H. E. R. A.
HEALTH EDUCATION AND RESEARCH ASSOCIATION

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A Member Association of
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European Network

# A SIXTIETH ANNIVERSARY TRIBUTE TO THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION


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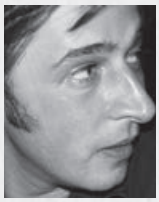

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# Our Dear Members, Friends and Associates,

**Dr. Milena Stevanoviќ,**
**President**

The International Planned Parenthood Federation (IPPF) marks its sixtieth anniversary this year. This organisation was established in 1952 in Mumbai with the purpose of achieving reproductive rights for women. Today, the organisation has 172 member countries, where some 65,000 clinics have been set up. With an estimated 85 million services a year, IPPF makes a serious contribution to the improvement of sexual and reproductive health worldwide. IPPF grounds its services and efforts in the conviction that all people, regardless of their different attributes and social position, have the right to a healthy and satisfying sex and reproductive life and that in realising those rights they are free to make their choices independently.

As a full member of IPPF, HERA has been working guided by this principle for twelve years now, providing around 35,000 confidential and free services in sexual and reproductive health a year. With many steps forward, and sometimes with as many back, we have cooperated with several administrations elected by the people of Macedonia. In that sense, we must distinguish the ones who have always been able to put aside their own political promotion and partisan ideology, to recognise the serious, long-term, and evidence-based approach, and to see the true benefits for the citizens, not only from HERA's activities, but more generally from the civil sector that helps improve whatsoever segment of the sexual and reproductive health and sexual rights in Macedonia.

In order to celebrate the 60$^{th}$IPPF anniversary we have decided to make this publication with the purpose to inform the public about the importance and the correlations of the different aspects of sexual and reproductive health and sexual rights in the society. It is commendable that this topic has received a greater visibility over the last decade and has become a part of the day-to-day discourse, but, on the other hand, the anachronistic tendencies to limit the right to choice have also been imposed.

This is why we have decided to invite the ones who work daily on the accomplishment of our mission to express their opinion. Women and men working in HERA have tried, in their writings and through their personal observations, to underline the problems they face every day and which hamper the realisation of citizens' rights relating to sexual and reproductive health. Their form of address is rather discernible. A short essayistic account coupled with five facts about the subject matter. Their commitment and their experience are their most objective reference.

Do consider these writings attentively and leave your convictions and ideologies behind. Because this is the beginning of a dialogue. This concerns the social justice and a better life for us all.

# The Joining Thread of the Sexual and Reproductive Health Concepts

Everyone will tell you that human health and dignity know no compromise. But once we tackle sexual and reproductive health, things become different; those most voiced in this position, very often, seek compromises. If we refer to abortion, contraception, HIV/AIDS, women, adolescents, LGBT persons, we remember the decades-long battle against social, political and cultural injustice that bars the way to the benefits from human health, sexuality and diversity. Every day we challenge the taboos, prejudices, stigmatisation and discrimination against the people who simply want to enjoy their rights of healthy sexual beings. The sexual and reproductive health concept includes not only physical health, or absence of disease, but also mental and social well-being, whereby people are free from judgement and violence and can freely live and celebrate their sexuality.

Human rights and sexual and reproductive health are interrelated. In circumstances when the right to abortion has been denied, a woman who wishes to terminate her pregnancy cannot expect her health to be maintained. A gay man will not be free to fully live his gender identity so as not to lose his job, unless the right to sexual orientation has been protected. The young will know how to protect their health against sexually transmitted infections and unwanted pregnancy unless schools teach about sexuality education, or in case the right to information has been restricted. Such couples where one or both partners are living with HIV will not be able to have children if doctors are not familiar with or even deny the right to parenthood planning. Women will not be equal to men if their right to access to contraception and other medicine, or generally the right to health services has been restricted.

Sexual and reproductive health is a public health benefit, and the respect and recognition of the individual freedoms and rights is its cornerstone. Here in HERA, hence we've begun, and in that course shall we persist.

**Bojan Jovanovski,**
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**The Five Facts**

1. The 1994 International Conference on Population and Development endorsed a *Programme of Action,* the very first international political document defining the reproductive health and rights, as well as national authorities' obligations concerning the sexual and reproductive health;
2. The United Nations Member States Governments adopted in 2001 the political *Declaration of Commitment on HIV/AIDS* setting out various national objectives and global actions to combat this epidemic;
3. The 2002 international Technical Consultation on Sexual Health convened by the World Health Organisation drew up the technical definition of sexual rights, which also defines the right to choose partners;
4. In 2006, the *universal access to reproductive health* become part of the eight Millennium Development Goals adopted by the United Nations in 2000;
5. In 2001 the Government of the Republic of Macedonia adopted its first *National HIV/AIDS Strategy*; ten years later, in 2011, the *National Strategy for Sexual and Reproductive Health* was adopted.

