



European Women's Lobby Position paper

Women's sexual rights in Europe

Women's sexual rights include the right to control their sexuality and the provision of sexual and reproductive health-related services. They include reproductive rights where the number and spacing of children can be chosen in a free, responsible and informed way.

Today, these rights must be defended as they concern not only women's health, but also their dignity and freedom. In this way, women's sexuality is not solely associated with issues of responsibility or risks concerning reproduction. Sexual activity is above all an integral part of a woman's life, of her private life and sexual enjoyment thereof. Women's sexual rights recognise the right to sexual well being and the freedom of choice concerning partner(s), sexual orientation, sexual preferences and the choice of each woman whether or not to have sexual relations.

The European Women's Lobby (EWL) promotes equal rights for a wide range of women. Women must not be put into a category depending on their sexual orientation, abilities or disabilities, their social and/or ethnic groups, which is imposed on them and which restricts their choices and independence in this case their sexuality and reproductive rights.

Nevertheless, the sexual and reproductive life of women is too often determined by cultural and religious codes, which deny them fulfilment or make them into sexual objects by using or selling their bodies. In light of these two trends, sexual and reproductive rights must ensure that women's bodies are respected and that women can own and control their own bodies.

The EWL will defend these rights within international organisations, the European institutions and the Member States of the European Union. The EWL forwarded its recommendations on sexual rights in Europe in its written contributions to the Convention on the Future of Europe and the draft Directive establishing the Principle of Equality between Men and Women.

*"The human rights of women include their right to have control over and **decide freely and responsibly** on matters related to their sexuality, including sexual and reproductive health, **free of coercion, discrimination and violence. Equal relationships between women and men** in matters of sexual relations and reproduction, including full respect for the **integrity of the person**, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences." Beijing Platform for Action 1995 (art.96)*

A historical overview:

Sexual and reproductive rights were considered for the first time approximately thirty years ago when the international community began to be concerned about the relationship of causality between demographic growth and development.

▶ In 1968, the International Conference on Human Rights (Tehran) adopted a Proclamation stating that: "**Parents** have a basic human right **to determine freely and responsibly the number and the spacing of their children**".

▶ Six years later, the Plan of Action of the World Population Conference (Bucharest) reaffirmed **this right** by applying it in a broader sense to "**all couples and individuals**".

▶ Resolution (78) 10 of the Committee of Ministers of the Council of Europe considers "family planning services as a basic human right for both men and women."

▶ At international level, the **Convention on the Elimination of All Forms of Discrimination against Women**¹, which came into force in 1981, is the first text that mentions the right to free choice in relation to "*family planning*", stressing the fact that this right applies to both men and women.

▶ During the **International Conference on Population and Development** (ICPD) (Cairo, 1994), it was stated for the first time that: "reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant UN documents.

▶ Although sexual and reproductive rights are often associated, it is important to note that the term 'sexual rights' has a larger scope than reproductive rights. The concept of "**sexual rights**" is not mentioned explicitly in the international agreements but the *States* that tabled reservations in both the Programme of Action from the International Conference on Population and Development in Cairo and the Beijing Platform for Action make an **explicit reference in it**.

▶ The theme of **involving men** in reproduction and sexuality appeared for the first time in 1994 (notably in the Copenhagen Declaration, and commitment 5), has recently been included in a proposed resolution to the Parliamentary Assembly of the Council of Europe on the involvement of men and young men in reproductive health (doc. 9665 of 22nd January 2003) as well as in a UNFPA publication "*It takes 2: Partnering with Men in Reproductive and Sexual Health*" which was published this year².

European and International context

European Union

There is no **explicit reference to sexual and reproductive health** in any text. This is because this area is governed by the **principle of subsidiarity** and is the responsibility of the Member States.

- **The Treaty establishing the European Community** (1993)^{NB}

Article 152 foresees that a "*high level of human health protection shall be ensured in the definition and implementation of all Community policies and actions.*")

- **Charter of Fundamental Human Rights of the European Union**

¹ CEDAW

² http://www.unfpa.org/upload/lib_pub_file/153_filename_ItTakes2.pdf

^{NB} The dates mentioned are the dates of entry into force

Article 35 recognises that everyone has the right of access to preventative health care and the right to benefit from medical treatment and repeats the measures of Article 152 of the EC Treaty as above.

