

**Universal Periodic Review of North Macedonia
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Joint stakeholder Submission**

Joint stakeholder report submitted by:

Journalists for Human Rights

Journalist for Human Rights is CSOs founded 1996, based in North Macedonia. JHR is an organisation working on the promotion and protection of citizens' access rights, environmental democracy and menstrual poverty reduction. We actively work on the promotion of SRH, human health rights, safer environment and the improvement of quality of life both on domestic level and international level.

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Executive Summary

1. This Universal Periodic Review (UPR) report on North Macedonia underscores the critical issues surrounding sexual and reproductive rights within the country. It examines various dimensions of these rights, including access to comprehensive sexuality education, menstrual health and hygiene management, and access to contraception and family planning services. Despite some progress, significant challenges persist in North Macedonia's commitment to upholding and advancing these fundamental rights.
2. The report highlights several key challenges. Access to comprehensive sexual education remains limited, leaving a substantial knowledge gap among the population. Availability and affordability of modern contraceptives and family planning services are inconsistent, impacting individuals' ability to make informed choices about their reproductive health. High maternal mortality rates persist, necessitating improved maternal healthcare infrastructure. Additionally, discrimination and violence against women and LGBTQ+ individuals persist, reflecting societal attitudes that require targeted interventions. Menstrual hygiene management is facing lack of use of sanitary products, access to clean and private facilities, and education about menstrual health.
3. The methodology employed for this report involved a comprehensive review of relevant laws and policies, stakeholder consultations, surveys, and interviews. These sources collectively provide a comprehensive view of the state of sexual and reproductive rights in North Macedonia.
4. In conclusion, this UPR report underscores the urgency of addressing the identified challenges to ensure the full realisation of sexual and reproductive rights in Macedonia. Recommendations encompass the need for enhanced sexual education programs, improved access to contraception and family planning services, strengthened maternal healthcare, and more robust legal measures against discrimination and violence. These actions are essential to creating a more equitable society that respects and protects the rights of all its citizens, regardless of gender or sexual orientation.

Introduction

5. North Macedonia is a state party to a number of international human rights treaties, and has ratified international treaties and agreements related to sexual and reproductive rights. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which obligates states to ensure equal rights for women in all areas, including sexual and reproductive health, the Istanbul Convention, and the International Covenant on Economic Social and Cultural Rights which inter alia sets out a right to non discrimination on the basis of gender, and a right to an adequate standard of living.

6. The Constitution of the Republic of North Macedonia establishes the standard of protection, respect and promotion of basic human rights in the country, and typically serves as the foundational document for safeguarding fundamental rights, including those related to sexual and reproductive health. It contains provisions related to equality, privacy, and non-discrimination, which are relevant to realisation of these rights. Constitutional principles often guide the development of legislation and policies in this domain.
7. Government policies and strategies play a vital role in implementing and advancing sexual and reproductive rights. These policies often provide guidelines for healthcare provision, education, and awareness campaigns. They may also address issues such as adolescent health, comprehensive sexual education programs, and access to healthcare services for marginalised communities. However, the legal and policy context is not without challenges. Gaps in legislation, inadequate implementation, and inconsistencies in policy application hinder the realisation of sexual and reproductive rights. Addressing these gaps is crucial for ensuring the effective protection of these rights for all citizens.
8. Overall, a robust legal and policy framework is essential for safeguarding sexual and reproductive rights in North Macedonia. Regular reviews, updates, and enforcement mechanisms are essential to ensure that these rights are protected, respected, and fulfilled in practice.

