “something” bad or in a way that it has been described above, such comments should be left out
(Recommendation for methodical elaboration) *“during this lesson it is recommended to separate boys from girls”* should be left out

The objections were dealt with in the same way as in the elementary school program. The objections were partially accepted. “short circuit” was left out, and some of the wording was changed.

- Pg. 36 (teaching content): segment 5 should be left out (because it is not clear what the content of this topic is)
(tasks concerning attitudes), the statement *“to understand that to develop a habit to go into relationships with superficial and wrong motives means to lose the ability to realise relationships with deeper and right motives”* is also to be left out.
(tasks concerning skills), *“to think about the right meaning of dating...”* is to be changed into “to develop the capability to realise quality relationships”.

The objections were partially accepted so that segment 5 was left out.

- Pg. 46. "*Psychosexual development*" as a topic should be left out because it is not conceived well, and is burdened with attitudes and encourages intolerance towards sexual minorities.

The objections were not accepted, the topic was not left out.

- Pg. 47. (teaching content), the segment "*Advantages and naturalness of breast feeding*" should be kept.

The objections were accepted

- Pg. 48. The topic "*Contraception and sexually transmitted diseases*" can not be dealt with in a single methodical unit. In this methodical unit only contraception should be dealt with but after the following fundamental changes:

The segment considering the abortive methods of protection should be left out, since such are not available on the Croatian market. If this referees to the unscientific idea that every method is an abortive one, than is definitely needs to be changed in accordance with the current scientific realisations.

The topic dealing with non-existence of "safe sex" should be transformed into an analysis of "safer sex", that is, a method of minimising the risk as a part of responsible sexual behaviour.

In the discussion about the reliability of different methods and means of protection/planning pregnancy it is to be clearly stated that scientifically accepted data exist (consult with what the World Health Organisation says about it) and that along side alternative statements of those that represent natural methods exist; therefore, there is no "different data", but there is data accepted by the majority of scientific community and by those who are represented by persons who oppose the use of contraceptives.

The objections were not accepted.

- Pg. 49 The topic "*the meaning and significance of sexual activity*" is to be left out because generally it is not well conceived, and is burdened with attitudes.

The objections were not accepted

- Pg. 59. Developing skills to use condoms should be included in teaching about using natural methods of contraception.

The objections were not accepted

- Pg. 60 the proposed tasks (tasks considering attitudes) should be left out and replaced with: "*to develop awareness about accomplishing a high-quality relationship, based on love, respect, acceptance of differences and specifics of the partner, responsibility and other preconditions for a successful and high-quality relationship*".

The objections were not accepted

- Pg. 61. The topic “*What is marriage?*” should be left out because it is generally not well conceived, and is burdened with attitudes. If this topic remains, it should be fundamentally changed primarily as a discussion with young people about the reasons to enter marriage and chose a partner.

The objections were not accepted

noted that in objections every point “burdened with opinions” should be deleted because an opinion is an individual category.

emphasised that some topics are connected to sexuality in a wrong way, and agreed that this topics is not well conceived.

repeated that we can not talk about attitudes, but value judgments.

- Pg. 71 (teaching content) It should be clarified what is understood by “*task distribution, joint decisions...*” and “*roles of a husband/wife...*” and which attitudes are to be “*developed*”.

The objections were not accepted

- Pg 72. The content of the topic does not fit the title. It should be changed and the task (tasks considering knowledge) “*to analyse how contraception encourages the separation of sexual intercourse from a wholesome relationship and love of a man and a women*” should definitely be left out

(Tasks considering attitudes) Tasks 1 and 2 should be left out.

The objections were not accepted

Annex B

Experimental Health Education Program for Primary Schools

Beneficiary: Parents association GROZD – *Glas roditelja za djecu*

April 2006

PROGRAM METHODOLOGY, p. 20

In line with the pedagogical requirements respecting the degree of development and different sexual maturity rates and processes for boys and girls, when dealing with specific human sexuality topics, it is recommended to hold separate classes for boys and for girls. In fact, one of the crucial components of the program in the field of sexuality is self-discovery and self-understanding, starting with the body. Girls follow and note down their physiological changes and feelings during the menstrual cycle in the monitoring table. Boys also monitor their emotions and moods: even though both learn about their own and the opposite sex, they do so in a different order and to various extents. Consequently, in order to implement this module with the above-mentioned recommendation, the formation of two groups, male and female, is suggested.

Experimental Health Education Program for Primary Schools

Beneficiary: Parents association GROZD – *Glas roditelja za djecu*

October 2007

PROGRAM METHODOLOGY, p. 19

In line with the pedagogical requirements respecting the degree of development and different sexual maturity rates and processes for boys and girls, when dealing with specific human sexuality topics, it is recommended to hold and adapt classes to these requirements. In fact, one of the crucial components of the program in the field of sexuality is self-discovery and self-understanding, starting with the body. Girls follow and note down their physiological changes and feelings during the menstrual cycle in the monitoring table. Boys also monitor their emotions and moods: In the concrete implementation of this part of the program, it is necessary to recognize the fact that children are naturally shy and that there are certain differences between boys and girls, as mentioned previously. It is also important to listen to the students' wishes concerning how they envision the classes so they may feel comfortable and accepted and to achieve open communications and successfully attain the program objectives.

Note: These are the only changed parts. The remaining text shows the intention to separate boys from girls. For example, it is suggested to talk to the children in greater detail about their own gender, and less about the opposite sex, which is impossible to implement if boys and girls are present at the same lecture (Experimental Health Education Program for Primary Schools, October 2007, p. 45, 3rd Module; Topic Title: The reproduction system and processes; Lecture contents: Own sex processes (in detail) and opposite sex processes (in short)).