Nevertheless, in 2001, the European Parliament Commission on Women's Rights and Equal Opportunities was given permission³ to produce its own initiative report on sexual and reproductive health and rights. In this report⁴, **Anne Van Lancker** MEP outlines the situation of sexual and reproductive rights in Europe (education, access to contraception and abortion, etc.) and proposes a resolution to the European Parliament. This document has a strong **political and symbolic value**, as it is the **first time** that a European institution studied the issue of sexual and reproductive rights.

Council of Europe

- **European Social Charter** (1961)

Article 11 recognises the right to **health care** by stipulating that the States should remove as far as possible the causes of ill health and provide educational facilities for the promotion of health.

- **Convention on Human Rights and Biomedicine** (1997)

Article 2 recognizes the primacy of the human being and says that "*the interest and welfare of the human being shall prevail over the sole interest of society or science*"

Article 3 asks the contracting Parties to guarantee "**equitable access**" to health care of appropriate quality", Article 5 stipulates that no medical intervention can take place without the **consent** of the person who has been informed beforehand and Article 10 states that everyone has the right to know all information collected about his or her health and to have the guarantee of **confidentiality** of this information.

- **Resolution 1347 (2003): Impact of the Mexico City Policy on the free choice of contraception in Europe**

In reaction against the Mexico City Policy that stops funds to NGO's performing abortions or lobbying to make abortion legal, the Parliamentary Assembly voted a resolution (1347/2003) to encourage the member states to help and support these NGO's and to reaffirm their support to the Cairo Program of Action.

- **Report** "European Strategy for the promotion of SRHR in Europe", by Christine McCafferty, adopted in 2004 following the line and recommendations set out in the EP report by Van Lancker.

United Nations

- **International Pact on Economic, Social and Cultural Rights** (1976)

For the first time, an international text recognised the right to health. Article 12 recognises, in fact, the right to enjoy as good a level of physical and mental health as is possible.

The monitoring committee of this Pact considers in its general observation 14 that this Article creates a right to sexual and reproductive health services as well as the right to health education.

- **Convention on the Elimination of all Forms of Discrimination Against Women** (1981)

Article 10 h) stipulates **equal access to information on family planning**, Article 12 **equal access to family planning services**, Article 14 2. b) guarantees the rights of women living

³ 2001/2128 (INI)

⁴ European Parliament Document A5-0223/2002

in rural areas to have equal access and information relating to family planning and Article 16
1. e) **guarantees for both men and women the free choice of deciding on the number and spacing of their children.**

- **Convention on the Rights of the Child** (1990)

Article 24 stipulates that all children have access to medical services and protection from traditional practices prejudicial to their health. Furthermore, the development of advice and family planning services for parents as well as prenatal and postnatal care must be guaranteed.

- **Programme of Action of the International Conference on Population and Development** (Cairo, 1994)

It is important to provide complete information for everyone, to provide **universal access to health services (before 2015)**, without coercion and free choice of family planning methods, to prevent unwanted pregnancies and to provide counselling for women who have had recourse to an abortion. Abortion should not be promoted as a method of family planning.

Particular attention must be given to the specific needs of groups of women in a vulnerable situation (**migrants, adolescents, people with disabilities, indigenous populations**). Other recommendations included increasing the **involvement of men** and assisting developing countries to reach self-sufficiency in relation to the provision of contraception.

- **Beijing Platform for Action** (1995)

It insists on the development of contraceptive methods that can be **controlled** by women, guaranteed access to information and reproductive health services for **adolescents** and deals with the issue of unsafe abortions. It is important to improve both the reproductive health of women and equal access of men and women to education and health services relating to reproduction, to combat prenatal selection based on gender and to fight against sexually transmissible diseases.

In 1996, the United Nations Population Fund (UNFPA), the High Commissioner for Human Rights, experts of six different treaty monitoring bodies and the Non-governmental organisations met at **Glen Cove** to discuss women's health and in particular health and sexual and reproductive rights as human rights. A recommendation was made that women's sexual and reproductive health be **integrated into the monitoring process of the treaties** and that the monitoring bodies make observations on this point on the basis of the reports produced by the Member States.

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- **Millennium Development Goals** (2000)

The key goals and targets to improve the condition of humanity in the areas of development and poverty eradication, peace and security, human rights and democracy does not include or mention sexual and reproductive rights as either a goal, target or indicator, even though universal access to SRH services has been adapted as a goal by ICPD.