# Clandestine Deprivation of Women's Hard-Won Rights

Many of us do not know how cruel the abortion legalisation fight was in the past. How cumbersome it was for the women to obtain their right to abortion, to lead a healthier life, to have a future on their own. To be able to decide about their body by themselves, as it belongs to them alone, and to be able to fully enjoy the reproductive freedom.

In the mid-20th century, inspired by civil movements and peace rallies, in many countries women started consolidating more actively in the fight for their rights. Women's movements grew rapidly, and the taboos about abortion took up their position in the public. Anger, pain and fear overwhelmed hundreds of streets while thousands of women demonstrated and lobbied for their rights and remembered their friends, daughters, and relatives whose lives were lost or maimed in search for abortion. Yes, abortion was illegal, most often unsafe, and women were humiliated and emotionally broken. But the number of allies who supported women grew each day, and the battles were slowly but steadily won. Already in 1970s and 1980s many countries legalised abortion and recognised the right to personal choice. The first and the most important battle was won. Macedonian women, too, celebrated in the same time period.

But even today, in the 21st century, thousands of women and organisations in many countries have not ceased fighting the battle for reproductive and sexual rights recognition. Women's rights are still denied, politically and socially unacceptable. The number of anti-abortion movements of ideological or religious background is also growing, with a single objective: criminalisation of abortion and restriction of women's freedom to choice.

In Macedonia, too, organisations, intellectuals, individuals, politicians and religious leaders have arisen over the past years trying to deny or stigmatise the women's rights already gained. Posters of frightening images of dead foetuses, campaigns moralising about the consequences of abortion, statements arguing in favour of foetus' right to life, but disregarding a woman's right to health and life. In the name of what? What would be the impact of taking away the right to choice, to life, to health, to a better future from women and their families? Many decades later, are we going to allow someone to toy with gender equality and women's dignity? No, we will keep supporting the right to abortion, and shout out loudly and proudly: "My body, my life. My right to decide."

**The Five Facts**

1. For exactly 40 years now (as of 1972) women in Macedonia have enjoyed the legal right to abortion, as well as the right to a personal choice to terminate their pregnancy.Also, the Constitution of the Republic of Macedonia (Article 41) respects the women's dignity and self-determination in exercising their right to termination of pregnancy without discrimination;

2. The healthcare system in Macedonia does not subsidise any method of contraception;

3. Since the legalisation of pregnancy termination, in Macedonia there have been no official records of maternal deaths resulting from unsafe abortion;

4. Medical abortion (termination of pregnancy by pill) has not yet been registered and made available to women in Macedonia as an alternative to surgical methods;

5. The first anti-abortion activities in Macedonia appeared in 2008, backed up by aggressive campaigning with monstrous images of foetuses, followed by emotional campaigns celebrating life with a mother and baby representations.

# Safe Motherhood in Macedonia

If you have chosen a role to play in your life, say, to be a mother, or more precisely, to be a mother in Macedonia, then, I believe, you have chosen "the right way". By all means you will endow this country with population, and in return, the country will provide you with the prerequisites for safe motherhood in compliance with the *Safe Motherhood National Strategy*. If you are a single mother, you will be enjoying the privilege of receiving a child benefit from the Ministry of Labour and Social Policy. Further on, if you are a mother at risk of giving up your child for being single, then, the state will call upon the *My Family Project* implemented by the Social Affairs Institute to offer you an expert support and assistance to build your capacities as a single mother and a single-parent family at risk, with the purpose of preventing your giving up the child and entrusting it to the care of the state.

This would be nice, if it were true.

A woman who chooses to have a child will first have to pay for her examinations by the primary care gynaecologist, to which she is otherwise entitled free of charge. This may not pose a problem to the employed and well-off women who would say "well, 300-500 denars is not really much", but they forget about their guaranteed right to free exams throughout pregnancy. However, to a woman coming from the social risk groups in Macedonia, this may well pose a problem. These women decide not to see a gynaecologist, believing that everything will be fine with their child, and pleading with the Cosmos to preserve the fruit of their womb. And if we are to ignore the fact that pregnant women receive poor healthcare, we will seek justification for the increasing number of babies born with health complications and the 30 infant deaths in the first trimester of 2011 in the contemporary lifestyle of women and the growing incidence of STI. On the other hand, if we are to look at the number of the registered STI cases in Macedonia, we will stand amazed at how small it is, and will wonder whether it would be possible to consider it relevant at all.