Menstrual poverty and access to water, sanitation, and hygiene (WASH)

9. We regret that North Macedonia did not receive any recommendations on menstrual health and hygiene, or on the right to water and sanitation, as menstrual health and hygiene management is a “bedrock component of gender equality” and a “critical sanitation gap”¹. Human rights violations around menstrual hygiene include lack of access to hygiene products, stigmatisation, and restricted movement imposed by family members during menstruation. Menstrual health and hygiene also implicates the rights to education, health, and equality and non-discrimination.
10. Period poverty and a lack of access to menstrual infrastructure continues to be a challenge in North Macedonia. Period poverty concerns a lack of access to menstrual health products, hygiene, education, hygiene facilities, waste management or a combination of these. The topic of menstruation is somewhat considered a personal matter in the country, and stigma associating menstruation with uncleanliness and disgust is a significant contributor to menstrual health and hygiene being under-addressed by the state. It is important for menstruation to be acknowledged as an important natural phenomenon, related to sexual and reproductive health and integrated into the national health and education systems.
11. Poor menstrual hygiene caused by lack of education on the issue, persistent taboos and stigma, limited access to menstrual hygiene products, as well as poor sanitation infrastructure undermines educational opportunities, resulting in large numbers of girls missing 2-3 days during the month from school. The threat to health is also a problem, with

¹ See Burt et al., 2016, pp.5; 21-2, [Towards gender equality through sanitation access | UN Women – Headquarters](#)

an increase in infections among women by 70 percent, which on the other hand affects the social status of women and girls around the world, including in our country, and which can be noted through reduced self-confidence of women, absence from work and loss of pride. Overcoming menstrual-related stigma and ensuring that women and girls can manage their menstruation is key to achieving SDGs that touch on women's and girls' comfort, agency, participation, safety, well-being, and dignity.

12. Women and girls make up 50% or more of users of water and sanitation services and are the de facto stewards of surface water and sanitation- the basic tool for managing personal hygiene. About 52% of the female population is of reproductive age and most of them menstruate every month. On a global scale, the majority of women and girls, especially girls in school and working women (using public facilities), do not have access to clean, private and safe sanitary facilities. This means they have nowhere to change their pads or tampons, and nowhere to wash their hands. As a result of not having access to conditions for managing menstrual health, girls and women fall behind in society, thus hindering their opportunities for equality and participation in public life, protected by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)².
13. Global trends, especially in rural areas, show that lack of adequate menstrual health management systems affects girls and leads to increased absences from school, and this is also the case in North Macedonia. Research by Journalists for Human Rights shows that girls in North Macedonia also avoid going to school during their period, primarily because of inadequate conditions for managing menstrual health and hygiene, and about 30% of women indicate that they do not have continuous access to menstrual hygiene products. The main reason for that is the high price of menstrual hygiene products, which are taxed at 18% in the country, even though they are not luxury products. A study from 2018 conducted by the WHO found that in North Macedonia 90% of female students in rural areas do not attend school for the duration of their period which typically goes up to 5 days. The most common reasons for this occurrence are inadequate conditions for managing menstrual hygiene in school as well as the high price of products for menstrual hygiene management.³
14. North Macedonia is a state party to CEDAW, which recently affirmed that rural women and girls experience even greater discrimination and violations of their human rights than urban women. The Convention on the Elimination of All Forms of Discrimination Against Women recommends that rural women and girls must have "physical and economic access to sanitation."⁴ All state actors who have signed the Convention have a positive obligation to ensure that women from rural areas have unhindered access to basic services and goods, such as sanitary napkins and the like⁵. This obligation also affects girls' right to education and imposes an obligation on states that have ratified the Convention to ensure that "schools in rural areas have adequate facilities with water and separate, safe, latrines for girls, and to offer education for hygiene and menstrual hygiene resources, with a special

² CEDAW, (1997) General Recommendation No.23, paragraph 7

³ (WHO, 2018).

⁴ CEDAW, (2016) General Recommendation No.34: Rights of Rural Women. UN Doc CEDAW/C/GC/34

paragraph 83

⁵ CEDAW, (2016) paragraph 85(b)

focus on girls with special needs"⁶, while believing that the situation in urban areas is at a higher level.