The situation in Europe

Whereas sexual and reproductive rights of European women are guaranteed in a satisfactory way in the eyes of the rest of the world, an in-depth study reveals that ongoing difficulties and disparities exist between the different European regions and countries. The sexual and reproductive rights which should be enjoyed without obstacles by European women in their country include legal and safe abortion, open access to reliable, safe, affordable

contraception, access to health care, sexuality education and information in relation to sexual and reproductive health, free choice and consent. In reality, the application of these rights is limited and is subject to certain conditions.

In the European Union today, women's sexual and reproductive health must be considered a major public health issue. In fact, the accession of the countries of Central and Eastern Europe to the European Union has highlighted in particular the disparity in this area between the practices and policies of the different Member States. Reforms of health services, for instance in Bulgaria, reduce the access of women to public health services.

Comparative Table:

Member States of the European Union	Birth control				Abortion legislation ⁵		
	Abortion rate (for 1,000 women aged between 15 and 44 years) ⁶	Abortions per 1000 live births 2003 ⁷	Use of modern contraception (%) ⁸	Births per 1000 women aged 15-19, 2000-2005 ⁹	Free Legislation	Restricted Legislation	Illegal abortion
Austria	-	-	75	4,7	+		
Belgium	7,6 (2001)*	139,2	75	9	+		
Cyprus	-	-	-	-		+	
Czech republic	55,9***	289,5	45	17	+		
Denmark	14,1 (2002)*	240,7	71	7	¹⁰		
Estonia	55,9***	-	26	26	+		
Finland	10,4 (2000)*	189,1	77	8	+ ¹¹		
France	13,3 (1997)*	-	66	9	+		
Germany	7,7 (2002)*	181,2	72	11		+ ¹²	
Greece	3,6***	-	-	10	+		

⁵ Source: IPPF EUROPEAN NETWORK, Abortion Legislation in Europe, updated February 2004

⁶ *: <http://www.svss-uspda.ch/fr/suisse/statistiques.htm#Taux>

Sources : Conseil de l'Europe, "Evolution démographique récente en Europe" 2001 / Statistiques nationales / Alan Guttmacher Inst. 2002

** : Department of Health, Statistical Bulletin Abortion Statistics, England and Wales: 2002

<http://www.doh.gov.uk/public/sb0323.htm>

*** Council of Europe, « Guaranteeing freedom of choice in matters of reproduction, sexuality and lifestyles in Europe: trends and developments » -Proceedings, Tallin, 27-29 november 1997

⁷ WHO: European health for all database <http://data.euro.who.int/hfad/>

⁸ Council of Europe, « Guaranteeing freedom of choice in matters of reproduction, sexuality and lifestyles in Europe: trends and developments » -Proceedings, Tallin, 27-29 november 1997

⁹ <http://unstats.un.org/unsd/demographic/ww2000/table2b.htm>

¹⁰ On the Faroe Islands, which is a part of the Kingdom of Denmark, abortion is illegal except in cases of rape, serious threat to the pregnant woman's life or in case of severe risk of fetal malformation.

¹¹ with an authorisation of a doctor, source: Ministry of social Affairs and Health,

<http://www.stm.fi/Resource.phx/eng/subjt/health/hserv/termpregn.htx>

¹² In the German Penal Code § 218, which describes the conditions under which abortion is possible, stipulates that abortion is basically punishable.

Hungary	28,3 (2000)*	568,3	62	21	+		
Ireland	5,4***	-	-	15			+
Italy	10,8 (2001)*	-	32	6	+ ¹³		
Lithuania	13 (2003)	376,3	12	20,6	+		
Latvia	70***	691,4	19	24	+		
Luxembourg	-	-	-	9		+ ¹⁴	
Malta	-	0	-	12			+
Netherlands	8,7 (2002)*	143,8	72	5	+		
Poland	3,6***	-	26	16		+	
Portugal	-	-	32	17		+	
Slovakia	13,2	409,2	42	24	+		
Slovenia	35,9***	402,7	40	8	+		
Spain	4,8***	-	38	6		+	
Sweden	19,6 (2002)*	347,7	71	7	+		
United Kingdom	16,9 (2002)**	-	71	20	+ ¹⁵		

This table aims to provide a general overview. In reality, abortion legislation is more complex as access, practices, costs etc. differ according to each country and by region within countries. For example, some countries require mandatory counselling before women can access abortion provisions or have fewer facilities in some areas.