Enjoying your privilege to be a single mother and the amount of child benefit you will be receiving to raise your child may be either motivating or coercing for you to seek, as soon as possible, a partner to share the expenses with. The training courses provided within the *My Family Project* will certainly explain what it means to be an empowered woman and how to benefit from the on-going active employment measures by the Government, but no one will even bother to hear you out asking questions how to sustain your child and safeguard a dignified life both for yourself and for your child, let alone lend a helping hand in a time of dire need.

The Ministry of Health focuses on performance-based evaluation of doctors, but fails to deliberate how to provide a sufficient number of gynaecologists in the primary healthcare that women in Macedonia need. It makes me wonder, what is the plan of improving women's health and boosting the birth rate – but of healthy born, wanted children – when we lack gynaecologist in the larger towns of Macedonia, let alone its villages? The proposed measures, part of the *Health Insurance for Every Citizen of the Republic of Macedonia* campaign, fail to reach those who need them most, first of all, because a little information reaches the citizens, and second, these measures are not attuned to the citizens' needs. And so, we end up with women giving birth at home in Skopje in the 21st century, not because they want so, rather because they have no choice to act otherwise.

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**The Five Facts**

1. Infant mortality rate (2011): 7.6 infant deaths per 1,000 live births;
2. The infant mortality rate is still three times above the EU average of 4.75 per 1,000 live births. The major reasons behind this include: restricted antenatal care for pregnant women or inadequate health behaviour of the pregnant women; outdated medical equipment, and outdated recommendations and protocols contributing to poor service quality; a smaller coverage by immunisation in certain rural areas or in the Roma community;
3. As of January 2011, the full health insurance and health protection programme for the citizens of the Republic of Macedonia who have not been covered by health insurance by 2011 has provided for: the constitutionally guaranteed right to health protection; health services for the purpose of establishing, monitoring and examining one's health status; universal access to health protection for the entire population, including the people who have no permanent place of residence, the homeless, and other vulnerable groups; and selection of a general practitioner in the primary health care for all citizens of the Republic of Macedonia, which enables the use of services at the primary level of health protection;
4. 2009/2010 has seen a reduction in the registered services in the field of family planning (from 13,331 in 2008 to 7,966), antenatal examinations (from 92,982 in 2008 to 83,287), whereas the community nursing services and the preschool children preventive health protection teams have grown. The health status monitoring system and the volume of health protection of women during the reproductive period and of infants and young children has not been fully developed yet, and adequate recording forms are not in place to carry out efficient monitoring;
5. The economic factor has taken its toll on the babies. Pregnant women do not see their primary care gynaecologists on a regular basis, thus endangering their own health and the health of their babies. Parents happen to take the baby to a clinic over a banal issue, but when the baby is really facing a health problem, they fail to react in time.

# From the Full Realisation of Women's Rights to Social Justice for All

In a column, the President of the Government, Mr Gruevski, points out:"Lowered taxes, increased salaries and social assistance payments are an example of the reformation capacity and taxation policy of the Government of the Republic of Macedonia."My dear friends, I wonder how to understand this construction, how to relate it to our reality? We have spent millions of euros foreign money to develop strategies that will bring about social justice, but we do not seem to be able to grasp the need to reorganise the mind-set of those who lead us before setting unattainable objectives.

Encouraged by the international community, we have adopted the National Strategy for Gender Equality without allocating funds to it, and at the same time the Government of the Republic of Macedonia has introduced incentives aiming at an increased number of live-born children by way of financial aid – a parenting allowance for a second, third and fourth child. How ironic? Working under the pretence of poverty reduction policies and increased social transfers by the state, we have destroyed the woman as a professional, as an active factor in the national economy development, referring to her as "mother", as though it were the only obligation she is to fulfil in the course of her existence, and, of course, if she were to feel accomplished. I would say it

is nice to give people the option to either work or care for their families and be paid for it, but I am somewhat confused by the fact that the husband or the father can use the benefits of these incentive measures only in exceptional situations. Is it so that, in reality, only a woman has the right to use this 'privilege' by the Government? Yes, exactly so: only the women will stay at home, my dear readers, and take care for their little children, whereas men will have to serve their role in the society by working as hard as possible to provide sustenance for their families, not because they want so, but because they do not know or cannot do otherwise. Will the gender equality strategy help us overcome our stereotypes embedded within since times immemorial? Of course, a piece of paper cannot change us, but the measures offered to us as a last resort for the way out of poverty are totally gender non-sensitive and will merely reinforce the unequal gender roles of men and women. Finally, let me stress that the recent *Aman* protests for social justice were organised by men; once again, women were tacit followers of men's rallying cries. Are women waiting for the prince to wake them up from the deep Snow White's dream?

