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# Sexual and Reproductive Health Rights in Cyprus

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## Abstract:

Cyprus has adopted the 2030 Agenda for Sustainable Development Goals, ratified a number of international constitutions and committed towards ensuring universal access to sexual and reproductive health rights (SRHR). To this end, a number of reforms have taken place over the last 5 years such as the legalisation of abortions, the introduction of SRHR as a pillar in the school health curriculum and the development of a 7-year National Strategy to enhance to the highest possible level the sexual and reproductive health of the young. In addition, a number of non-governmental organisations and universities have acted as advocates, provided education, training and services to improve sexual and reproductive health for all citizens. Nonetheless, there are still important gaps and considerable needs to be met such as the development of family planning clinics and assisted reproduction services and access to affordable or free contraception for the young and vulnerable groups. Furthermore, the lack of data on SRH indicators makes it impossible to assess the current situation and monitor the implementation of current and future policies and actions towards improving SRH for all citizens of the country. In a nutshell, Cyprus needs to develop a holistic strategy based on research evidence and data, designed and implemented by all stakeholders already contributing towards the improvement of SRHR in the country.

## 1. Sexual and Reproductive Health Rights: the case of Cyprus

### 1.1 Introduction

Cyprus has fully adopted the 2030 Agenda for Sustainable Development which includes the Sustainable Development Goal (SDG) 5 on Gender Equality and target goal 5.6 that refers to ensuring universal access to sexual and reproductive **health rights** in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action (and the outcome documents of their review conferences)(1). Also, Cyprus has committed to ensuring universal access to sexual and reproductive **health care** such as family planning services and health promotion programmes and the inclusion of sexual and reproductive health agenda in relevant national strategies. Furthermore, through the

ratification of several international conventions and constitutions over the years, Cyprus made relevant legislative changes to protect the right to sexual and reproductive health. One such recent example is the legalization of abortions (up to 12 weeks of gestation and 19 weeks of gestation in cases of rape) in March 2018.

In addition to the legislative and policy changes, there have been positive developments in implementing actions such as the inclusion of health promotion education on sexual and reproductive health in the primary school curriculum in 2017. However, as it is mostly the case, transforming policy intent into action takes time and progress can be slow. In the case of Cyprus, there are a few good examples of action plans/services that are already in place and will be described in section 1.2. Furthermore, the Ministry of Health of the Republic of Cyprus has developed in 2018 a national strategy on sexual and reproductive health for young people with an implementation plan until 2025 (section 1.3). However, to date, there is lack of data on Sexual and reproductive health indicators (e.g. abortions, use of contraception etc.) to monitor time trends and progress. Most importantly there is lack of a holistic strategy or action plan that will address the needs and challenges faced **by all population groups irrespective of age**.

## 1.2 Examples of good practice that promote Sexual and reproductive health rights

Over the years, and before the development of the National Strategy on SRH for young people by the Ministry of Health in 2018 (2), the design and implementation of actions to promote Sexual and reproductive health rights was diverse but patchy. A number of stakeholders worked independently and sometimes in synergy to address the numerous needs and gaps. The below are some examples of good practice:

### 1.2.1 Ministry of Education

- The Department of School Curriculum Development (Cyprus Pedagogical Institute) incorporated in 2017 “Family Planning and Sexual and Reproductive Health” as a distinct pillar of the Health Education curriculum for Primary and secondary schools (3). However, the implementation of the Sexuality education curriculum was patchy, dependent on the teacher’s ability and will and lacked consistency across schools. For this reason, on December 2<sup>nd</sup> 2022, the Parliament voted for Sexuality Education to become a law. The law states that sexuality education is made compulsory for all education levels (Preschool to University) and all schools (public and private schools), teachers delivering the curriculum are trained and that the curriculum includes topics such as gender violence and sexual harassment.
- The Ministry of Education developed an action plan on Child Protection and Prevention of Sexual Harassment which includes educational activities for primary school children, training activities for school personnel and a guide on the management of cases of sexual harassment in schools (4).

### 1.2.2 Ministry of Health

- The School Health Services deliver 14 sessions on sexual and reproductive health for children aged 6-7, 10-12 (primary school), 13-14 and 16-17 (secondary school) on the topics of puberty, contraception, sexually transmitted diseases (STDs). Furthermore, due to the low breastfeeding rates in Cyprus, the Ministry of Health in collaboration with the Cyprus National Breastfeeding Committee have developed educational material on the importance of breastfeeding for preschool (4-6-year-old) and primary school children (6-12 years old).
- The Ministry of Health in collaboration with local universities and NGOs organize Educational campaigns for the prevention of HIV targeting University students and the general population.