A situation of extremes:

Contraception and abortion:

In the old European Union of fifteen Member States, the average rate of abortion is amongst the lowest in the world with approximately eleven abortions for every 1,000 women (on average, the annual worldwide rate is 35 for 1,000)¹⁶. This result is primarily due to the use of modern contraception methods to control fertility in the first instance. It should be noted however that legislation in some countries in the Union is still very strict in relation to abortion, namely, Ireland, Malta, Poland, Slovakia but also Portugal and Spain – moreover, the influence of anti-abortion movements and religious movements as well as cases of conscientious objection among medical staff (notably in Spain and Italy)¹⁷ plays a very important role. The risk associated with this kind of restrictive legislation is that the number of illegal abortions will increase, will take place overseas or in dangerous conditions and do not figure in the statistics.

In the majority of Member States where legislation relating to abortion is open (in general an abortion can take place on request within a 12-weeks gestational limit), problems still arise, namely incomplete information and sexuality education and the lack of involvement by governments in addition to the lack of public health funding. Furthermore, in some Member States, abortion is still used as the main method of birth control, it often takes place in dangerous sanitary and hygiene conditions and the access to modern methods of

¹³ Up to 12 weeks: Social, socio-medical or socio-economic grounds

¹⁴ Up to 12 weeks: medical grounds.

¹⁵ Up to 24 weeks: Social, socio-medical or socio-economic grounds.

¹⁶ Alan Guttmacher Inst.: Sharing Responsibility - Women, Society & Abortion Worldwide, 1999

¹⁷ IPPF European Network "Abortion legislation in Europe", January 2002

contraception is particularly limited due to the excessive cost and the lack of availability (the majority have to be imported).

Moreover, the price of an abortion and contraception is often an obstacle for women.

In Western Europe, the average rate for using modern contraception¹⁸ is 65% (over the last 10 years), with the contraceptive pill having prevalence, while in Eastern Europe it is around 35%. In other countries, like Russia, Ukraine, Moldova or Romania, abortion is used as a method of birth regulation. Thus, we can see that a high rate of abortion is not linked to a liberal legislation, but rather to the extent that contraceptive methods are used and to a lack of information and sexuality education.

Some figures:

- 800,000 of a total of 900,000 unsafe abortions carried out in Europe every year are in the countries of Eastern Europe.¹⁹
- Illnesses linked to reproduction account for approximately 6% of the overall mortality rate in Central and Eastern European countries and the Newly Independent States. If we include cancer, HIV and STIs, the level of incapacity as a result of long-term complications in pregnancy or childbirth, surgical interventions carried out by teams who did not have the appropriate technology and recommended essential medicines at their disposal, we reach a figure of 8-10% of the mortality rate.²⁰
- There are *no* statistics or data on the number of illegal abortions in Europe.

Sexually Transmitted Infections (STIs) / HIV :

The epidemics of STIs and HIV in Europe are becoming a women's problem. The lack of campaigns targeting women and targeting men and boys, the lack of action by governments, the lack of interest from the pharmaceutical laboratories (the use of the female condom remains confidential, treatments are not adapted to women's bodies etc.) result in placing women's sexual health at risk. In France, in 2002, 52% of people diagnosed with HIV were women²¹. In the Baltic States, STIs and HIV is increasing, which is largely due to a lack of information, lack of health care services, the growth of the sex industry and prostitution. We should note that the exposure of women to the risks of STIs also depends to a great extent on the sexual behaviour of men, such as: weakening and economic dependence of women coupled with barriers to their negotiating power to discuss the terms of their sexual relations. As from a biological and social point of view, women are more vulnerable to the risk of infection; the rise in the occurrence of STIs and HIV puts the sexual and reproductive health of women in danger in the countries in Europe where prevention is practically non-existent.²² Therefore, the use of condoms should be promoted as the best way to prevent diseases

Trafficking and Prostitution

The number of women who are victims of trafficking and prostitution is increasing in Europe. The phenomenon affects in particular women migrating from Central and Eastern Europe towards the West. Trafficking and prostitution are violations of women's sexual rights, namely they undermine the right of freedom and safety of the person, the right to be protected against any act of violence and against bad treatment as well as the right to women's bodily integrity. These situations lead to a substantial deterioration in the sexual and reproductive

¹⁸ *Modern contraception methods* → pill, IUD, injection, condoms, sterilisation (female or male), others.