ANNEX C

THE GENDER EQUALITY OMBUDSPERSON ANNUAL REPORT FOR 2007 *Zagreb, March 2008.*

4. THE FIELD OF EDUCATION

National Policy for the Promotion of Gender Equality 2006. - 2010.

National Policy for the Promotion of Gender Equality for the period 2006. to 2010. (Official gazette 114/06.)¹⁹ (hereinafter National policy), as one of the fields in the 5th Chapter of *the Strategic Framework for the Implementation of the Gender Equality Policy and the Action Plan*, identifies gender sensitive education (subparagraph 3) as one of the measures for implementation. The following measures fall under the implementation deadline in 2007 for gender sensitive education:

3.1.1. Creating a Textbook Standard following Gender Equality Law requirements;

3.1.2. A document will be created, in accordance with the Primary and Secondary Education Textbooks Act, and in order to implement the Textbook Standard, in accordance with the Gender Equality Law;

3.1.3. An expert working group will be created in order to draft a program of qualifying and training educators in the field of gender equality;

3.3.4. An extracurricular (gender) educational program for elementary schools and high schools will be introduced. Through monitoring the implementation of the National Policy measures related to gender sensitive education with an implementation deadline in 2007 the ombudsperson established that the following was achieved:

Measure 3.1.1. has been implemented. A new Textbook Standard (Official gazette 07/07.) was confirmed, making it obligatory for all the textbooks to comply with it.

....However, while the old Textbook Standard (Official gazette 63/03.) used, although unevenly, gender sensitive language (for example when referring to the students it used both noun genders), the new Textbook Standard (NN 07/07.) does not, in a single case, use both noun genders, but rather uses, exclusively, male noun gender (when referring to students).

Measure 3.1.2 has not been implemented, in other words, the documents for the implementation of the Textbook Standard in accordance with the Gender Equality Law have not been written.

Measure 3.1.3. has been implemented. According to the data from the Education and Teacher Training Agency, the main implementers of this measurement, the nine member expert working group for creating the programs for teacher training and qualification in the field of gender equality was founded in December 2007.

.... The Education and Teacher Training Agency is claiming that there have been no funds from the state budget allocated to the Education and Teacher Training Agency for the expenses of writing the program, organizing professional conferences and printing working materials for the teachers.

Measure 3.3.4. The measure has been implemented.

4.3. THE INTRODUCTION OF THE EXPERIMENTAL HEALTH EDUCATION TO ELEMENTARY SCHOOLS AND HIGH SCHOOLS

(PRS 02-02/07-01) The Gender Equality Ombudsperson, after examining the experimental health education programs for high schools (the final version) proposed by the GROZD Association and the Forum for Freedom in Education, evaluated the sections in the Program that could potentially endanger the constitutional principle of gender equality and represent discrimination based on gender, marital or family status and sexual orientation. The evaluation was sent to the Ministry of Science, Education and Sport by a memorandum on the 12th of February 2007 in which she pointed out the following:

- o Gender equality and cohabitation are constitutional legal categories. According to the Gender Equality Law, discrimination is not only prohibited, on the basis of gender, but a legal provision prohibits discrimination based on marital or family status and sexual orientation (article. 6.).
- o Children are not only born in wedlock but also outside wedlock and outside cohabitation (which can, and often does, create single parent families).
- o Divorce is legally permitted.
- o According to the Family Law (Official gazette 116/03.) the nature of the relationships in the family is also based on the principle of gender equality. The equality of the spouses is one of the individual rights and duties of the spouses even when there are no children in the marriage, the marriage is legal even if it is childless, as well as cohabitation when it is without children, and the law also recognizes the equality of the parents.

In such constitutional and legal framework and considering such a reality, it is unacceptable, the Ombudsperson feels, to, *„to develop awareness”* through health education, that sexual intercourse fulfills its real meaning only in marriage (page 49.): *„to develop awareness that sexual intercourse is a physical indication of giving oneself to another person and that it only fulfills its real meaning in a complete relationship, founded on the love between a man and a woman, realized in a long-term faithful unity (marriage)”*, as is unacceptable that the program, doesn't at all mention gender equality (Association GROZD's Program) .

Such a criteria, as well as possible practice (in so far as the GROZD's program would be implemented in schools), is intolerant and discriminatory to the persons that do not live and don't want to live in wedlock, as well as towards the children born outside wedlock to divorced persons, and it leads to social exclusion of those persons (including the children), which is in contradiction with the aforementioned constitutional and legal regulations. Further on, the same sex relationship, in the sense of the Law on the Same-sex Civil Unions that acknowledges the legal effects of the existence of such a union, is a living arrangement of two persons of the same sex (hereinafter partners). The Same-Sex Civil Unions Law forbids „... any kind of discrimination, direct or indirect, based on same sex union, as well as the fact of homosexual orientation “(article 21. Paragraph 1.) and emphasizes how indirect discrimination „...exists when (...) a criterion or a practice exposes a person who belong to the same sex union , based on that fact, to a less favorable position compared to that of some other person.“ (Article 21. paragraph. 4.)

Therefore based on the fact that the Croatian Parliament passed a law that recognizes same sex union, the thesis from the GROZD's Association that they will *„ develop the awareness that a homosexual act is contrary to the very nature of the sexual intercourse “*(pg. 46.) is discriminatory and contrary to the national legislation. Just to the contrary, in the sense of national legislation we are obliged to develop the awareness of the need for tolerance of others and of different sexual identity as part of developing awareness for human rights in schools. By the provision of the article 14, of the Gender

Equality Law it is stipulated that a systematic education and the process of raising the awareness concerning gender equality is binding for all state institutions, as well as other legal person that are participating in the implementation of advocating and establishing gender equality (paragraph 3.), and that the supervising state institution for education and the institutions in that filed of education will implement special measures especially concerning, among other things, the preparation, adoption and the implementation of the education programs (paragraph 4.).