### 1.1.3 Local Non-Governmental Organisations (NGOs)

- The [Cyprus Family Planning Association](#) (CFPA) (a) runs a free helpline to provide information and support on SRHR issues such as issues relating to relationships and sex, pregnancy, contraception, STDs, violence etc. and the services are provided by trained volunteers (b) delivers workshops for schools, public and private organizations, parents, teachers, youth centers etc. on topics related to SRHR and (c) produces informational material for the general public.
- The [Association for the Prevention and Handling of Domestic Violence](#) SPAVO runs a number of services (a) a Helpline for adults (1440) and a Helpline for children and adolescents (116111) to provide psychological support and information on services and legal rights (b) individual psychological support services to victims of domestic violence, (c) a shelter for the temporary hosting of victims of domestic violence and (d) training seminars and workshops in schools, universities and other entities on a request basis.
- A number of local NGOs namely the LGBTQIA+ association, AIDS Solidarity Movement – Cyprus, KYFA HIV/AIDS Supporting Centre run educational campaigns for the prevention of HIV and other STDs.
- A number of Local NGOs in collaboration with local Universities have gained expertise in running research programmes in the area of SRHR. One example is the “FEM-UnitED to prevent femicide in Europe” project. This project was funded by the European Union’s Rights, Equality and Citizenship Programme (2014-2020). The local partners that participated were the School of Health Sciences of the Cyprus University of Technology and the Mediterranean Institute of Gender Studies (NGO) (5).

## 1.3 National Strategy on Sexual and Reproductive Health for the Young People

In 2018 the Ministry of Health developed the National Strategy on SRH for young people and thus provided a more consolidated plan incorporating actions over a broad aspect of SRHR (2). This plan has a 7-year implementation period (2025). The plan

was developed in consultation with all relevant stakeholders such as the Ministry of Education, Non-Governmental Organisations, Public and private organizations and in collaboration and with the participation of a representative of WHO- Europe. Of note however, the plan does not address the needs of all population age groups in Cyprus and does not have dedicated funding for its implementation. However, the government provides funding for individual activities on a need basis such as the funding for some of the support help lines.

The National Strategy on SRH for young people aims for young people to enjoy the highest possible level of sexual and reproductive health irrespective of their gender, ethnicity, religion, sexual orientation, gender identity, social class and educational level. It consists of the following action pillars:

- Parental health
- Family planning- Infertility – Contraception – Unwanted pregnancies- Abortions
- Sexually Transmitted diseases
- Prevention of Cancer of the reproductive system
- Prevention and management of cases of sexual harassment and violence

In order to promote actions under each pillar, the aim of the strategy is (a) to develop/adopt/propose relevant policies and legislative changes (b) conduct research for evidence-based practice, (c) provide and improve sexual and reproductive health services (d) educate and inform youth on SRHR from a very young age and (e) educate and train health care professionals, teachers and parents on SRHR.

In the subsections below, there is short description of some of the actions in relation to addressing gaps and needs in the areas of sexuality education and contraception and abortion.

### 1.3.1 Sexuality Education

The following are a few of the key strategy goals on sexuality education:

- Enhancement of parental health education with a focus in addressing vulnerable groups such as refugees, immigrants – to achieve this goal the Cyprus University of Technology in association with the NGO [Birth Forward](#) and the relevant scientific associations (obstetricians, midwives, pediatricians, Ministry of Health etc.) developed a web app [Baby Buddy Cyprus](#) which includes educational material in 5 different languages to suit the needs of the diverse local population.
- Inclusion of SRHR education in the curriculum of health and social science university programmes and the involvement of university students in the educational campaigns for the youth and general population.
- Evaluation of the current health education programmes provided by school health services and expansion of the services to other areas relating to SRHR.
- Development of Domestic Violence and Sexual Assault prevention programmes in schools (starting from nursery age) and relevant campaigns for the general

population in collaboration with the Association for the Prevention and Handling of Domestic Violence. For example, in order to raise awareness on this matter, information on European Union policy on SRHR was provided to all Obstetrician/gynecologists whereas professional working in all Accident and Emergency departments in Cyprus were trained on how to deal with victims of domestic violence and implement relevant management protocols.

### 1.3.2 Contraception and Abortions

The following are a few of the key strategy goals on contraception and abortions which are all in progress:

- Changes to legislation to ensure access of children to family planning services without parental consent.
- Development of Family planning clinics and walk in centers.
- Development of Assisted Reproductive Services.
- Adoption of internationally accepted evidence-based guidelines for the provision of services in the areas of family planning and advice on contraception, assisted reproduction and termination of pregnancy.
- Development of indicators and methods of collecting information on unwanted pregnancies, abortions, teenage pregnancies and use of different contraception methods. This will be done by the Health monitoring Unit of the Ministry of Health.
- Promotion of research in this field of SRHR in collaboration with relevant university departments.