Traditional contraception methods → periodical abstinence, withdrawal method/coïtus interruptus, others

Family Planning Worldwide 2002 Data Sheet, 2002 Population Reference Bureau

¹⁹ WHO: "unsafe abortion: global and regional estimates of incidence of a mortality due to unsafe abortion with a listing of available country data", 3rd Edition, 1997

²⁰ WHO : Report on Health in Europe 2002, regional publications, European series, n°97

²¹ Act Up Paris, www.actupparis.org/article1058.html

²² Kasia Malinowska-Sempruch "Women: the next wave in the HIV epidemic" in *Entre Nous* n°51, 2001- UNFPA et WHO

health of women involved in prostitution and victims of trafficking, who have very little or no access to healthcare or services. The mental and physical consequences are extremely serious including sexuality problems as a result of the violent and repetitive character of sexual relations, an increased risk of STIs/HIV and frequent recourse to illegal abortions.²³

Sexual and reproductive health of teenage girls/very young women in Europe

In Europe, the majority of young women become sexually active during their adolescence and before they are 20 years old. Teenage girls, as a category, require increased attention in this area due to the lack of information, and the difficulty they experience in negotiating the terms of sexual relationships (lack of experience, lack of equality in the relationship, social pressure).

Sexuality education/Information:

The Sexual and reproductive health of adolescents is dependent on the knowledge they have of their own sexuality, of their bodies and the relations between women and men. In the EU, the majority of countries provide sexuality education within the school curriculum and some governments undertake specific prevention campaigns targeting adolescents. A society that is open and tolerant of the questions of young boys and girls is more able to help them to take responsibility for their sexuality. Sexuality education has become essential in preventing **Sexually Transmitted Infections and HIV**, to which adolescents are particularly vulnerable.

However, sexuality education and information targeting teenagers is still insufficient in the countries of the Union. The differences are notable between the obligations of the school curriculum and the practice actually taking place on the ground (raising awareness amongst and training the teaching staff for example). Moreover, theoretical and biological information is favoured to a large extent, which is to the detriment to an approach to sexuality that is more concrete, highlighting the freedom of choice and respect of the partner. The rights of lesbian women to have children by insemination or adoption should be recognized.

A lack of sexuality education often leads to violence against women. By teaching boys and girls that sexuality includes respect of the women's body²⁴, violence against women – and a lot of unwanted pregnancies due to this violence – could be avoided.

Some countries are good examples however. For example, in the Netherlands, there is a low rate of abortion and a teenage pregnancy rate, which is among the lowest in Europe (6%). 85% of teenagers use some form of contraception during their first sexual relationship. This situation is largely due to the fact that sexuality education has a high quality in the Netherlands and has become part of the system both inside and outside of school.²⁵

Amongst some member countries, mandatory programmes in sexual and reproductive health are rarely adequate and the situations differ considerably between the countries. In Poland, for instance, sexuality education is no longer a mandatory component of the school curriculum. And when included, it is often influenced by the Catholic Authorities and social stereotypes²⁶. In Slovakia, the practice of sexuality education could decline due to the influence of the catholic church.

Prevention of early/unwanted pregnancies:

²³ Judith Trinquart-Jacobs « Conséquences psychiques et physiques de la situation prostitutionnelle », Les Pénélopes, www.penelopes.org - September 2000

²⁴ Also refer to the EWL position paper on "the role of men and boys in achieving gender equality"

²⁵ Vanessa Timmer, Dutch Council on Health and Population "The Netherlands: a model country?" in *Entre Nous* n°52, 2002 – UNFPA and OMS

²⁶ FWFP, "The Anti-abortion Law in Poland"

The early pregnancy rate is increasing in Europe²⁷. The disparities between the countries are considerable – countries like the UK (32 for 1,000 between 15 and 19 years old), Greece (24) and Portugal (25) still have a high number of pregnancies among teenagers or very young women, and Eastern/Central European member States are facing even higher levels: 49 in Latvia, 42 in Hungary and 29 in Slovenia.²⁸

As the vast majority of these pregnancies are unplanned and unwanted, it is important once again to promote information and prevention. This will also reduce the incidence of STIs amongst young girls who are even more at risk of an unsafe abortion.

Disabled women

There is a lack of visibility for disabled women in society, which ignores their sexuality and restricts to a large extent their full enjoyment of their sexual and reproductive rights.

These women face double discrimination, which often exposes them to coercion and to the control of a third party over their reproductive health, with risks of sexual abuse and violence and a lack of information concerning their sexual life. Society sees them as asexual, stigmatising them as dependent, unable to make decisions independently and does not give them the means to choose the sex life they wish.