When there are equal opportunities and good education, there is also a possibility for social mobility, and with it, for social equality; this should be the key to social justice in Macedonia.

**The Five Facts**

1. 76% of the households do not participate in the work of civil society organisations; those who do participate, however, are predominantly involved in religious organisations (8.9%) or political parties (7.9%);

2. The poverty rate in the Republic of Macedonia (30.9%) is almost the double of the EU27 average (16.4%), and is higher than the poverty rate of Bulgaria and Romania (20.7% and 21.1%), and of Croatia (20.5%);

3. A UNDP research (2010), found that the Gini index in 2009 was 35%.In 2011 the inequality of income distribution grew compared to previous years and was 37.8. A regional analysis shows great variation in income distribution per regions within the Republic of Macedonia (between 33.6 and 46.5), and also great variations between the different ethnic groups (the inequality among the Roma is 48.5, whereas among the ethnic Macedonians is 35.2);

4. Majority of families having unemployed members (54.4%) have not been covered by the social protection system; in addition to the unprotected unemployed persons, 9.3% of the elderly people above 65 years of age have not been covered by the pension system;

5. The *National Strategy for Reduction of Poverty and Social Exclusion* is the only document dealing with the status of the vulnerable groups and the priorities for their comprehensive inclusion in the measures and services provided by the social protection system. However, the guidelines proposed by this national document, adopted in 2010, were not implemented in practice in 2011.

# National Investments for a Better Sexual and Reproductive Health

**Miloš Stojanoviќ,**
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The first thing that comes to mind to most of the people when they hear the term 'non-governmental organisation' is 'an international money-laundering machine where everybody gets huge salaries'. They may think so drawing on the notion that for quite a while there have been 11,000 NGOs registered in the Republic of Macedonia, but in reality hardly 1,000 have been active.

However, the recent amendments to the civil associations and foundations legislation have filtered the process of operation of these organisations and, I believe, in due course only those organisations will keep running which have, by way of their commitment and transparent work, deserved the primacy to be called 'civil organisations'.

Organisations' activities depend on their funding, which has principally derived from foreign direct or indirect donations over the past years. The state itself, including most of the business entities operating in it, have not yet developed the sense that civil organisations are part of the society, and that they should support their operation more specifically.

The funds allocated from the Budget of the Republic of Macedonia for the enhancement of sexual and reproductive health, compared to the funds received by the Republic of Macedonia from foreign donations, rank very low. To illustrate this, in 2012, 10 million denars were allocated to the *Active Health Protection Programme for Mothers and Children*; about 6 million denars were planned for the *HIV/AIDS Preventive Protection Programme*; however, the donation by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period between 2012 and 2016 has amounted to 6,421,275 euros.

**The Five Facts**

1. Macedonian society still holds prejudices about the role, work and funding of the civil society organisations;
2. Each year the Republic of Macedonia allocates funds from its Budget to finance the non-governmental organisations; in 2012 this equalled 15,000,000 denars;
3. Many of the legal entities in the Republic of Macedonia are not aware that by funding the non-governmental sector they qualify for huge tax exemptions;
4. During the 11 years of its existence, the share of the funds deriving from the Budget of the Republic of Macedonia has never exceeded 3% in the total annual budget of HERA;
5. The City of Skopje is the most consistent supporter of projects implemented by HERA, though these are small-scale ones.

# Fifteen Minutes of Your Time – Fifteen Minutes to Eliminate the Stigma.

The main reason why the world of today is still unable to cope with the AIDS pandemic is that most of the people infected with HIV are not aware of their HIV status.HIV testing is widely available to everybody in Macedonia today; HIV testing is free, voluntary and confidential; it takes up to 15 minutes to receive the results.

And still, the number of people in Macedonia who voluntary have undergone HIV testing remains insignificant.

Is the underlying reason for this the personal perception by the people of our country of their own HIV risk? For example, why would sex without a condom with a person of a different race, a different nationality or from another continent involve greater risk than having sex without a condom with our boyfriend, husband, the student we met just yesterday, our childhood friend, or a shy guy we consider to be the man of our dreams? *It simply makes no difference at all* who we engage in a sexual intercourse with, whether our partner is of the same or the opposite sex, how many partners we have, or which planet they come from. Any sex without a condom poses a risk of HIV. It is not uncommon for the people living with HIV in our country to acknowledge that they, too, had believed that HIV could not happen to them, that it roamed somewhere out there… in other countries… among other people…

*Who should get tested for HIV?* The answer is pretty much simple: *each and every one of us*…This includes my gay friend who regularly uses condoms; and the shop assistant in the nearby supermarket who is a mother of three and does not use condoms with her husband… and myself, when I decide not to use condoms because I've started planning for motherhood; and my friend who is a health worker and seldom uses condoms… a boy who decides to have sex without a condom with his girlfriend after being in relationship for six months…These are the words of a man whom I consider to be the hero of my time:*"I've come to get tested for HIV.I can't persuade my partners into getting an HIV test or using condoms. I know if HIV is diagnosed early enough, you can live with it long, and I'm resolved to live one hundred years…"*This man was more than 70 years old.

