



*Solomon Islands Planned Parenthood Association
P.O. Box 554, Lombi Crescent, New China Town, Honiara,
Solomon Islands*

Telephone: (677) 22991, 23954, 25747

Facsimile: (677) 23653,

E-mail: bnng44@gmail.com

Member of International Planned Parenthood Federation

Date for Submission: 15th October 2020

*The Association was started in July 1973 by the enthusiasm of a New Zealander, Mrs. Betty Smith.
SIPPA was formally registered under the Charitable Trust Act on the 21st of October 1980 even though
it was providing services a few years earlier.*

Solomon Island Planned Parenthood Association (SIPPA) is a local non-government organization that promotes sexual reproductive health rights and family planning information and services. The *Association was started in July 1973 by the enthusiasm of a New Zealander, Mrs. Betty Smith.* SIPPA was *formally registered under the Charitable Trust Act on the 21st of October 1980* even though it was providing services a few years earlier. With more than 40 years of experience in the field, SIPPA is proud to have positioned itself as a leading Non-Government Organisation (NGO) working in the field of Sexual and Reproductive Health and Rights in the Solomon Islands. SIPPA is accredited as a full member of the International Planned Parenthood Federation.

SIPPA has a pool of volunteers derived from all age groups, race, and professional backgrounds that it can draw its support from. For instance, the Community Based Educators and Distributors (CBED) network has been actively involved in supporting the staff to carry out programmes and services. Currently, CBEDs are present in 5 provinces with its own land and buildings and it is planning to further expand into other provinces in the near future.

SIPPA's vision is to ensure all Solomon Islanders are free to make choices about their sexuality and can access sexual reproductive health services, information and exercise their rights without discrimination. SIPPA is committed to improving the lives of all Solomon Islanders by providing quality information and services, and by advocating for sexual reproductive health and rights for all, especially the underserved. This vision is achieved through the provision of clinical services in three (3) islands including the capital Honiara and implements a range of community outreach activities, research and advocacy.

The core value of SIPPA is guided by the following principles:

- (i) In **social inclusion**, a demonstration of commitment to enable the rights of the most marginalized and underserved to be realised.
- (ii) In **diversity**, respecting all regardless of their age, gender, status, identity, sexual orientation or expression.
- (iii) Our passion and determination inspire others to have the courage to challenge and seek **social justice for all**.
- (iv) In the significant contribution, our **volunteerism** delivers across a range of roles and as activists inspiring the Association to advance its mission.
- (v) In **accountability** as a cornerstone of trust which is demonstrated through high performance, ethical standards and transparency.
- (vi) In **partnership**. SIPPA respects and values the expertise and contributions of its partners in addressing Sexual and Reproductive Health issues in the Solomon Islands. SIPPA will continue to work effectively with its partners to enhance SRH&R in the country.

International and Regional Commitments of Solomon Islands

1. Solomon Island is a sovereign state consisting of nine major islands and 900 smaller islands in Oceania lying to the east of Papua New Guinea and northwest of Vanuatu and covering a land area of 28,400 square kilometres (11,000 sq. mi). The country has a population 652,858 and its capital Honiara is located on the island of Guadalcanal.
2. The Government of Solomon Islands is a signatory to several global human rights conventions including Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (ratified in 2002), Convention on the Rights of People with Disabilities (CRPD) (signed in 2008, not ratified), Convention on the Rights of the Child (CRC) (ratified in 1998) and development strategy frameworks developed and carefully designed to form broad guidelines for countries in trying to address the emerging social, economic, health, and development issues, including the 2030 Agenda for Sustainable Development, Cairo International Conference on Population and Development (ICPD), and the Beijing Platform for Action (BPfA). At the Pacific-level, in 2015, the Solomon Islands endorsed a regional agreement to improve sexual health and wellbeing of the Pacific population through the Pacific Sexual Health and Well-Being Shared Agenda 2015-2019 (SPC, 2014). Although the country is a party to these obligations, the Government's efforts to successfully implement the strategies and frameworks on sexual and reproductive health, reproductive rights and gender equality has been inconsistent.
3. In previous UPR cycles, Solomon Island has received many recommendations on violence against women, harmful traditional practices, and gender equality. However, Solomon Islands has only received one recommendation linked to sexual and reproductive health or rights to "Implement public awareness and education programmes on sexuality aimed at adolescents that includes information on contraceptive health, family planning, sexual and reproductive health, sexually transmitted diseases and HIV/AIDS" (Norway, 1st cycle, accepted). While progress has been made in this area, since then major challenges and gaps remain to be urgently addressed. We strongly believe that it is highly relevant to highlight sexual and reproductive health or rights (SRHR) or ensuring access to sexual and reproductive services information or education during the Third UPR Cycle as illustrated below.