15. Data from the research on menstrual poverty in North Macedonia conducted by Journalists for Human Rights⁷ show that 29.5% of women in the country cannot afford access to any menstrual products for managing menstrual health, so they use newspapers, paper or self-made textile pads instead of standard products. In North Macedonia, out of 1,290 respondents, 380 women (29.5%) answered that they did not have access to menstrual products, and 75.6% of them answered that the reason for this was the high price of the products. In North Macedonia, girls say they are sometimes absent from school due to lack of conditions for managing menstrual health, whether this is due to poor infrastructure, or due to a lack of continued access to funds for menstrual products.
16. For this reason, a group of NGOs advocated for the adoption of a draft law to amend and supplement the Law on Value Added Tax, following a shortened procedure, in order to make menstrual health products a preferential item and thereby restore dignity and self-confidence. to every woman and girl/student. We welcome the fact that finally, in September 2023, the Law was passed and the VAT on menstrual products was reduced from 18 to 5 percent.
17. However, this is not enough for the eradication of menstrual poverty, and CSOs in the country are additionally asking that menstrual products be subsidised, particularly reusable forms such as the menstrual cup. The menstrual cup is considered one of the cheapest (in the long run) and safest menstrual health products on the market. The costs for menstrual cups vary greatly from 500 to 2500 denars per product. Reusable menstrual cycle products are more economical than single-use products. Money will be saved by using a menstrual cup, compared to other options, because one cup is used for a period of 3-5 years. For example, an average woman in the country spends an average of 3000 denars per year on pads and tampons. If a woman has been menstruating for 40 years, the cost of pads and tampons is MKD 120,000. If the average silicone menstrual cup lasts between three and five years, then 40 years will require between eight and 10 cups. If the menstrual cup costs 1500 denars (average price), the amount for this expenditure for a period of 40 years (the age of the sexual-reproductive period in a woman) is 9000-15000 denars, which is almost 10 times cheaper.
18. A move to reusable forms of menstrual products would also have a positive environmental impact as it would result in a reduction of waste generation as well as the reduction of damage caused by pollution caused by menstrual waste. The government could consider giving benefits to companies that would engage in the production and sale of environmentally safe menstrual products, and including management of menstrual health in gender budgeting, while raising awareness on the great importance of this topic at the same time. The concept of shame being so closely connected to menstruation leads to a lack of open conversation about it which, in turn, prevents dialogues in regard to menstrual products.

6 CEDAW, (2016) paragraph34(h)

7 <http://jhrmk.org/wp-content/uploads/2023/01/cost-benefit-analyzes-final-version.pdf>

19. Other benefits of using the cup are the reduction of infections in women, as well as the protection of the environment. According to data from the Institute for Public Health, the number of infections among women as a result of inappropriate use of menstrual pads has increased by 70%. Unlike pads and tampons, a number of studies show that menstrual cups are the safest, while also creating the least amount of waste. For illustration, 6 million pieces are thrown away every month in North Macedonia, if it is known that 400,000 women are in the reproductive period, and if each of them uses 15 pads during the monthly cycle.
20. Women and girls should also be provided with options for pain management, and the cost of painkillers should also be subsidised, considering the large proportion of menstruation people who use them on a monthly basis. Additionally, women and girls should be able to receive accommodations or paid menstrual leave from the workplace or from school without being penalised e.g. by being paid less or by being less likely to be hired over non menstruating people, particularly men.
21. The number of female students in the sexually reproductive period, included in the educational process, is 35,200 in secondary schools and 38,541 female students in elementary schools, or 73,741 female students. For unhindered access to menstrual products for each female student of reproductive age currently enrolled in school, the state needs 159,280,560 denars or 2,654,676 euros per year. By providing menstrual hygiene products the state would ensure the implementation of the basic human right to menstrual health and hygiene, and at the same time reduce claims to the public health system to treat infections caused by poor management of menstrual health. In other words, during one school year, every schoolgirl would receive a package of menstrual products, which are the equivalent of 2,160 denars or 180 denars per month. If you calculate the health risk that schoolgirls have from inadequate management of menstrual hygiene, then the price that the state has to pay is much higher.
22. In the meantime, the city of Skopje has allocated funds in the budget for the purchase and distribution of menstrual pads in schools for two years in a row, but it has not done so, so far. Instead, the money at the end of the year is diverted to other items. Another reason for poor management of menstrual health is the lack of adequate public toilets. 90 percent of female students in the villages of Macedonia are absent from school for four to five days during the month when they have their monthly cycle, and 75 percent of female students in urban areas are absent for two to three days for the same reasons. This was shown in research by the Institute of Public Health and Journalists for Human Rights.
23. In North Macedonia, the quality and safety of drinking water in schools has improved steadily in recent years, but most schools lack facilities for menstrual health and hygiene. In addition, there is no access to water and sanitation in religious facilities. The data shows that in 74 schools, the toilets were not renovated for 15 years, and 64 schools were not renovated for 10 to 15 years⁸, which speaks volumes about access to sanitation. Women also increasingly face a problem in accessing menstrual health management products, and women workers who work outdoors do not have any access to sanitation. Shockingly, there are still no public toilets in Skopje! It is imperative that there be adequate public toilets available in order to allow for women to be able to manage their menstruation in public