## 2. Policy Debate

As already stated, progress has already been made in terms of creating policies to protect sexual and reproductive health rights in Cyprus in line with European law, international constitutions ratified by Cyprus and the 2030 SDG agenda.

The following are a few of the current debates:

- Cyprus has the highest Caesarian section (CS) rate in Europe. According to the latest perinatal report in 2020, CS rates are around 56% (6). The Ministry of Health has reactivated the Committee for Normal Birth invited all relevant stakeholders relevant service of Ministry of Health, Scientific Societies, patient organizations) to develop activities but also a national strategy to promote normal vaginal delivery.
- Maternity leave in Cyprus is currently at 18 weeks. Recently in 2021, the legislation was amended to increase maternity leave to 22 weeks for the second child and 26 weeks for the third and subsequent child. Local NGOs are lobbying for an increase in maternity up to 26 weeks for any mother/child dyad.

- Breastfeeding rates are low in Cyprus, but progress has been made over the last decade with the development of a National Breastfeeding Committee for the promotion and support of breastfeeding under the leadership of the Ministry of Health and with the involvement of relevant stakeholders. Current policies focus on establishing baby friendly hospitals and making legislative changes to support breastfeeding at work.
- Currently adolescents under the age of 18 cannot access family planning services, contraception, screening for STDs without parental consent. There is work in progress in changing the legislation.
- There is a current debate in creating a policy for the adoption of evidence-based guidelines (such as the WHO Family Planning Global handbook) by the relevant health care professionals who provide services through the General Healthcare System.
- At the moment, contraception is not provided for free under the General healthcare system. The current debate focuses on creating policies that will ensure access to contraceptive advice and use and reduce unwanted pregnancies and abortions.
- Currently there is an action plan for the prevention and management of HIV infections that needs updating and the inclusion of policies relating to refugees/immigrants and other vulnerable groups such as the imprisoned.

### 3. Good Practice Examples

A number of good practice examples have already been mentioned in section 1.2 of this report. In addition to those, there have been a number of other initiatives to promote SRHR mainly through the participation in European research projects of various organizations such as Universities, local NGOs, the Ministry of Health, the Ministry of Education, scientific societies and private organisations. Some examples are provided below:

- Developing a Culturally Competent and Compassionate [LGBT+ curriculum in Health and Social Care Education](#) (IENE9 - 2022). In this project a Massive Open Online Course (MOOC) MOOC has been created to support participants in developing an awareness of LGBT+ needs in health and social care across Europe and the world.
- [Empowering migrant/refugee families with parenting skills](#) (IENE 8 2021).
- [Baby Buddy Forward](#). In this project, a web app has been created for parents in Cyprus in 5 different languages providing evidenced based information for each day of the pregnancy and up to 6 months of baby's life.
- Coalesce – Legal, Psycho-social and economic empowerment for the integration of women third country national victims of human trafficking for sexual exploitation and abuse (2022).



- FEM-UnitED to prevent IPV/DV Femicide in Europe (2022).
- Circle of Change: Preventing and combating violence against women and girls through gender equality awareness (2019)- During this project, 600 secondary school students and 100 teachers were trained on the prevention of gender violence amongst adolescents and the fostering of healthy relationships.

## 4. Transferability Aspects

The good practices of France and Belgium as described in the Fact sheet documents address key areas within the current national strategy for SHR for the Young in Cyprus and are discussed in the subsections below.

### 4.1 Sexuality Education

As already described, sexuality education activities take place in Cyprus at various levels and by different agencies. Sexual education starts as early as in primary schools, it is incorporated in the school curriculum within the context of various school subjects and is delivered by teachers. In addition, the school health services provide workshops in the school setting during adolescence whilst several NGOs like CFPA and SPAVO work with Universities and other organisations to provide education opportunities for older individuals, vulnerable groups etc. The new legislation on sexuality education aims to consolidate activities, make them compulsory and reduce inconsistencies in experience between different school settings. However, one can see that emphasis in the sexuality education is given within the school context whilst activities between agencies are not coordinated. The creation of Emotional, Relational and Sexual Life Spaces (EVARS) similar to France will give the opportunity to bring together some of these activities and initiatives and ensure that older age groups have access to support services in order to enjoy better emotional and sexual lives. In addition, EVARS would also fill in the current gap in the provision of services in relation to family planning and would provide a link to screening and management services for STDs. Challenges to implementing EVARS would be securing the funding and making important legislative changes such as ensuring access to EVARS by adolescents without parental consent.