Access to comprehensive Sexual and Reproductive Health Services for all

4. The term "Sexual and Reproductive Health and Rights" was first discussed in 1994 at ICPD and in 1995 at the Fourth World Conference on Women held in Beijing. The Cairo Programme of Action stated that reproductive health implies that people can have a satisfying and safe sex life and that they can reproduce and the freedom to decide if, when and how often to do so. The OHCHR includes many related human rights under SRHR such as the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, the prohibition of discrimination. The Committee on Economic, Social and Cultural Rights and CEDAW have similarly affirmed that the right to health includes Sexual and reproductive health. SIPPA strongly believes that SRHR is intrinsically linked to the empowerment of women and girls and plays a crucial role in shaping future social and economic development. As a result, SRHR has a key role in the achievement of the Sustainable Development Goals (SDG) and the fulfilment of international human rights obligations.
5. In Solomon Island, 35% of married women and 83% of sexually active unmarried women are not using contraception despite wanting to avoid pregnancy (unmet need for family planning)¹. Sexually active

women aged 15-19 years have a particularly low uptake, amongst both married (7%) and sexually active unmarried (5%) women².

6. Despite freely available modern contraceptive methods at all public health facilities in SI, uptake of contraception is very low and rates are decreasing; only 24% of married women (down from 27% in 2006-07) and 8% of sexually active unmarried women (down from 16% in 2006-07) use modern contraceptive methods to prevent pregnancy.³
7. Unintended pregnancy is very high in SI, with 57% of all women between 15-49 years reporting that their last pregnancy was unplanned.⁴
8. In 2008, it was reported that 42% of women between the ages of 15-49 years had experienced physical and/or sexual violence in the last 12 months—one of the highest reported rates in the world.⁵ Widespread sexual and gender-based violence (SGBV), poses multiple issues for women, including minimizing their ability to access contraception and their ability to negotiate consensual sex is often limited by pressure or violence from their partners.
9. HIV prevalence is extremely low while syphilis rates are high especially in the sex worker community in the Solomon Islands.⁶ There have only been 32 cases of HIV identified since the first case was found in 1994. The increasing mobility of the population and high rates of other sexually transmitted infections are significant factors contributing to an increased risk profile for HIV in the Solomon Islands.
10. There is limited information surrounding unsafe abortion practices in Solomon Island. Like most Pacific Island nations, abortion is a highly taboo subject and is not widely available. Women and girls face significant cultural, religious, geographical, and legal barriers in accessing sexual and reproductive health and rights (SRHR) services, including safe abortion.
11. Solomon Island's (SI) low contraceptive prevalence rate, high rates of unintended pregnancy, and widespread SGBV highlight the need for this nation to understand the practices and health impacts of low contraceptive usage especially in rural areas (80% of SI's population live in rural areas⁷) to be able to make informed choices about their sexuality and reproductive matters that protect them from unintended pregnancies, gender-based violence & STIs.
12. In Solomon Island, the *National Youth Policy (2017-2030)*⁸ has identified sexual and reproductive health, including teenage pregnancy, as a health priority. One of the aims of the *National Health Strategic Plan (2016-2020)*⁹ is the development of a youth and adolescent-specific health strategy (MHMS, 2016).
13. Youth-friendly intervention such as information, education and adolescent-friendly SRH services shall improve literacy about sexual and reproductive health, and positively influence contraceptive practice and condom use, reduce unintended pregnancies and STI among the general population, and improve health outcomes of the islanders.

Comprehensive Sexuality Education

14. In addition to insufficient access to sexual and reproductive health services, another key challenge is the ineffective provision on comprehensive sexuality education (CSE) programmes in the country for young people. CSE provides basic, fundamental sexual and reproductive health and rights information that is essential for young people to fully comprehend their bodies, feelings, and sexuality, to enable them to make well-informed choices, but also goes beyond biological information

to include values creation around gender equality by providing children and young people with age-appropriate and phased education based on human rights, gender equality, relationships, and reproduction.