8 <https://24.mk/details/25-minuti-rechisi-140-uchilishta-ne-gi-renovirale-toaletite-povekje-od-10-godini>

spaces, and these should be of an adequate standard. Additionally, there should be free period products in all public toilets including those in schools.

24. Menstrual justice means that every person that menstruates should have the items most necessary for their period, shouldn't be ashamed or hide themselves, and should have the opportunity to manage their period with dignity. Menstrual justice means that marginalised people and minorities, people in different age groups, or urban or rural areas should all have equal access to knowledge on menstruation, period free of stigma and clean period products. This can only be achieved with political will and well managed public health politics.

Access to comprehensive sexuality education and sexual and reproductive health information

25. During its third cycle review, North Macedonia received a number of recommendations on ensuring access to education, including one recommendation on ensuring access to comprehensive sexuality education:

- 104.124 Adopt a comprehensive programme on sexual and reproductive health rights, paying special attention to improving sexual education in schools (Belgium); (Accepted)

26. North Macedonia also received a number of recommendations on ensuring access to health services, particularly sexual and reproductive health services:

- 104.119 Ensure universal coverage by the state health insurance of all costs related to sexual and reproductive health and modern contraceptive methods (Iceland); (Accepted)
- 104.125 Ensure access for all women, including rural women and women from vulnerable groups, to reproductive health-care services (Iceland); (Accepted)

27. One of the significant sexual and reproductive health and rights issues in North Macedonia is the limited access to comprehensive sexual education programs in Macedonia. Many individuals, particularly adolescents and young adults, may not have access to accurate, age-appropriate, and inclusive sexual education. This knowledge gap can lead to misinformation, unintended pregnancies, and a lack of awareness regarding safe sexual practices. Addressing this issue is essential to ensure that individuals have the knowledge and skills needed to make informed decisions about their sexual and reproductive health.

28. It is imperative that young people have access to comprehensive sexuality education. Article 26 of the Universal Declaration of Human Rights (UDHR) and Article 13 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) emphasise the right to education, which should be comprehensive and promote the full development of the human personality. Comprehensive sexual education is an integral part of this development, ensuring individuals have the knowledge and skills to make informed decisions about their sexual and reproductive health. When individuals are denied this education or receive incomplete or biased information, their right to education is undermined.

29. Since the last review, there has been some progress in the country on the issue of comprehensive sexuality education. At the ICPD+25 Nairobi Summit (2019) the

government of North Macedonia made the commitment to “introduce comprehensive sexuality education in line with the UN guidelines, as a subject of choice, by promoting acceptance of CSE for students of primary school to the maximum extent possible, and by promoting its benefits, through:

- Implementation and further development of the national plan for inclusion of CSE in school curricula; and
- Allocation of a separate budget line for the development of the national plans for primary education in North Macedonia, including for the CSE as part of the national education program.”