The program doesn't distinguish between the sex and gender roles of men and women, which makes it difficult to eliminate gender and sex stereotypes. According to the Gender Equality Law, new – nondiscriminatory knowledge on women and men, the elimination of sex/gender inequality and gender stereotypes in education at all levels as well as recognizing the gender aspect in all educational-teaching fields should be encouraged. (Article 14.).

The program is not in accordance with the National Policy for the Promotion of Gender Equality 2006. - 2010. which stipulates that: „*Since the introduction of gender sensitive education into curriculum, as well as removing gender stereotypes and gender equality training of the teachers, has been identified as a national priority in the field of education, it is necessary to accelerate the introduction of concrete measures for accomplishing the above mentioned goals.*”

Based on the stated issues, and the article 22 paragraph 1 of the Gender Equality Law, the ombudsperson warned that the experimental health education program for high schools (the final version) proposed by the GROZD Association, in the section referring to human sexuality and sexual education, violated the provisions on the principal of Gender Equality and the prohibition of discrimination based on sex, on marital or family status and sexual orientation.

The analyses of the Forum for Freedom in Education's program found no discrimination content in the way it is defined by the National law, and it refers to gender equality.

The Ombudsperson did not evaluate other aspects of those programs, focusing exclusively on gender equality and the discrimination stated at the beginning.

21. March 2007. the Ombudsperson, keeping in mind the national legislation in her field of expertise, provided the Ministry of Science, Education and Sport with there opinion related to the experimental health education programs for elementary schools (the final proposal) proposed by the GROZD Association and the experimental health education program for three-year long high schools of the GROZD Association and the Association Forum for Freedom in Education.

Following a detailed analysis of the introductory stand points of the GROZD Association Program, especially chapters 1.3.2. Human sexuality and the elaboration of the elementary school programs with the list of modules according to grades from chapter 7, the ombudsperson feels that the Association GROZD's Program does not promote gender equality- the fundamental value of the Republic of Croatia's constitution - and that it is not harmonized with the Gender Equality Law (Official Gazette 116/03. – hereinafter the Law), that forbids discrimination based on marital or family status (article. 6).

Therefore she warned that the health education experimental programs for elementary school (final proposal) proposed by the GROZD Association, in a section dealing with human sexuality does not promote the principle of gender equality and prohibition of discrimination based on marital or family status and gave the recommendation that the experimental health education program for elementary school (final proposal) should be harmonized with the provisions of the Law and other antidiscrimination provisions and that she should be notified on what has been done concerning ombudsperson's warning and recommendation.

The Ombudsperson gave her opinion on 21st of March 2007 on the health education experimental program for three year long high schools (final version), proposed by the Associations GROZD and

Forum for Freedom in Education. After a detailed analysis, the Ombudsperson sent her opinion to the Ministry of Science Education and Sport, stating that the final proposal of the experimental health education program for three-year long high schools (hereinafter the program) proposed by the GROZD Association is also not in accordance with the Gender Equality Law, that prohibits gender, marriage of family status and sexual orientation based discrimination (article. 6).

Besides the objections to the GROZD Association's program that were stated in the opinions relating to the experimental health education programs for elementary and high schools, the Ombudsperson had additional objections. Although not dealing with the meaning of „*fascinatingly harmonic*” essence of the nature of the relationship between a woman and a man, the ombudsperson warned that the 5th modul of the Program for the third grade of the three-year long high school as an educational goal states „*developing awareness on the fact that contraceptive methods change the essence of the sexual act because they do not respect the whole nature of the relationship between a women and a men, that it is in its nature more complex but also fascinatingly harmonic*” (pg 59.)

In addition, she stated that by the article 12 of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (hereinafter the Convention), the states are obliged to take „all the appropriate measures” in order to eliminate discrimination of women in the field of health and ensure the availability of health services based on the equality of men and women, including those dealing with family planning.”

The UN Committee on the Elimination of Discrimination against Women explains this stipulation in further detail, some of the possible measures are: sexual and reproductive health education, the availability of contraception and family planning counseling as the responsibility of both partners. The reproductive health is in the interest of not only the youth but the society as a whole. Therefore the part of the Program where an educational goal is defined as „*developing awareness on the fact that contraceptive methods change the essence of the sexual act*” (pg.59), although it imposes value on the sexual act and although methods of contraception will be discussed within the Program, can still suggest the undesirability of using contraception.

Therefore the Ombudsperson in her Opinion also warned that the experimental health education program for three-year long high schools (the final version), proposed by the Association GROZD , and in the part referring to the human sexuality and sexual education, does not promote the principle of gender equality and violates the stipulation on prohibiting discrimination based on marital and family status as well as sexual orientation, and recommended that the Experimental Health Education Program for three year long high schools (the final proposal), in the segment that refers to human sexuality, is harmonized with the regulation of the Law and other antidiscrimination provisions and that she should be notified about the measures implemented concerning the warning and the recommendation. The Ministry of Health and Social Welfare on 30th October 2007, after examining the revisions to the programs gave its support for the introduction of the experimental programs to schools.