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**The Five Facts**

1. For the HIV test results to be considered valid, a time period of 3 to 6 months should elapse after the last exposure to HIV risk;
2. The following is a list of settings in Macedonia where you can get tested for HIV. They provide free and voluntary HIV testing; they do not require referrals, healthcare ID cards, or health insurance vouchers; they guarantee your confidentiality: HERA's mobile clinics operating in 10 towns in Macedonia; HERA's *I Want To Know* youth centres; the Counselling Service of the Infectious Disease Clinic; the counselling services in 10 public health centres across the country; the Public Health Institute; and the *Bit Pazar* Polyclinic;
3. Scarcely 0.15% of the citizens in Macedonia have undergone HIV testing in 2010 using the widespread network of voluntary HIV counselling and testing services;
4. Timely testing for HIV makes it possible to live a healthy, long and quality life with HIV, with an equal life expectancy as living without HIV;
5. 100% of the people who tested positive for HIV in HERA's mobile clinics were detected in time, at an early stage of HIV infection.

# Stronger Together, or, on the Birth of a Community

**Andrej Senih, Coordinator of the *Stronger Together*– Working Group for Support and Self-Help of People Living with HIV in Macedonia**
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A friend of mine, a surviving witness of the early days of AIDS in San Francisco, has recently recounted the situation in the 1980s for me. In those days newspapers would refuse to even publish an obituary about the ones who had died from AIDS; so, such obituaries overwhelmed the local gay community magazine. When people went grocery shopping, buying in bulk for cheaper prices, in their minds they had to calculate – will they live to spend it all? Finally, one shiny day, not a single obituary was printed in the local magazine: the so-called 'triple cocktail' of antiretroviral therapy proved efficient. By all means, this has not come about without the actions taken by those concerned, without the uncompromising fight by the people living with HIV.

In Macedonia, however, for many years people living with HIV have been almost completely invisible to the wider community. In silence and in hiding, fearful and shameful, they have lived the cruellest reality of AIDS for many years more after the 'triple cocktail' had made a revolution worldwide and in the region. Hiding from their doctors, from their colleagues and neighbours, from their closest friends and spouses, finally, hiding even from themselves – unable to raise their voice for their right to life – they vanished off the face of the earth, most often desolate and rejected. Indeed, they were but few in numbers, whereas the potential stigma was so big and the remaining hope so little, that people stayed strangers even to one another.

It did seem, as with many other issues, this tiny, isolated country needed more time. First, the time brought forth unselfish activists, thanks to whom, at last, the time brought forth the therapy. It brought about life. Out of the many remaining challenges the *community* was born, a small one still, but an authentic one. Today they fight for a fairer healthcare, for dignity, for courage, for happiness – for a better life in the community, for a better life of the community. Their lives today make a difference.

**The Five Facts**

1. A 2009 HERA research showed that 50% of people living with HIV in Macedonia have faced some sort of discrimination on grounds of their health status;
2. Even though the Law on Protection of Patients' Rights and the Law on Protection against Discrimination have been introduced, people living with AIDS are still being denied service by dentists and surgeons, and even by their general practitioners;
3. Both women and men living with HIV today can count on becoming parents of healthy children, if they have access to antiretroviral therapy and an adequate healthcare;
4. As a public health measure, HIV therapy can reduce the risk of sexual transmission of the virus by 96%.A person living with HIV who takes their therapy regularly, demonstrates a successful viral suppression for at least 6 months back, and has no other sexually transmitted infections, is considered unable to transmit the virus by way of sexual contact;
5. A population study carried out in Denmark and published in 2011 reached the conclusion that HIV infection, when treated optimally, does not increase the risk of death significantly.

# Sexuality of Persons with Disabilities Must Not Become a Forbidden Touches Regime

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There is but one thing you must know as a general fact when it comes to the sexuality of persons with disabilities –persons with disabilities are sexual beings and they do engage in sexual intercourse!

Apart from this fact, everything else relating to the sexuality of persons with disabilities is variable and cannot be subjected to a single pattern.