30. The above commitment was echoed at the Paris Generation Equality Forum (2021), so as to ensure substantial and long-term protection of the young people’s health and wellbeing.
31. In 2019, the ministry of Education launched a pilot programme on comprehensive sexuality education in the 9th grade of primary education, in compliance with the information presented by the Ministry of Education and Science in four schools (although implementation only commenced in October 2020). This pilot was followed in 2021 by the introduction of the new Concept Note on Primary Education reforms, which recognises the need for improving the curricula on sexual and reproductive health and for introducing comprehensive sexuality education in the education system, and which envisages comprehensive sexuality education as an optional subject for all pupils aged 13-14. The new concept of reforms also recognizes that other age-appropriate topics of CSE will be integrated in the entire educational process for elementary school students, i.e. through humanistic subjects and in science.
32. The government has also adopted relevant national policies and laws including the National Youth Strategy 2016-2025 (indeed CSE is one of the key objectives of this strategy), the National Gender Equality Strategy 2021-2026, the Law on the Prevention of, and the Protection from Violence against Women and Domestic.
33. Although these are positive developments, these policies are yet to be fully implemented in all schools, and are slated to be implemented by the end of 2025. It is also concerning that there is not yet an attempt to have a uniform and mandatory CSE curriculum available, which means that there is still a risk that some young people will not be able to access the scientifically accurate and evidence based information that they need if they are not given permission to access it in school.
34. Additionally, the implementation has been adversely impacted by the increase of misinformation and misleading statements about the nature and the content of comprehensive sexuality education being piloted in public discourse, largely by conservative elements of society. In their view, the introduction of CSE is an attempt to counter and undermine traditional family values of society. This discourse serves to reinforce gender stereotypes, prejudice against women and gender and sexual minorities, and to deny young people the opportunities to learn about their bodies, about healthy relationships, sexual and reproductive health, and their rights, including the right to bodily autonomy. There is a need for the government of North Macedonia to organise and conduct information campaigns aimed at public awareness raising about health, emotional and social benefits for children from receiving comprehensive sexuality education, highlighting the broad scope of CSE, and the need for it to be provided in age-appropriate ways throughout primary and secondary education.

35. The situation of limited access to comprehensive sexual education in North Macedonia affects various individuals and groups in the country. Limited access to comprehensive sexual education can disproportionately affect marginalised groups, such as women, LGBTQ+ individuals, and those from lower socioeconomic backgrounds. Denying certain groups access to crucial sexual education perpetuates existing inequalities and exacerbates disparities in sexual and reproductive health outcomes. This unequal access constitutes discrimination, which is prohibited under international law⁹.
36. Adolescents and young adults are among the most directly affected by the limited access to comprehensive sexual education. Without access to age-appropriate, accurate, and comprehensive information, they may lack the knowledge and skills needed to make informed decisions about their sexual and reproductive health. This can lead to unintended pregnancies, higher rates of sexually transmitted infections (STIs), and a lack of awareness about safe sexual practices.
37. For women, particularly those of reproductive age, limited access to sexual education can result in a lack of awareness about family planning and contraception options, leading to unintended pregnancies and potential health risks during pregnancy and childbirth. Access to contraception allows women and girls to exercise their right to bodily autonomy by deciding independently, freely and without coercion whether to have children, when and how many. That said, only 13% of couples in North Macedonia use modern contraceptive methods, and only 1.6% of youth use oral contraceptives. Since 2017, the Government of the Republic of North Macedonia has promised to add at least one modern contraceptive under the burden of the state health insurance but its implementation has not yet taken place, and only a very small number of women from socially vulnerable and marginalised groups have been provided with contraception. As an example, while 150 women received free contraception in 2018, this number was reduced to 50 in 2021.¹⁰¹¹
38. There is a need to provide broader education on sexual and reproductive health and rights for the public, targeting out of school youth, and adults who may not have received the scientific, evidence based sexuality education, and who may be in need of sexual and reproductive health information. Individuals with limited access to formal education may be disproportionately affected. Without access to comprehensive sexual education in schools, they may have few alternative sources of information and support.
39. Additionally, LGBTQ+ individuals may face unique challenges related to sexual education and awareness. Inadequate or biased sexual education programs may not address their specific needs and concerns, which can contribute to feelings of exclusion, discrimination, and a lack of understanding among peers and educators. Finally, those who have experienced, or are at risk of, gender-based violence are indirectly affected. Comprehensive sexual education can play a crucial role in preventing gender-based violence by promoting awareness of consent, boundaries, and healthy relationships.