The Ombudsperson sent a memorandum to the Ministry of Science, Education and Sport on 14th of September 2007 asking them to send the revised programs so that she can give her opinion on whether the alterations made are in accordance with the principles of the equality of sexes. Since the daily newspapers on the 3rd of November 2007 published the revisions of the programs according to the recommendation of the Ministry of Health and Social Welfare and since MSES was in the phase of signing the contracts purchasing the programs, the Ombudsperson (using the urgent procedure) on the 7th of November 2007 asked to see the revised programs. MSES on the 2nd of November 2007 signed a contract with the Association Forum for Freedom in Education concerning the purchase of the two experimental health education programs for elementary schools and high schools and on the 9th of

November 2007 the contract on the purchase of the three programs proposed by the GROZD Association (for elementary schools and four-year and three-year long high schools), and on the 26th of November 2007 with the Association Forum for Freedom in Education on the purchase of the two experimental programs of health education (for four-year long and three-year long high schools) . By the end of 2007 the Ministry of Science Education and Sports didn't send any of the, allegedly revised and purchased experimental health education programs for elementary schools and high schools.

4.5. THE ANALYSES OF THE ELEMENTARY SCHOOL TEXTBOOKS FOR CROATIAN LANGUAGE AND LITERATURE FROM A GENDER PERSPECTIVE

In 2007 the Ombudsperson initiated and implemented the **project of the analyses of Croatian language and literature textbooks for elementary school grades from 5 to 8 from a gender perspective**. The Ombudsperson's office analyzed all the Croatian language and literature textbooks from 5th grade to 8th from the list of the approved textbooks that can be used in elementary schools and high schools in 2007/2008 of the Ministry of Science, Education and Sport (hereinafter MSES). Based on the Primary and Secondary Education Textbook Act the Ministry of Science, Education and Sport published a List of approved textbooks that can be used in elementary schools, high schools and vocational schools in the school year 2007/2008, **The goal of the project**, wasn't scientific research but rather the analyses of the exiting situation in applying the measured from the Convention on the Elimination of All Forms of Discrimination against Women, the regulation of the Gender Equality Law (NN 116/03.), The Primary and Secondary Education Textbooks Act (Official Gazette 36/06.; 141/06.), and the Textbook Standard (07/07.) as well as the measures of National Policy for the Promotion of Gender Equality 2006-2010. (Official Gazette 114/06.), concerning the textbooks for Croatian language and literature for higher elementary school grades.

For that purpose, the analyses focused on:

The statistic indicators according to gander for:

1. The authorship of the textbooks and exercise book
2. The authorship of the text and graphic design and illustrations of the textbooks, exercise books and each text individually
3. The representation of male and female characters in the graphic design and illustration
4. The representation of the male and female characters in the texts

Statistic indicators for:

1. Using gender sensitive language in the instructions, exercises and examples
2. The nature of texts and issues
3. The family situation of the adult characters
4. The way of portraying men and women.

A total of 36 text books and 34 accompanying exercise books for Croatian language and literature published by 5 publishing houses intended for elementary schools and pupils form 5th to 8th grades of elementary schools were analyzed.

.....

The gender equality topics in the Croatian language and literature textbooks

The gender equality as a topic in the main text or the accompanying textual segments almost doesn't exist.

„It is interesting to note that the biographies of our female authors are all similar...often they remain unmarried – without their own families, for the lack of family life they compensate with educational work – most often as teachers, they do literarily work on the side – they are most successful in small formats and autobiographic works, they usually live for a very long time“.

The fact is that in our female author's biographies such similarities can be found, however emphasizing their marital or family status was not mentioned in the biographies of any of the male authors.

.....

Most of the texts are a reflection of the today's stereotypical understandings of the „male“ and „female“ jobs. Therefore it was important that in the exercises accompanying the main text the possibility to motivate students to think about their anger with their parents when they don't have time for them is used and to emphasize the importance of each of the family members and show understanding for the jobs they do.

When mums get a job, there is a danger that they will „stop“ being mums

„my mummy mum“ Marina Vidas

(„Kriila riječi 6“, group of authors, Zagreb 2007., pg. 27-29)

„...mum got a job in her profession. Day after, she put on a nice suit and high heels. She was pretty, but she seemed distant, unreachable. Like it wasn't my mummy mum any more. Days went by; mum's touch in the house was obviously missing. Dad and I were completely confused.

... Dad tried to cook any kind of dinner, and each day the house looked worse.

... I started getting bad grades in schools.

... I tried talking to my mum, but she blew me off in a second because she was very nervous.

... I didn't recognize my mum anymore, she seemed so distant and she didn't joke around with me any more.”

The boy, the main character, at the end of the text realizes that his mum is doing a very important job dealing with children with special needs and becomes very proud of her.

Mother and son

Mother-son is the most common family relationship between the characters in the Croatian language and literature textbooks. The relationship between mother and daughter is up to 2 and a half times more rear.

CONCLUSION

Concerning the goal of the analyses of the state of affairs in the implementation of the measures from the Convention on the Elimination of All Forms of Discrimination against Women, the regulations of the Gender Equality Law (NN 116/03.), The Primary and Secondary Education Textbooks Act (Official Gazette 36/06.; 141/06.), and the Textbook Standard (07/07.) as well as the measures of National Policy for the Promotion of Gender Equality 2006-2010 in the Croatian language and literature textbook for grades 5.-8. for elementary schools: The opinion of the Ombudsperson is that significant positive step has been taken concerning the use of gender sensitive language, which is in accordance with the requirements of the textbook standard – 94% of the main texts in textbooks use either gender neutral or gender sensitive language, at the same time there is no exercise books that use gender insensitive language. However, the Ombudsperson, emphasize that the textbooks are still not in accordance with the paragraph 7. Of the 7. *Graphic and Illustration criteria and requirements* stipulated in the *Textbook Standard* (Official Gazette 07/07.), which is further supported by the

percentages in the analyses – 74% of individual characters showed in the illustration, photographs and other illustrative or graphic support of the text in the textbooks are men. Also, in the exercise books the highest percentage of characters in the illustrations and graphics are male characters (33%), while female characters with 12% of representation are at the very bottom, in smaller percentages than the representations of nature, animals and objects. The ombudsperson feels that a more equal visibility of female and male characters in the illustration solutions would mean promoting gender equality. Although the Ombudsperson acknowledges the fact that the way in which women are portrayed in most of the texts in the textbooks is conditioned by the way in which they were described during history, or in other words, older Croatian history, she feels that the possibilities of additional texts, exercises and topics for debate in order to educate about gender equality are not used as much as they could be.