The term 'persons with disabilities' covers a wide range of people, depending on the type of their disability: learning disability, physical disability, visual impairment, hearing impairment…As the next person without disabilities, these people, too, have various interests, different standpoints, diverse learning and behavioural models, which is exactly why they cannot accept the prejudices that:

- persons with disabilities won't make good parents, because they don't know how or are unable to take care for their children;
- persons with disabilities must not have sexuality education because this will encourage them into having sexual intercourse; or
- persons with disabilities exhibit an increased sex drive and should be prohibited from engaging in sexual intercourse, as this would increase the number of unplanned pregnancies.

There are no guarantees for good parenting; there is no 'recipe' for ecstatic sexual pleasure, or for a 'perfect relationship' in which partners will never come into conflict. Why should we, then, expect this 'perfection' to apply to the sexuality, family planning and parenting of persons with disabilities? Will it not be better, instead of 'judging' and discussing the 'forbidden touches regime', to educate both ourselves and the persons with disabilities about how to enjoy our sexuality, how to protect ourselves and our partners against sexually transmitted infections and HIV, and how to experiment in sex acts so as to experience the ecstatic sexual pleasure? An adequate sexuality education will help say *NO* to the forbidden touches, select an adequate protection method against unplanned pregnancy, and choose the right sexual partner.

**The Five Facts**

1. Men with Down syndrome have sex drive and engage in sexual intercourse, but are in general sterile, as their sperm is lacking in spermatozoids. Women with Down syndrome are fertile;
2. For some persons with disabilities masturbation can be the only way of experiencing sexual pleasure;
3. The aggressiveness and frustration in some persons with disabilities can be resulting from the several years of suppression of their sex drive and sexual energy;
4. Article 18 of the Family Law of the Republic of Macedonia stipulates that: "persons retarded in their mental (psychological) development cannot enter into marriage, in case they fall into the group of persons with severe and most severe mental retardation (IQ < 36°)";
5. The UN *Convention on the Rights of Persons with Disabilities*, ratified by the Republic of Macedonia in 2011, protects the right of persons with disabilities to decide freely and responsibly on the number of planned children; to have access to information adequate to their age and to education about reproductive and family planning; and to provide the means necessary for the implementation of these rights.

# Silence

A setting familiar to us all: parents sitting comfortably with their children on the living room sofa, watching a movie. All of a sudden, an erotic scene comes on the TV. And we all know well what happens next. One of the parents grabs the remote and changes the channel. SILENCE. Of course, no one says anything, no one asks anything. This is certainly a simpler option – to keep mum – rather than putting an extra effort into explaining those things which should be told, and that every young person wants to know.

This is not a scene that unfolds only in home settings; this happens everywhere. Everywhere around we 'change channels' in the presence of children and the young every time sexuality is concerned, or reproduction, or health, or pleasure, or love, or relationships, or puberty, or the first menstruation, or erection. And everybody makes up the perfect excuse: either the children are too small, or we feel uncomfortable discussing sex, or we lack the information and do not know how to start the conversation.

This story begins at home, and goes on in schools, in the institutions, in the society. Everybody believes it is the other one who should undertake the first step. And while everybody is waiting on the other one, the children and the young are confused at first, frequently a bit scared, and then they start discovering their own ways to get the information they need. Today, this is usually the Internet forums or the peers, and the information they learn is insufficient or even wrong. And, then, in cases when a mobile phone video starts to circulate the Internet, we are all somewhat appalled.

So, what have we done by keeping silent? What is the result of not talking about sexuality, of the refusal to introduce a comprehensive sexuality education? The answer is yours to provide.

It is never too early to speak to children and the young about sexuality, but, believe you me, it can sometimes be too late.

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**The Five Facts**

1. There is no system in the Republic of Macedonia to involve the young people in all stages of decision-making;
2. Any girl above 12 years of age has the right to select a primary care gynaecologist;
3. Homosexuality is unacceptable to 89.6% of the population in Macedonia;
4. More than 90% of the young in Macedonia believe comprehensive sexuality education should be introduced in schools;
5. Safer sex in Macedonia is relatively expensive. If a couple uses double protection (both a condom and an oral hormonal contraception) they should set aside an average of 1,000 denars per month from their pocket money.

# Youth Activism. Who Needs This?

To some, being an activist means taking to the streets, carrying banners high and blowing whistles; to others, this means taking an active role in the events that unfold around them. Regardless of the 'road' you have chosen to take, the objective is to achieve a general, social benefit.