### 4.2 National toll-free number on “sexuality, contraception and abortion”

A toll-free line on Sexuality, contraception and Abortion is already run by the Cyprus Family Planning Association (CFPA). The service is operated by trained staff who have a psychology or sociology background. The line operates between 9 am and 5 pm daily. The line provides advice on matters of SHR such as relationships, STDs, puberty, contraception, unwanted pregnancies and abortions. Referrals for further management if needed are made to other relevant services/organisations. However, there is a need for an evaluation of this service and reshaping based on feedback and current needs taking into consideration challenges with funding.

### 4.3 Access to contraception for all

Currently, there is no data on use of contraception, unwanted pregnancies and abortions in Cyprus. At the same time, there are a number of factors that hinder access and use of contraception by individuals in Cyprus i.e. contraception is not offered for free for any age group or vulnerable groups, there are no family planning clinics/walk in centers, the range of contraceptive choices is limited to condoms, oral contraceptives, intrauterine devices and emergency contraception and access of teenagers to contraception requires parental consent (with the exception of condoms). On the positive side, under the new NHS, women have a primary care physician of their choice and direct access to a gynecologist/obstetrician and can seek advice on contraception if they want to. In addition, information on the use of contraception to teenagers is offered within the school setting as described earlier. The free tool-line operated by CFPA provides another means of information on contraception. The two areas of good practice suggested by Belgium could potentially be transferred to Cyprus albeit with political will and financial support.

Making contraception free for people under the age of 25 and vulnerable groups would be possible if the new NHS accepts to absorb the cost and primary care physicians are trained on providing contraceptive advice to young people. It will also require the legislative changes to allow the prescription of contraception to teenagers without parental consent.

The simple contraception choice tool is an excellent way of providing information and assisting individuals in their choice of contraceptive method. Young people are familiar with the use of technology in their lives and this tool can be attractive, reduce social disparities in seeking information on contraception and support the educational role of health care professionals. However, in order to make it effective, the tool should be offered in different languages and use content and methods that would facilitate understanding by all whilst at the same time respecting cultural differences.

A similar tool in the area of parental health literacy, Baby Buddy Cyprus was transferred to Cyprus from the UK in 2019. The original UK Baby buddy app provided evidenced based information for each day of the pregnancy and the first 6 months of a baby's life. In the process of creating the Cyprus web-based app (baby Baddy Cyprus, all material of the UK version went through a thorough process of evaluation using the participatory action research methodology so that material was contextualized to the Cyprus setting and culture before being translated to five mostly used languages by the diverse population of Cyprus (7)The project was coordinated by the School of Health sciences of the Cyprus University of Technology in collaboration with the NGO Birth Forward, the local Scientific Associations and the Ministry of Health. Thus, relevant stakeholders have the experience and expertise in contextualizing and constructing digital health literacy tools and a digital tool on contraception would be very valuable. Funding would be a barrier but the development of the tool could potentially attract funding through the Erasmus plus programme albeit funds will need to be available locally for its sustainability.

## 5. Conclusions and recommendations

Europe and all Member States are committed to the 2030 SDG agenda of WHO which includes Gender Equality (SDG 5) and universal access to sexual and reproductive health rights (goal 5.6). Although progress has been achieved as indicated by individual country reports, challenges remain (8). Cyprus has committed to ensuring access to SRHR but transforming intent to policy and action has been challenging. However, a number of steps in the right direction have been made such as the introduction of SRHR information in the school curricula from an early stage (primary school) in 2017 and the development of a National strategy for Sexual and Reproductive health of the Young in 2018. Another positive development is the introduction of the new National Health Care system in 2019 which provides universal healthcare cover for the Cyprus population, thus positively affecting areas of sexual and reproductive health. Furthermore, and whilst writing up of this report, Cyprus has passed a legislation making sexuality education compulsory across all levels of education (preschool to university).

In addition, a number of local Non-governmental Organisations like CFPA, SPAVO, MIGS, Birth Forward as well as Universities have played an important role in advocacy, policy development, education and training, research and provision of relevant services.

Nonetheless, there are still a lot to be achieved and much of it is included in the National Strategy, despite the fact that this is targeted only to the young. However, for many of the strategy goals there is no clear plan on how to achieve them and transform intent into action and there is no dedicated funding for each action. Specifically, the following are areas that need urgent attention:

1. Collection of data and monitoring of important SRH indicators
2. Development of family planning centers that would address holistically matters relating to SRHR
3. Provision of free contraception for the young and vulnerable under the NHS
4. Provision of assisted reproductive services under the NHS
5. Development of policies to reduce CS rates and increase BF rates

Finally, there is an urgent need for a national plan to address needs and gaps of all age groups in a holistic approach, bringing together and coordinating the valuable and wealth of actions of local organisations.

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