OMBUDSPERSONS'S RECOMMENDATIONS

Therefore in order to accomplish the goals of gender sensitive education the Ombudsperson recommends:

1. at the time of textbook writing and approval the UN Convention on the Elimination of All Forms of Discrimination against Women, the Conclusions of the Committee for Elimination of Discrimination against Women in the field of education, the stipulations of the Gender Equality Law, the Primary and Secondary Education Textbook Act and the Textbook Standard as well as the measures for introducing gender sensitive education of the National Policy for the Promotion of Gender Equality 2006-2010 should be followed.
2. Expert training in the area of gender equality for all the educators should be systematically and consistently implement.
3. The measures 3.1.2. Of National Policy for the Promotion of Gender Equality 2006-2010 should be implemented, in other words documents for the implementation of the Textbook Standard, in accordance with the Gender Equality Law, should be created.

Annex D

The Ombudsman for Children's

Report for 2007

3.11 HEALTH EDUCATION

In the section of the report dealing with the health education we will show a chronology of the Office's activities, the reactions of the two relevant Ministries and reaffirm the views of the Ombudsman as well as to state the current state of affairs to our best knowledge.

The Ombudsman for Children's Office sent a recommendation to the Ministry of Health and Social Welfare in January 2007 concerning the proposed health education programs for elementary and high schools. The recommendation was also sent to the Ministry of Science, Education and Sport as well as to both of the associations interested in implementation of the program (Forum for Freedom in Education and Grozd). In the recommendation, among other issues we emphasized the view of the Ombudsman for Children's Office that any program through which the children are thought about health, and especially sexuality, should be harmonized with the standards of the respect for the protection of human rights, gender equality, and combating all forms of discrimination and homophobia. It is of vital importance that the information that the children receive through the health education program is correct, scientifically founded, and presented in an interdisciplinary way and in accordance with the Convention on the Rights of the Child and the Republic of Croatia's laws.

The recommendation was made public on the web pages of the Office and a statement was written for the public which showed great interest. A great deal of the public actors supported it and agreed with the standards that the Ombudsman affirmed, however some of the actors dismissed it and even questioned the Ombudsman's right to express views on this topic and denied the Ombudsman's competences for it.

In February 2007 the Committee for Family, Youth and Sport and the Committee for Gender Equality of the Croatian Parliament held a round table on the topic „Health Education in Schools” during which the Ombudsman reaffirmed the views of the Office. In the Committee's report on the round table it was said that the representatives of the two relevant Ministries did not resolve the dilemma: which Ministry's competence is it to evaluate the proposed health education programs, and why the Committee that was founded in order to evaluate the program or even the minister himself didn't make the final decision but rather founded a second committee in the other Ministry that is supposed to evaluate the programs? At the end of the discussion it was stated „... that regretfully even after two years of working and public debates on introducing a new subject....the Ministry of Science, Education and Sport still didn't create a Proposition for Health Education for the school year 2007/08”.

In March 2007 the Expert Committee, made up of five members, for creating the opinion on the health education programs in schools sent to the Ministry of Health and Social Welfare their opinion on the program, a general evaluation of each of the program proposals with the conclusion „that before accepting and implementing Forum's and

Grozd's program necessary adjustments have to be made in accordance with this expert opinion". This opinion of the Committee on the experimental health education program was sent to the Ministry of Health and Social welfare in April.

following to the opinion of its Expert Committee, the Ministry of Health and Social Welfare on 30th of October 2007 sent an opinion supporting „the implementation of the experimental programs in so far as both association harmonies their programs fully, in accordance with their signed statements." to the Ministry of Science, Education and Sport. That same day the Ministry of Science, Education and Sport is asking for an opinion of the Office on implementing the experimental program of health education in which it claims that MHSW „gave its consent for the implementation of the proposed health education in schools". The Office requested, on 31st of October from both Ministries to write a report on what specific alterations were asked by the Committee, the estimate on whether they comply with the standards of the quality health education that the Ombudsman for Children stated in her recommendation in January as well as whether they have been made. This report was never received not even after a reminder was sent to both Ministries.

Based on the legal authority stated in the Law for the Ombudsman for Children, the professional competences within the Office, the interest of the domestic and international public and legal bodies for the topic, and mostly based on the obligation to safeguard the wellbeing and the interests of the children, the Office sent an opinion to the Ministry of Science, Education and Sport on 9th November concerning the experimental health education program for elemental and high schools. The opinion was sent to the Ministry of Health and Social Welfare as well. The opinion states that, although, the Ministry of Science, Education and Sport in its memorandum sent to the Ombudsman for Children's Office on the 30th of October 2007 states that the expert team on the Ministry of Health and Social Welfare „gave its consent for the implementation of the proposed health education programs in schools" it can be concluded from the Ministry of Health and Social Welfare's opinion on the 30th October 2007 that the Committee, after an insights into the program amendments, feels that a large number of suggestions and comments were adopted and that the quality of the proposed programs was improved therefore it supports the implementation of the experimental program in so far as the Associations Grozd and Forum fully harmonies their program to the statements signed. The review of the final versions of the programs shows that the association GROZD didn't fully harmonize their program while Forum for Freedom in Education, as can be seen from the reviewed materials „Alterations in accordance with the guidelines of the Committee of the Ministry of Health and Social Welfare" fully harmonized their program with the guidelines of the Committee of which it also notified the Ministry of Health and Social Welfare. The statements of altering the program unfortunately still do not mean that they will be implemented in such a way.

