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Civil Society Shadow Report
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Submission by **Rutgers, expertise center sexuality**
Co-submitted by **WO=MEN Dutch Gender Platform**
and **Stichting CHOICE for Youth and Sexuality**

Rutgers works to improve the sexual and reproductive health and rights of people worldwide. We work on sexuality education and information, access to contraception and safe abortion and the prevention of sexual and gender-based violence.

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Executive Summary

1. This report is submitted by Rutgers and focuses on sexual and reproductive health and rights (SRHR) in The Netherlands as part of the country's efforts for sustainable development. In general, SRHR in the Netherlands are well respected and implemented; however, challenges remain with regards to the provision of comprehensive sexuality education (SDG 4), the persistence of sexual violence (SDG 5 and 10), and access to information, education, contraceptives (SDG 3) and services for marginalized groups (SDG 10). In order to reach the SDGs by 2030 and ensure no one is left behind in the Netherlands, more efforts need to be made for SRHR.
2. Sexual violence remains a problem 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 installed a government rapporteur to develop and implement a broad program that includes prevention. It is imperative that this program be gender transformative (SDG 5), youth friendly (SDG 4 and 10), and that it focuses on long-term solutions such as comprehensive sexuality education (SDG 3 and 4).
3. Education about sexuality and sexual diversity is mandatory by law in elementary education. However, the law allows schools great freedom and discretion with regards to its contents. Sexuality and sexual diversity are explicitly embedded in the governmental policy key goals on education. Nevertheless, too often, sexuality education is merely focused on biological and technical aspects, and teachers report not feeling well-equipped to teach it.
4. Access to contraceptives is high in the Netherlands (SDG 3). However, some barriers remain, especially for marginalized groups. There is inadequate data on access to (emergency) contraceptives and the factors that prevent marginalized persons from accessing SRH services (SDG 10).

Policy & Legal Context

5. In March 2021, the Minister of Justice presented a legislative proposal for a new law that criminalizes all forms of nonconsensual sex. However, the enactment and implementation of the law will only start in 2024, as the implementation system supporting it is not yet in place.
6. Education about sexuality is part of the mandatory curriculum, and schools need to address the topics of sexual diversity, sexual orientation and gender identity, alongside the biological aspects (SDG 3, 4, 5 and 10). However, there is a lot of room for schools' own interpretation of the requirement to provide sexuality education, and the abovementioned topics are often not addressed. That is why young people rate their sexuality education an average of 5.8 out of 10.
7. Under Dutch law, termination in the first 45 days after the last menstruation does not count as abortion but rather as a "late period treatment" (*overtijdbehandeling*). It can be performed at the general practitioner, in registered abortion clinics or in hospitals who have a special permit. It falls under less restrictive laws and legislation. In cases of unintended or unwanted pregnancy, abortion is allowed until 24 weeks.
8. Abortion is still part of the political and public debate. Since 2008 the overall number of abortions has slightly declined. The five-day waiting period applies to those seeking to end their pregnancy after 45 days. Recently the parliament voted in favor of replacing the compulsory five-day waiting period for a flexible waiting period that can be decided together with the doctor. The bill passed the senate on June 21st, 2022.
9. There are still inequalities and challenges for access to contraception, despite the Netherlands often being reported as one of the countries with the highest availability and accessibility of a broad range of modern contraceptives, as well as access to abortion. .

Contraceptives and abortion are not equally accessible, especially for marginalized groups. The *Not Pregnant Now* program aims to increase access for these groups at the municipal level, though it still only covers 50% of municipalities. Most recently, Ukrainian refugees have had difficult access to contraceptives as they receive different shelter than asylum seekers, and therefore do not qualify for free contraceptives. Undocumented persons face the same challenge.