And here, we have always had a surplus of the need to do something for the benefits of all, but shortage of an actual action. And in this context, the young are seldom overlooked, and people normally say:"Where has your youth gone?"; and immediately they draw conclusions that the young are passive, uninterested, wasting most of their time drinking coffee or playing computer games.

I, too, believe that the youth of our country should fight their way to a better position in the society. This would be easy, indeed, if we knew how to do it. Has anyone led the way for the young, made space for them, or had a genuine, sincere intention to do that? Apparently not, it is pretty much clear to all of us.

Fearful of the strength a group of young people may summon up, different power centres have always suppressed it, ignored it, or used it solely for their short-sighted goals. Thereby, missing out on the opportunity to make the young people active citizens of the society. They missed out and failed to use the energy bursting with any young person, an energy that can so easily be transformed into an overwhelming wave of ideas.

As long as any youth desire, any urge to raise our voices is either ignored exactly by the ones who should hear us out, or is confronted by a fictitious youth group of counter-protesters, sometimes even by a group of hooligans, there is little left for us to do.

**The Five Facts**

1. 480,828 (almost 1/4) of the population in Macedonia are young persons aged 15-29;
2. Prior to the second reading of the Draft Proposal of a Law on Youth (October 2011), its mover, the Government of the Republic of Macedonia, withdrew the draft from its parliamentary procedure, a draft that was not prepared in a transparent way, without wider public consultations;
3. The Parliament of the Republic of Macedonia has no parliamentary commission for youth;
4. The *Declaration of the Rights of the Child* entered into force in the Republic of Macedonia on 2 December 1993 by way of succession;
5. In Macedonia 45.8% of the young people are unemployed; the unemployment indirectly impacts the ability of the young to establish significant relations in their lives, including the love ones.

# Self-Respect as a Precondition for Realisation of Rights

Over the past ten or so years I have had the opportunity to cooperate with various persons, diverse on many grounds: social position, community, class, education, age and gender. They are all entitled to, or should be entitled to equal human, and therein, equal sexual rights. Further in this text I will attempt at listing and commenting the positions of those 'most liberal' on the concept of sexual rights. As it will turn out, most often these rights are related to the LGBT communities. Without insisting too much on modifying a given position, I will emphasise how this is relative and reflective to the conceptualisation of human rights in general.

**1. Sexual rights are for…. for sexual orientation, for the homosexuals.**

The right to sexual orientation, I agree, should not be written down and defined as a right. Because the right to mutual and consensual love, for anyone to love whomever they want, for all citizens , cannot be regulated by the law. Of course, a special approach is required when children and their needs and developing capacities are concerned. But, as long as we condemn diversity, publically and illegally, since homosexuality in Macedonia is not prohibited, and as long as we try to define love only as the right of opposite sexes, the right to sexual orientation will have to be distinguished and understood as a special right in our legislation.

However, let me add: sexual rights are not reduced to a mere choice of sexual partner. They are personal and human; they relate to the entire sexual and reproductive health, to the access to state-of-the-art health services, to sexuality education, to the right to plan the number of and the time when to have children, to the right to terminate pregnancy, to the right to non-discrimination, and so forth.

**2. Sexual rights are for in the bedroom.**

This is a reductionist approach. All words containing 'sex' for their root are reduced to a single meaning, that of the activity, the verbal meaning. In the name of a fictitious, anachronistic moral, intimacy becomes identified with silence. Proclamation of the word 'shame' comes to my mind. A dull oblivion that the first kiss, and even the first caressing, the first going out to a nightclub, and so many other things, have happened and are still taking place in a public space. Unaware and comfortable in his everyday enjoying of these rights, as if these can never be changed or taken away, "I don't need such rights", says my interlocutor.

Without forgetting about the right to privacy, sexual rights have always been outside, in the public space, only that now they should become out for all.

**3. Sexual rights are for a small group of citizens. Let them fight for their rights on their own.**

My interlocutor still equates sexual rights with LGBT rights. Functionalistically he ranks the human rights by quantity. A contradiction can be spotted here. On the one hand, he argues that sexual rights are for the LGBT, who are not in sufficient number in Macedonia so as to claim 'special' rights, and on the other, he lives the panic that his space is under threat because, so he believes, homosexu-

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ality in Macedonia is now trendy and escalating, hence their number grows. The ordinary citizen, the poor one, the one inactive and discouraged, all of a sudden feels empowered like the state, and so grants or denies someone their rights.

To have no position on the rights of the others around you, and to see the injustice, only speaks of the relations to one's own rights, and the peculiar conceptualisation of solidarity when sexual rights are concerned. Sexual rights are for all, including the LGBT.