The experimental nature of the program presupposes an external evaluation and presumes an intensive follow-up and possible alteration. However we are of the opinion that the experimental nature can not be an argument protecting any content that is contrary to the interests of a child.

It can be concluded, from the materials that were made available to the Ombudsman for Children that most of the recommendations, given in January 2007 referring to: the way of implementing the program, clarity in explaining and planning the human resources, the

evaluation, and the Health Education Program for Elementary School, were not accepted. What is of especially troubling and is unacceptable is that the children and their parents in elementary schools have been deprived of the possibility of choice because the Association GROZD's program will be the only one implemented in elementary schools from which we can conclude that the children whose parents disapprove of this program will be deprived of the information on this important topic. We restated that the opinion is based on an obligation of the Ombudsman for children to respect the national and international foundations for the standards for the protection of children's rights and stated our utmost disapproval with the occasional implications, by individuals, groups and institutions that the Office has a the negative attitude towards family. This is unacceptable precisely because the office continuously, in the individual cases as well as general initiatives, emphasizes the importance of the best possible conditions for growing up and protection of children in the family as a primary unit of educational and upbringing, emphasizes the suffering of children during bad quality divorces and promotes the importance of family communication and creating a lifestyle of responsible and quality living that begins with the family.

As the response to our opinion MSES, states that it was considered and that it is very glad to see „that considering the content of the proposed experimental program of health education the children's rights and interests are not violated” although such an attitude was not expressed by the Ombudsman for children and also that „the Ministry respected and took under consideration the recommendations that the Ombudsman for Children stated in January 2007” As far as our concern that the elementary schools students and their parents are deprived of the possibility of choice, since only the Association GROZD's program is to be implemented in elementary school, MSES reminded us that the content of health education of the elementary school students is largely integrated in the curriculum for the elementary school for 2006. Therefore „the children that do not want to participate in the health education program by the Association GROZD, will not be deprived for that content”. We have to ask ourselves why was so much time and resources spent on selecting a new program if the students already in the elementary school have the opportunity to study health education through several classes (science, biology, catholic religion and class assembly) in the elementary school and in the high school students can do the same thing through ethics, sociology and biology.

Finally, at the beginning of November the Ministry of Science, Education and Sport made a decision on the selection of the Association GROZD for elementary school and the association GROZD and Forum for Freedom in Education's programs for high school.

Health education was also debated by political parties during the reelection period.

At the end of 2007. the Council of Europe Commissioner for Human Rights expressed an interest for introducing health education into Croatian schools, by asking the ombudsman for Children to do an evaluation of what is the current situation with the introduction of the program and how did the relevant Ministry respond to the Recommendations of the Ombudsman for Children. We described the efforts of the Ombudsman to clearly state her position considering the standards of the health education quality thus considering the realization of four groups of children's rights and the efforts to realize a partnership with the relevant Ministry of Science, Education and Sport starting in September 2006. Unfortunately the meeting we requested with the Minister of Science, Education, and

Sports as with the Minister of Health and Social Welfare never took place, and the Office repeatedly, in various situations in the public and the media, stated the opinion of the necessity of accurate, scientifically founded facts that are presented to the children in a multidisciplinary way,. In our response, we emphasized the large interest of the public and the media for our views and for the details related to the program.

In January 2008 the Ministry of Science and the Agency for Education and teacher Training announced that the implementation of the health education will most likely start at the beginning of March. The Ministry of Science published on its website that a total of 21 schools (10 elementary and 11 high schools) applied to the public call for proposals for the selection of elementary schools and high schools for the implementation of the experimental health education program for the fifth grade of elementary school and the first grade of high school. It was established that the experimental program of the GROZD Association will be implemented in nine elementary schools, and both programs (GROZD and Forum for Freedom in Education) will be implemented in six high schools. The monitoring of the program implementation and the external evaluation will be done in cooperation with the Institute „Ivo Pilar”, the School of Public Health „Andrija Štampar” and the Croatian Institute for Public Health. The training of the program implementers will be done by the Agency for Education in cooperation with the associations that proposed the program, and parent’s consent will be required in order for the student to participate in the implementation. At the same time it was announced that the programs will be experimentally implemented during the second trimester of the school year 2007/2008.

In the end we would like to repeat that we insist that the health education program include the standards of the child’s best interests that are stated in the recommendation sent in January 2007. and in the opinion of the Committee of the Ministry of Health and Social Welfare composed of five members. It is especially important that the program implemented in schools is not, content-wise, identical in a year or two. It has to be improved and changed depending not only on the internal and external independent evaluation of the implementation and the results of the program, but also on the recent scientific findings.

The Ombudsman for Children’s Office is extremely concerned that the program is still not implemented and that the model of implementation is such that there will be children that will not have access to health education. It is necessary that the executive government takes immediate steps in creating concrete measures for the protection of children’s health and prevention through health programs, at the same time to realize measures from the National Action Plan for the Rights and Interests of the Children for the period 2006 to 2012. It is especially important to make the program from all five areas of health education available to all the children (maintaining health and quality of life, human sexuality, addiction prevention, the culture of social communication and the prevention of violent behavior). We completely agree with the recommendation of the Committee of the Ministry of Health and Social Welfare that in the future, if possible straight away, a decision is made for the creation and implementation of a unique regular program of health education developed by the relevant expert institutions that have the authority, knowledge and the capacity of implementation.