10. Beyond this, inequality in access to contraceptives and other SRHR (services) is addressed hardly if at all. Especially the Covid-19 pandemic showcased that access to medical abortion through the general practitioner is a crucial addition to abortion care. The Netherlands counts sixteen abortion centers, which, alongside hospitals, are the only legal providers of medical abortion. Women in the periphery of the country wanting to terminate their pregnancy must travel far on public transportation to access one of the seventeen abortion centers. During the pandemic, it was advised to avoid public transport, so although there were no direct restrictions on abortion care, it became more difficult to access care, especially if women had to quarantine. With a video consult, professionals looked for a solution and in case of an early pregnancy they could provide the abortion pill. This has reignited the debate about medical abortion. On the 15th of March 2022, parliament voted in favor of allowing general practitioners to provide the abortion pill, given they have received enough training and are willing to provide this service, pending approval by the senate.
11. Contraceptives (except for condoms) are free of charge under basic health insurance for women until the age of 18. Between 18 and 21, they are also eligible for reimbursement, though considering the minimum of €385 deductible (*eigen risico*) which women must pay before receiving reimbursement. Above the age of 21, women have to pay for their contraceptive use themselves. Only parts of these costs can be reimbursed if women have additional insurance, once again bearing in mind the deductible.

Progress and challenges for national achievement of sexual and reproductive health and rights

Sexual harassment and violence

12. In the national SDG review, the Netherlands explicitly mentions that prevention is the central factor in health policy.[1] When it comes to sexual violence and harassment, however, there is still much to be done to integrate a preventative approach to the matter. Recently exposed sexual misconduct scandals at The Voice of Holland, football club Ajax and in parliament made clear to the public that sexual harassment and sexual violence is prevalent in all parts of society. In the Netherlands, 22% of women and 6% of men have experienced at least once in their lives some form of sexual violence. If we include other forms of sexual transgression, such as unwanted groping or kissing, then 53% of women and 19% of men have encountered it. Among young people under the age of 25, 14% of the girls and 3% of boys have at least one experience of sexual violence. These numbers are higher among young persons from the LGBTIQ+ community or with a disability. In 2020, one in ten people in the Netherlands ages 16 and over experienced a form of sexual harassment. This amounts to more than 1.3 million people. Percentages were highest among young women, especially bisexual and lesbian women, and homosexual men.
13. Regarding the workplace, 30% of working women have had experience with some form of physical sexual intimidation in the workplace. 61% have experienced sexually oriented comments, obscene words, hissing or other unpleasant sexually oriented language. Among men, this is 18%. A quarter of women have experienced sexual harassment via digital means. Out of shame or fear of the consequences, 30% keep it quiet and 41% do not go to the internal confidential advisor. As of February 2022, the Dutch government has stated it will start the process to ratify the ILO C190 convention on violence and

[1] Voluntary National Review of the Kingdom of the Netherlands, 2022, p. 15

harassment in the workplace.

14. The online realm takes up an increasing space in the lives of young people in particular. One quarter of primary schools and nine out of ten secondary schools have experienced incidents of online shaming, which, for instance, includes sharing nude pictures without consent. Moreover, the Committee on the Rights of the Child recently recommended that the Netherlands improve its policy on violence against children, including sexual exploitation, abuse and trafficking, online as well as in the State, “especially cases involving sexual exploitation, cyberaggression and grooming”. The report specifies a role for local government to act on online sexual violence against women. These recommendations were emphasized by the National Rapporteur on Trafficking in Human Beings and Sexual Violence Against Children, an independent advisory government agency.
15. The Dutch Government acknowledges the need to prevent and combat sexually transgressive behavior and has recently been taking steps to do so. In February 2022, the Government shared its plans to develop a *national action plan on transgressive behavior and sexual violence,* focused on long-term commitment and sustainable change. The main goal of the action plan is to help shape, accelerate and sustain a fundamental cultural change necessary to put an end to sexually transgressive behavior and violence. The complete plan is due to be published in late 2022. Additionally, a government rapporteur (*regeringscommissaris*) has been appointed for a period of three years (until 2025) to research and provide advice on the prevalence of sexual harassment and violence. Moreover, in its Emancipation White Paper (*Emancipatienota*), the Ministry of Education, Culture and Science, responsible for emancipation policy, mentions social safety and security as a key effort.