**4. Other rights should be given priority.**

First, such a position builds upon an imagined hierarchical scale of essential rights; then follows the acceptance and reinforcement of the local mentality and conditions; then the disclosure and conciliation with the citizen distrust and inactivity; and finally – conspiracy. Following is the train of thought:"Special rights should be given only to the ones who are genuinely disabled; human rights are not are recognised in name only ; no one here obeys the law; except **FOR** the law of the stronger one.; the concept of human rights, sexual ones in particular, is imposed to us from abroad."

Sexual rights, like all human rights, are social, indivisible, equally important and common. It suffices to have self-respect, a bit of courage and moral responsibility to win your right, whatever it is. Then it is easier to understand the rights of the others, of your fellow citizens.

**The Five Facts**

1. Some of the sexual rights in Macedonia are guaranteed under the Constitution and the law;
2. In Macedonia homosexuality is legal;
3. The right of the young persons in Macedonia to access sexuality education is restricted;
4. It is a widespread knowledge that homosexuality was deliberately removed from the Law on Protection against Discrimination, although the level of discrimination against the LGBT in Macedonia is high;
5. Recently, in Macedonia the rights to access health services and to using scientific achievements have come under question.

# Who's Afraid of Sexuality Education?

It is not simple to explain why there is no comprehensive sexuality education (CSE) in Macedonia.

It has nothing to do with parents, nor teachers. Majority of them are in favour of introducing one such subject. Also, children need that kind of education. We know this because data are available about the need for sexuality education in Macedonia as of 2010. The research was called *Love – Only after Classes*. By reviewing the school syllabuses, this research proved that one would not really want to brag to have gone to our primary or secondary schools, at least not when it comes to HIV, STI, counselling for safe motherhood or family planning, gender relations, sexual orientation.

Neither the academic public nor the experts employed in the administration are against. Several more recent strategic and political documents do call for the introduction of CSE. The Ministry of Health, the Ministry of Education, professors, teachers and the civil sector all agree that the need for CSE is inevitable, and so they took part in the development of the *CSE Framework* which lays down the guidelines for its introduction.

And the MPs? The MPs are also in favour, at least a rather significant part of them. The Commission for Equal Opportunities of Women and Men adopted the *CSE Framework* and made a recommendation to the Education Development Bureau to pilot a CSE programme. Of course, there are also MPs who believe that CSE topics would be safest covered as part of religious education.

So, we end up with the Education Development Bureau. After two years of effort to meet them, it was the media that finally brought us together. They argue that sexuality education

does exist, covered by *Life Skills Education*, though they are aware that this subject is not implemented in reality. Take a look around and ask any child, a brother, a sister, a neighbour, whether they have ever heard of such a subject in their nine-year education. Hardly 10% of the topics in this subject could be related to CSE, and should be taught by teachers who by teachers who have not had proper academic training. We have therefore decided, once the cooperation was established with the Education Development Bureau, and upon approval by the Ministry of Education, to provide the materials and trainings to build the capacities of the teaching staff for sexual and reproductive health and rights.

As an argument against a separate CSE subject, tradition, the conservatism typical of our 'nature' and different religions were mentioned. All this contributes to the inability to endorse such topics as homosexuality and masturbation, though they are already mentioned in *Life Skills Education*. The excessive engagement of teachers and the infrastructural capacities as real barriers are seldom mentioned as excuse. Nor they should: they posed no obstacle for the introduction of religion in the education process.

So, the reasons behind are ideological, fictitious. What scares us creates our policies. Instead of challenging the lack of information and stereotypes through the national education institutions and based on scientifically proven facts, these institutions become their pivot. Topics relating to sexuality education are either strictly controlled and dosed or covered by irrelevant information. Consciously constructed gaps in the education system; before, because it was not of priority and on the account of inactivity, and now due to ideological beliefs. Everybody knows there should be and must be CSE, they assert this in a stage whisper, but remain equal accomplices in the dogma, or the directive, whichever. Remind me, than, what was the way to change ideologies that forbid information and knowledge?

**The Five Facts**

1. Only 5.6% of the teachers said they would be able to teach about contraception. The use of contraception by girls aged 15-19 is 1.6%.Teenage pregnancy rate in Macedonia is three times higher than the EU one;
2. In the course of their academic training teachers acquire no skills to discuss sexual and reproductive health with the young persons;
3. A high percentage of parents agree to the introduction of sexuality education that will provide protection for their children against sexually transmitted infections and HIV;
4. Young persons report that in their schools even the existing topics relating to sexual and reproductive health are skipped. They usually get the information about sexual and reproductive health on the Internet or from their peers;
5. CSE contributes to children becoming gender-sensitive, non-violent, respective of diversities, aware and responsible.

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