Annex E



WORKING GROUP

On Reproductive Health, HIV/AIDS and Development in the European Parliament

TO:

Mr. Stjepan Mesić, President of the Republic of Croatia

Mr. Ivo Sanader, Prime Minister of the Republic of Croatia

Dr. Dragan Primorac, Minister of Science, Education and Sports of the Republic of Croatia

The undersigned Members of the European Parliament, representing the Bureau of the Working Group on Reproductive Health, HIV/AIDS and Development (EPWG), are hereby writing you to express their concern regarding the potential implementation, by your Government, of a reproductive health and sexual education curriculum put forward by the GROZD Association.

The Croatian Constitution safeguards its citizens' unalienable right to health care and to a healthy life (Arts. 58, 69), provisions which are incompatible with an education programme, to be implemented in public schools, that supplies medically inaccurate and incomplete information about sexual and reproductive health and family planning, as well as about available and legal contraceptive methods. This could be extremely harmful for the Croatian youth entering the reproductive stage of their lives, and an infringement of their right to information, choice, and a healthy life.

The title itself of the Croatian 1978 "Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing" suggests that unconstrained choice regarding family planning is a right and should be supported as such by the State, who should encourage and promote an informed decision. The curriculum proposed by the GROZD Association explicitly places the emphasis on values rather than facts, which contradicts, for instance, the WHO recommended strategies, which clearly promote "strengthening the use of evidencebased high-quality interventions in reproductive health", and also state that "reproductive rights imply informed choice on family planning, birth and birth spacing"¹.

The Experimental Program put forward defines sexual intercourse as being both a union driven by love and a means of procreation. For individuals to fully enjoy the former, they must be free from fear of unwanted pregnancies and sexually transmitted infections, including HIV/AIDS. In the curriculum, natural family planning methods are recommended and deemed more appropriate and safer than artificial contraception, since, it is alleged, the latter interfere with the human body and the harmony of the physical union. However, Dr. Jean Marc Olive (WHO) indicates that "the failure rate of natural family planning is much higher than other modern contraceptives. Many studies exist and the results are very similar." Mr. Olive quotes a study showing that, even if used consistently and perfectly, the failure rate is still of 12.5%, compared to modern contraceptives, which have a failure rate of less than 1%².

Moreover, natural contraception, such as the Sympto-Thermal Method, involve self-observation, temperature, external and internal mucus, and cervical observations, all recorded daily, and some methods require up to six months of research and observation (and abstinence) in order to collect baseline data. These methods are neither user- nor youth-friendly, especially as the human body suffers significant modifications during adolescence and puberty, rendering these methods unreliable. There is also research pointing to the fact that unprotected intercourse in the infertile periods of the menstrual cycle may still result in conceptions, but create unviable embryos³, and that pregnancies resulting from failure of natural contraception present an increased risk of miscarriage and birth defects⁴.

¹ <http://www.euro.who.int/reproductivehealth/areas/choice>

² http://www.unfpa.org.ph/news/opinions/lies_and_deception.asp

³ Luc Bovens (2006). "The rhythm method and embryonic death". *Journal of Medical Ethics*, pp. 355-356

⁴ Gray, RH (October 1984). "Aged gametes, adverse pregnancy outcomes and natural family planning. An epidemiologic review". *Contraception*, pp. 297-309;

Additionally, the proposed curriculum is gender-biased and features negative attitudes towards homosexuality, thus contradicting Croatian laws, which prohibit discrimination based on gender or sexual orientation, such as the Gender Equality Law, the Law on Same-Sex Unions, and the Penal Code. In its screening reports regarding your country's accession process to the EU, the European Commission specifically points out that progress in the anti-discrimination field has been limited, and "the level of protection against discrimination is still far from the EU standards". The same report congratulates Croatia on the passing on the Act on Homosexual Unions in July 2003, which governs such unions by analogy with non-marital partnerships between persons of the opposite sex⁵. However, the proposed Experimental Health Education Program contradicts this laudable legislative initiative and risks to jeopardize progress made, by implementing a curriculum encouraging stigma and discrimination.

GROZD Association suggests that responsible parenthood has to do with values and readiness for love, rather than with material circumstances. But even in the Papal *Humanae Vitae* discourse, "physical, economic, psychological and social conditions" are cited as possible reasons to avoid a pregnancy⁶.

Abstinence and faithfulness are not fail-proof mechanisms, as the proposed curriculum claims. The fact that one partner stays faithful does not imply reciprocity, thus making way for the transmission of diseases and infections, including HIV/AIDS, if proper protection is not used. Victims of sexual assaults (rape, paedophilia, incest etc) need to be informed of and have access to contraception and prevention methods. Last but not least, research conducted by the Universities of Columbia and Yale, regarding the US "purity balls", where daughters pledge abstinence before marriage to their fathers, found that 88% of pledgers end up having sex before marriage.⁷

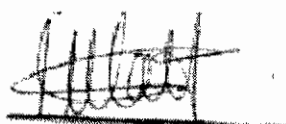
In 2004, President Mesic reaffirmed Croatian support and commitment to "prioritize and fund" the ICPD Programme of Action, along with almost 200 influential government, development, foundation, business and religious leaders, international and youth organisations, scientists and Nobel Prize laureates. This means "to ensure universal access to reproductive health information and services, to uphold fundamental human rights including sexual and reproductive rights"⁸.

We urge you now, Mr. President, to honour this commitment, and offer the Croatian youth an open and scientifically supported sexual and reproductive health curriculum.