Comprehensive sexuality education (CSE)

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17. Since 2012, sexuality education is part of the mandatory curriculum, and schools need to address the topics of sexual diversity, sexual orientation and gender identity, alongside the biological aspects of sexuality. However, there is a lot of room for schools’ own interpretation of these rules regarding both the degree of attention and choice of topics and focus. As a result of this, young people rate their sexuality education an average of 5.8 out of 10. Furthermore, sexuality education is only compulsory in the first three years of high school, while around 50% of young people in the Netherlands become sexually active before the age of 18. This means that by the time young people are sexually active, they haven’t received proper sexuality education for several years. In a poll among 400 secondary school teachers, 72% agreed that sexuality education should be compulsory in the last years of secondary school as well. The government that took office in January of 2022 pledged in its government accord that civic education would become an integral part of the curriculum, taught by adequate teachers.
18. Sexuality and sexual diversity are explicitly embedded in the governmental key policy goals in education (*kerndoelen*). Nevertheless, schools have a great freedom in how to fill in these objectives themselves and choose their own methods, focus on their own topics and decide themselves on degree of attention for these objectives. Rutgers, SOA Aids Nederland, and other organizations have developed evidence-based and comprehensive sexuality education programs for schools, but not all collaborating partners (e.g., municipal and Public Health Centers who support schools with information and tools and organize trainings for the teachers) have the skills and capacity to implement the programs in schools in their own region. Therefore, the quality and number of sexuality education lessons in schools varies considerably. The fact that sexuality education is at this moment still dependent on the school which a student attends is in violation of the Convention of the Rights of the Child. As stated in Art. 29 (d), the State is advised to ensure “the preparation of the child for responsible life in a free society, in the

spirit of […], equality of sexes. It is also a denial of international and regional agreements on the right to comprehensive sexuality education.

19. Since the government has agreed to include sexuality and sexual diversity in school curricula, promotions and assistance, monitoring and evaluation of implementation is necessary. However, Rutgers and SOA Aids Nederland found that according to young people, most schools still only educate about the body and purely anatomical, reproductive elements of sexuality, thereby missing out on the comprehensiveness of sexuality education which is essential in the preparation for adult life. Youth need information and skills to be empowered to express boundaries and wishes. They have a right to freely make informed choices concerning their sexuality and sexual life and the information, education and the means to do so. Freedom, mutual respect and equality are important in making such choices.
20. In its second Voluntary National Review, the Government of the Netherlands mentions that a key focus for equal opportunity is to improve education and make schools "the developmental center for the future",[2] where children learn essential skills for the 21st century. It anticipates achieving this by connecting schools, civil society and businesses. It is important to note that comprehensive sexuality education already provides a broad framework for such skill-building. Beyond skills and talent development that can be useful in work life, through CSE children learn about respecting each other's and their own boundaries, citizenship, rights and freedom. It is imperative that the Government of the Netherlands integrate CSE in its plans to increase equality of opportunity through school. This would also help combat another goal for improved equality mentioned in the Dutch VNR: more attention for gender inequality, discrimination and LGBTI in education.[3]
21. The concluding observations on the fifth and sixth periodic reports of the Netherlands before the Committee on the Rights of the Child also suggested that the Netherlands "integrate sexual and reproductive health education into all levels of education". There must be special attention for the implementation of comprehensive sexuality education to youth and adolescents with intellectual and physical disabilities, youth living in youth care facilities, (mental) health care facilities, and youth with diverse cultural backgrounds, including refugees and asylum seekers. In addition, sexuality education differs highly between schools, and there is no comprehensive overview of what is taught in which school regarding sexuality education. This pattern can be attributed to the absence of a general domestic policy on comprehensive sexual education and its dependence on the individual school. To make the implementation of comprehensive sexuality education effective and sustainable, current and future schoolteachers, as well as health care professionals, must have the skills, confidence and be knowledgeable to teach the mandatory lessons on comprehensive sexuality, including sexuality and sexual diversity.