⁹ See UDHR Article 2 and ICESCR Article 2

¹⁰ Antonovska, Daniela: *The Long Road to Reproductive Justice: Legal Perspectives on Abortion in North Macedonia*, *VerfBlog*, 2023/1/31,

<https://verfassungsblog.de/the-long-road-to-reproductive-justice/>, DOI: [10.17176/20230131-174424-0](https://doi.org/10.17176/20230131-174424-0).

¹¹ [ХЕРА: На Позитивната листа на лекови и натаму нема ниту еден модерен контрацептив | Meta.mk](#)

40. Marginalised and vulnerable populations, such as those living in rural areas or with lower socioeconomic status, may face greater barriers to accessing sexual education services. These communities may have limited access to healthcare facilities, educational resources, and comprehensive sexual education programs. Residents of rural and remote areas face geographical challenges in accessing sexual education services and healthcare facilities, exacerbating disparities in knowledge and access to reproductive health resources.
41. Inadequate sexual education can also violate the right to the highest attainable standard of physical and mental health, as outlined in ICESCR Article 12. A lack of comprehensive sexual education can lead to uninformed choices regarding sexual health, potentially resulting in unintended pregnancies, sexually transmitted infections (STIs), and other health risks. This violates the right to health by depriving individuals of the information and resources necessary for maintaining their sexual and reproductive well-being.
42. In some cases, the lack of comprehensive sexual education may lead to violations of the right to privacy, as individuals may not be adequately informed about issues related to consent, boundaries, and personal autonomy in sexual matters. This can result in privacy violations, particularly when individuals engage in sexual activities without the necessary knowledge to make informed choices.
43. In summary, limited access to comprehensive sexual education in North Macedonia can be viewed as a human rights violation, as it potentially contravenes the rights to education, health, non-discrimination, and privacy as recognized in various international human rights instruments. Addressing this issue involves ensuring that individuals have equal and comprehensive access to sexual education that respects their rights and autonomy. The limited access to comprehensive sexual education in Macedonia affects a broad spectrum of individuals, including adolescents, women, LGBTQ+ individuals, marginalised communities, victims of gender-based violence, those with limited educational opportunities, and rural residents. Some groups may be more affected than others due to disparities in access, information, and resources, highlighting the importance of addressing this issue comprehensively to ensure equitable access to sexual and reproductive health education and services for all.
44. The limited access to comprehensive sexual education in Macedonia can have significant and far-reaching impacts on people's lives. These impacts are both immediate and long-term, affecting individuals' physical, emotional, and social well-being. To address the problem of limited access to comprehensive sexual education in Macedonia, several specific solutions can be considered. These solutions aim to improve sexual and reproductive health knowledge and promote the rights and well-being of individuals.

Recommendations

We call on the government of North Macedonia to:

1. Review and reform existing laws and policies related to sexual and reproductive rights to align them with international human rights standards. Ensure that these laws protect the rights of individuals, including access to education and healthcare.

2. Construct a network of public toilets in both rural and urban settings that are free to access and maintained by the government, to ensure women and girls can manage their menstrual health and participate in public life freely
3. Ensure access to free menstrual health products for all students in schools, and in all public toilets.
4. Develop and implement comprehensive sexual education programs in schools that are age-appropriate, evidence-based, and inclusive. These programs should cover topics such as puberty, contraception, consent, healthy relationships, gender equality, and LGBTQ+ issues.
5. Provide training and support for educators to ensure they are equipped with the necessary knowledge and skills to deliver accurate and unbiased sexual education.
6. Promote an inclusive and non-discriminatory environment within schools respectful of diverse identities, including LGBTQ+ individuals.
7. Improve access to youth-friendly, inclusive health services including access to modern contraception methods including affordable and confidential access for all individuals.
8. Launch public awareness campaigns, targeting young people and adults, to raise awareness about the importance of comprehensive sexuality education and reproductive health information with the aim to reduce stigma and misconceptions.
9. Establish a robust system for collecting and analysing data related to sexual and reproductive health, including rates of unintended pregnancies, STIs, and access to sexual education. Regularly monitor progress and use data to inform policy and programmatic decisions.