Sincerely,



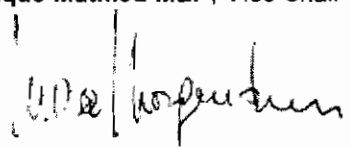
Anne Van Lancker MEP, Chair of the Working Group
on Reproductive Health, HIV/AIDS and Development in the European Parliament (EPWG)



Véronique Mathieu MEP, Vice-Chair of the EPWG



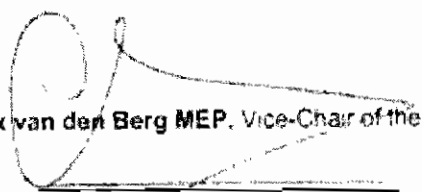
Sophie In 't Veld MEP, Vice-Chair of the EPWG



Luisa Morgantini MEP, Vice-Chair of the EPWG



Lissy Gröner MEP, Vice-Chair of the EPWG



Max van der Berg MEP, Vice-Chair of the EPWG



Robert Evans MEP, Vice-Chair of the EPWG

⁵ http://ec.europa.eu/enlargement/croatia/key_documents_en.htm

⁶ http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html

⁷ "No sex please, we're daddy's little girls", by Jocelyne Zablitt, *Agence France-Presse*,

<http://www.sundaytimes.lk/070325/International/i508.html>

⁸ <http://www.thewif.org.uk/wif/un.php?xy=640&pl=default>

Annex F

Strategy for the Construction and Development of the National Curriculum for Preschool Education, General Compulsory and Secondary School Education, Republic of Croatia
Ministry of Science, Education and Sports, Council for the National Curriculum, 2007

Identifying Conditions in Preschool, Primary and Secondary Education

The starting points for the drafting of a national curriculum are the following: actual and developmental needs of the education system in the context of Croatian society and of needs of

the individual, developmental tendencies and standards in the construction of national curricula accepted in Europe and around the world, and Croatian tradition in the area of education. The insight into the scientific and expert analyses of Croatian education system, into the experiences of other, especially European countries, and into the analysis of documents created by European and other international organizations (OECD, UNESCO) shows that Croatian education system has a series of structural, organizational and curricular weak spots. These need to be overcome in order to achieve the quality of education appropriate for the demands of economic, cultural and social development of the contemporary world.

.....
Primary and secondary school level are marked by a centralized and subject-oriented curriculum. This results in weak horizontal and vertical interconnection of subjects, insufficient integration of educational contents, inefficient vertical and horizontal mobility on the secondary school level, inefficient vertical mobility from vocational school, as well as in weak horizontal mobility within vocational, i.e. secondary school level. It is one of the principal reasons for a growing number of students to discontinue their education early on. A lack of balance in the load of school curriculum has been noticed on both levels. Apart from this, there is a constant insistence on equalization of primary and elementary education. The plan and program differentiation is insufficient when it comes to children with special needs, children with developmental and learning difficulties and talented children. External evaluation and national exam procedures in primary and secondary schools have shown needs to define sign language as the first language for children with hear and speech impairment and to ensure a complete education in Braille for sight impaired children. Education of national minorities also needs to be evaluated and improved.

The initial **teacher training and education program** is outdated. Teacher education is not harmonized with contemporary changes in the system of education, curriculum included. This results in program disharmony in higher education and in inefficient and irrational professional development of teachers (professional training and job promotion). It also relates to preschool teachers, as well as to the lack of competencies definition for principals, mentors, counsellors, higher counsellors, inspectors and their respective professional development and promotion. As far as IT literacy is concerned, research indicates a low level of IT literacy of educational activity bearers on all levels.

There is still **no systematic internal or external education evaluation or self-evaluation** on a pre-tertiary level. Bearing in mind the fact that external evaluation was introduced as late as 2005, we are facing a problem of incompetence of education bearers to evaluate or

self-evaluate. No strategy for external education evaluation has yet been constructed, nor has a way been conceived to use the results of such evaluation. This is reflected in the nonsystematic approach to planning and implementing short and long term changes.

Similarly, no assessment system has yet been developed nor a system to award any given school or individual for special contribution or for education innovation.

School working principles are unclear, whether at primary or at secondary school level. For example, the flexibility principle is hardly practiced in our education system; this is reflected in the lack of optional subjects in schools. The autonomy of school remains undefined.

Vocational programs in secondary schools very often do not correspond to labour market demands; they are hardly in line with economy or competitiveness; they are outdated and are not based on defined competences and clear achievement degrees. It is necessary to work on their harmonization with the European qualifications structure.

The efficiency of education system management is rather poor on local, regional and state level (e.g. linking secondary schools and vocational schools on regional level).

Education Infrastructure is faced with unclear and/or insufficient authority and responsibility, which requires the legislation relating to formal education system to be revised, amended and renovated.

Curriculum development requires the existence of a separate department (an office, section or unit) as a permanent centre for expert and scientific monitoring and implementation of the curriculum (gathering research, statistical and other data) and its constant development and improvement.

Similarly, there is no regulation in managing data useful for quality monitoring and development. It is, therefore, necessary to define who has the authority to deal with research and evaluation results and to determine the range and level of information transfer towards direct and indirect actors in the education system.

An additional difficulty lies in the lack of a single methodology for gathering data relevant for the development of education system. The Ministry, Central Bureau of Statistics, National Centre for the External Evaluation of Education, the City of Zagreb and other units of local selfgovernment gather information using different methodologies and update data rather slowly.

On the other hand, the work has been intensified on a more systematic orientation towards improving material conditions in schools, at all levels. The process of creating a schools' network has also begun.

Schools have been rendered more sensible to change via international projects, Ministry projects (Croatian National Education Standard & CNES) and national exams implementation.

The Ministry has directed its activities towards quality evaluation of the education system (national exams in primary and secondary schools) and has inspired the formation of the system support infrastructure.