



For sexual and
reproductive health
and rights



**Contribution to UPR Info's Pre-Session of the Netherlands
(Monday 29 August 2022, 11.00am)
during the 4th UPR cycle of the Netherlands, November 2022**

Executive Summary stakeholder submission Rutgers and SRI

This report focuses on sexual and reproductive health and rights (SRHR) in The Netherlands. In general, SRHR in the Netherlands are well respected, however, challenges remain with regards to the persistence of sexual violence, the provision of comprehensive sexuality education, and access to contraceptives and abortion, especially for marginalized groups. We suggest specific recommendations on these three topics.

Sexual violence remains a real issue in the Netherlands. Recent scandals involving sexual assault in media, sports and political spaces have recentered the focus on the prevention of sexual violence. The government has appointed a government rapporteur to develop and implement a broad program that includes prevention. It is imperative that this program be gender transformative and youth friendly, and that it focuses on long-term solutions such as comprehensive sexuality education.

Suggested recommendations:

1. Allocate sufficient funds for the implementation of the National Action Plan on the Prevention of Sexual Violence, adopting a gender-transformative and youth-friendly approach, and focusing on prevention, culture change and eradication of harmful norms, empowerment and resilience, and engaging civil society organizations and networks.
2. The Dutch Government should monitor competencies of professionals in the health care system, regarding the prevention of sexual violence, especially in the care for people with intellectual or physical disabilities and provide capacity strengthening where necessary.

These recommendations are consistent with recommendations made in the 3rd UPR cycle by the Bolivarian Republic of Venezuela (131.115; noted), Paraguay (131.148; accepted) and the Philippines (131.142; accepted).

Sexuality education : Education about sexuality and sexual diversity is mandatory by law in primary school and for the first three years of high school. However, the law allows schools great freedom with regards to its contents. Too often, sexuality education is merely focused on bodily and technical aspects, and teachers report not feeling well-equipped to teach it. Young people rate sexuality education at school at an average 5.8 out of 10.

Suggested recommendations:

3. Ensure that comprehensive sexuality education is also mandatory in the higher grades of secondary education, no matter what school type, and integrated in the final requirements for high school graduation (*eindtermen*).
4. Ensure that subjects such as sexuality and sexual diversity are included in all teachers' programs, so that teachers and teachers in training will have the right skills, confidence and knowledge in order to provide comprehensive sexuality education.
5. Sexuality education needs to be expanded on more concretely in the core objectives for school curricula and be comprehensive (*kerndoelen*), so that it is clear for schools what they should teach about these themes and in which quantities.

These recommendations also follow on from the 3rd UPR cycle : Belgium (131.136), Slovenia (131.138), and France (131.98). All three recommendations were supported by Netherlands.

Access to contraceptives and abortion is high in the Netherlands. Still, some barriers remain, especially for marginalized groups. Therefore we encourage the government to collect data on access to (emergency) contraceptives and the factors that may prohibit vulnerable and marginalized groups from realizing their sexual and reproductive health and rights, in order to improve access. Recently, the compulsory five-day waiting period before an abortion was replaced by a flexible waiting period that can be decided together with the doctor after both parliament and senate voted in favor of this change.

On the 15th of March 2022, parliament voted in favor of allowing general practitioners to provide medical abortion, given that they have received enough training and are willing to provide this service. This proposal is still pending approval by the senate.

Suggested recommendations:

6. Ensure the provision of medical abortion through the general practitioner, as well as free and accessible contraceptives for vulnerable groups.
7. Improve methods for data gathering on access to contraceptives and sexual and reproductive health care services, especially among the most marginalized.

These recommendations follow on from a recommendation by France (131.132) (Noted).

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