Contraceptive use and access for marginalized groups

22. Specifically among young people, contraceptive use is high. Of young men and adolescent boys ages 12 and older, 92% report using contraceptives at their first sexual intercourse, alongside 94% of young women and girls of the same age group. Medical contraceptives are free of charge for women until the age of 18, and under basic health insurance for women until the age of 21. However, as Dutch law prescribes for all health costs, a minimum deductible of EUR 385 must first be paid out-of-pocket before costs are eligible for reimbursement between the ages of 18 and 21. Citizens can choose to increase the deductible until EUR 885, in turn for a lower monthly premium. The deductible causes a potential barrier for access to consistent use of contraceptives, especially for those who must take the risk of having a deductible of EUR 885 because they cannot afford a higher monthly premium. This financial barrier is especially relevant for long-acting contraceptives, as women need to pay a higher amount all at once, although some insurers have started offering the option of payment in installments. After turning 21, women must pay for their contraceptive use out-of-pocket. With additional

[2] Voluntary National Review of the Kingdom of the Netherlands, 2022, p. 21
[3] Voluntary National Review of the Kingdom of the Netherlands, 2022, p. 21

insurance, thus at extra cost, part of these costs can be reimbursed. In its own national annual report on the SDGs, the Dutch Government acknowledges that the "big difference in health perspectives between people with high and low socio-economic status" forms one of three key public health issues.[4]

23. Through a government-sponsored program *Nu Niet Zwanger* (Not Pregnant Now), people in vulnerable circumstances are supported to make a conscious and informed choice about (the timing of) their desire to have children, so that they do not become pregnant unintentionally. The Netherlands also provides free access to contraceptives to people who are marginalised. This program has proven very successful and continued funding for the program would be recommendable. However, as this is a locally sponsored program, its implementation is still facing some delays, causing some marginalised groups to not have access to free contraceptives yet.
24. Moreover, some local governments may have better implementation of this program than others, which might lead to discrepancies and increased inequalities in access to free SRH services based on inter alia geography. The government has stated they will ensure that contraceptives remain free for vulnerable groups. However, it is currently not clear who these vulnerable groups are and who can exactly make use of this program. Rutgers encourages the Government to broadly define “vulnerable groups”, to include economic, physical, and social marginalisation.

Recommendations for action

25. Ensure that comprehensive sexuality education is mandatory in the curricula of all classes of primary, secondary, practical and higher education and vocational schools. Furthermore, 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.
26. Increase access to medical abortion provided by general practitioners, and to free and accessible contraceptives by paying particular attention to ensuring access for marginalised persons.
27. Expand Sexuality education in the core objectives for school curricula (*kerndoelen*), so that it is clear for schools what they should teach about these themes, at what frequency, and how comprehensively. Integrate sexuality education throughout the entire secondary school period, and include in the targets set for secondary education.
28. Monitor competencies of professionals in health care institutions, including youth care institutions, regarding the prevention of sexual violence, especially in the care for people with intellectual or physical disabilities and provide capacity strengthening where necessary.
29. When implementing the newly announced law on sexual crimes (*Wet seksuele misdrijven*), the government must take steps to ensure that it includes raising awareness and focuses on prevention, alongside integrating a gender-sensitive and gender-transformative approach.
30. In the implementation of the national action plan on sexual violence, sufficient funds should be made available to implement it adequately, adopting a gender-transformative and youth-friendly approach, focusing on prevention, culture change and eradication of harmful norms, empowerment and resilience, and engaging civil society organizations and networks and their expertise.
31. Act on the recent commitment to ratify the ILO C190 convention on violence and harassment in the workplace. Improve methods for data gathering on access to contraceptives and sexual and reproductive health care services, especially among the most marginalized.
32. Ensure that the data-collection system encompasses all areas of sexual and reproductive health care and covers both qualitative and quantitative indicators; that the data are

[4] [4] Voluntary National Review of the Kingdom of the Netherlands, “Zesde SDG Rapportage”, 2022, p. 14

disaggregated by age, sex, disability, geographical location, ethnic origin, nationality and socioeconomic background; and that data from all relevant entities and municipalities, irrespective of the different methodologies used, are collected and analyzed, and used to inform policy and programs.

Annex I: Organizational Contact Information

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