15. Strong evidence from UNESCO, UNICEF, UNFPA, UNAIDS, UN Women and WHO also demonstrates that sexuality education improves attitudes related to sexual and reproductive health.¹⁰ Curriculum-based sexuality education programmes promote gender equality, respect for human rights, non-discrimination and non-violence; contributes to more respectful relationships and eliminate gender-based violence, to delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, increased use of condoms, and increased use of contraception.¹¹ Sexuality education has positive effects, including increasing knowledge about different aspects of sexuality, behaviours and risks of pregnancy or HIV and other STIs.¹²
16. SIPPA commends the government for recognizing health education and promotion occurs in schools through sexuality and Family Life Education as per the *National Education Strategic Framework (2016-2030)*¹³ and *National Youth Policy (2017-2030)*¹⁴. However, sexuality education and Family Life Education is not currently part of the mandatory formal school curriculum and efforts to raise awareness and education young people has been minimal. Further, due to various challenges such as poverty, lack of access to education in rural areas, lack of tertiary education or vocational opportunities, many young people either drop out or do not continue their education hence it is important to ensure out-of-school youth and adolescents are reached with CSE.

Recommendation

SIPPA, therefore, recommends the government take the following action:

1. Ensure the provision of and access to age-appropriate information, education and adolescent-friendly comprehensive, quality and timely sexual and reproductive health services at both government and non-government led health facilities for adolescents and youth, including those with disabilities.
2. Develop a CSE curriculum following the UNESCO International Technical Guidelines on Sexuality Education (ITGSE) and integrate mandatory CSE into all school curriculums both primary and secondary levels, beyond just biological information as part of Home Economics, Science and Health subjects; include training on CSE in its national teacher training programs, and include adequate financial resource allocation for continuous teacher training and the development of CSE tools.
3. Strengthen the CSE programme and its delivery, for both in-school and out-of-school youth and adolescents, bringing it into line with international guidelines and best practices, especially regarding sexuality education.

¹ Solomon Islands National Statistics Office, Solomon Islands (Ministry of Health and Medical Services) MHMS and the Pacific Community Solomon Islands *Demographic and Health Survey 2015* (2017)
https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/98/9803c4a5b975bfce9b10065468d0031d.pdf?sv=2015-12-11&sr=b&sig=eIU%2F54rKwIlGoe2E2%2FsE7FWH3sUvFryAmZEUFYScDhs%3D&se=2020-11-23T23%3A17%3A43Z&sp=r&rsc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%22SI_Demographic_and_Health_Survey_DHS_2015.pdf%22

² Ibid.

³ Ibid.

⁴ Hannah Kluckow, Leeanne Panisi, et al. Socio-demographic predictors of unintended pregnancy and late antenatal booking in Honiara, Solomon Islands, (2018)

<https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/ajo.12782>

⁵ United Nations Statistics Division (UNSD). (2008). *Proportion of women subjected to physical and/or sexual violence in the last 12 months (% of women age 15-49): Solomon Islands*.

https://data.worldbank.org/indicator/SG.VAW.1549.ZS?most_recent_value_desc=true

⁶ MHMS Solomon Islands Government. (2018) Global AIDS Monitoring (GAM)

https://www.unaids.org/sites/default/files/country/documents/SLB_2018_countryreport.pdf

⁷ Solomon Islands National Statistics Office, MHMS and SPC. (2017). *DHS 2015*.

⁸ Ministry of Women Youth Children and Family Affairs. (2017). Solomon Islands National Youth Policy 2017-2030.

<http://www.mwycfa.gov.sb/resources-2/strategic-plans-policies/youth-development-empowerment/6-solomon-islands-national-youth-policy-2017-2030/file.html>

⁹ Solomon Islands Ministry of Health and Medical Services (MHMS). (2016). National Health Strategic Plan 2016-2020 (pp. 1–52). <https://daisi.com.au/wp-content/uploads/2016/09/Strategic-Plan-for-Solomon-Islands-2016-2010.pdf>

¹⁰ <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf> p.28

¹¹ <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf> p.28

¹² <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf> p.28

¹³ Ministry of Education and Human Resource Development. (2015). Education Strategic Framework 2016-2030.

https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/solomon_islands_education_strategic_framework_2016-2030.pdf

¹⁴ Ministry of Women Youth Children and Family Affairs. (2017). Solomon Islands National Youth Policy 2017-2030.

<http://www.mwycfa.gov.sb/resources-2/strategic-plans-policies/youth-development-empowerment/6-solomon-islands-national-youth-policy-2017-2030/file.html>