As women, they have rights in relation to freedom of choice, bodily integrity, informed consent, which are important to defend. For example, as far as reproduction is concerned, disabled women should be able to have a child if they wish without being dissuaded to do so. In some cases disabled women are even submitted to forced sterilisation, which is an absolutely unacceptable violation of these women's bodily integrity.

The Cairo Conference highlighted the needs and rights associated with the sexuality of people with disabilities: "Governments should recognize needs concerning, inter alia, reproductive health, including family planning and sexual health, HIV/AIDS, information, sexuality education and communication." (art. 6.3)

Ethnic minorities and refugees: Vulnerable groups

In its European Health Report 2002, the WHO stresses: "The more than four million women in Eastern Europe belonging to migrant groups, refugees and ethnic minorities require specific attention."

Migrant and refugee women are vulnerable due to their insecure economic and social situation. Thus, a different culture, the language barrier and this insecurity make it difficult to access health services and information about contraception. Further, the traumas endured by people fleeing from conflict settings often have great impact on interpersonal relations and may result in gender-based violence and/or sexual exploitation both before and after arriving to destination country²⁹. These problems are all obstacles to the full enjoyment of sexual and reproductive rights

Take the example of abortion - in the Czech republic, only nationals or women with permanent residency can have access to abortion without any restrictions. In Italy, on the other hand, it is free for all women, including foreign women, immigrants and those without legal papers.

²⁷ European Parliament Report on health and sexual and reproductive rights, Rapporteur Anne Van Lancker

²⁸ Marilyn Lauglo, Sigrun Møgedal «reproductive choice», Briefing document of the Council of Europe EG(99)4-Fév.1999

²⁹ Integration of the human rights of women and the gender perspective: Violence against women. Report of the special Rapporteur on violence against women, its causes and consequences, Yakin Ertürk. ECOSOC, December 2003

The sterilisation of Roma women in Eastern Europe

Roma women face double discrimination making it more difficult for them to access health services. Furthermore, forced sterilisation of Roma women in Slovakia was denounced at the end of 2002 by the Centre for Reproductive Rights, and, more recently, by the Commissioner for Human Rights of the Council of Europe. It constitutes a serious violation to bodily integrity, freedom of choice and the entitlement to self-determination of reproductive life.³⁰ In response to the CRR allegations, the Slovakian government has recently adopted a new legislation, based on basis of human rights approach and informed consent.

Female Genital Mutilation

Finally, the European Union currently is hosting some immigrant communities among whom female genital mutilation is a common practice. Female Genital Mutilation constitutes a violation to the bodily integrity of women just as much as any other act of violence against women or girls and it is clear that it is a violation of women's sexual rights. Some projects and actions have already been initiated at European level and the European Parliament adopted a report on Female Genital Mutilation in 2001. It states "The lack of research in this area makes it difficult to assess the extent of the phenomenon. However, estimates produced by various studies lead to the conclusion that it is not negligible: there are 30 000 victims of this practice in the UK, almost 28 000 in Italy, 20 000 women at risk in Germany, etc."

Science and bioethics

A gender perspective is not taken into account in science and bioethical issues. Men are still considered as the norm, while women are often reduced to a passive role like the role of the patient or to be consulted only in matters of reproduction. Women should be encouraged to play a more important role in science and in debates about bioethics.

Bioethical preoccupations should also be considered in view of women's fundamental human rights.

Sexual and reproductive rights under threat:

The importance of sexual and reproductive rights in Europe need to be highlighted because they are regularly under threat or questioned as shown by the following examples:

- Restrictions and budgetary cuts made by national governments in public health which make the services and health care less accessible and more onerous;
- Restrictive abortion legislation promoting increased prices in the private sector and increased recourse to unsafe abortions;
- The pressure of conservative and religious groups who are opposed to the self-determination of women in relation to their reproductive health;
- The increase in trafficking and prostitution which constitutes a violation of women's basic human rights;
- The restrictive Protocols and Unilateral Declaration added to the Accession Treaty (respectively Ireland, Malta and Poland), which prevent some women in the Union being able fully to avail themselves of their sexual and reproductive rights.³¹

³⁰ Body and Soul Forced Sterilization and Other Assaults on Roma Reproductive Freedom in Slovakia, Centre for Reproductive Rights et Poradna pre občianske a ľudské práva, 2002

³¹ EWL/LEF: Briefing Paper- Poland's Accession Treaty and the "Declaration on Morality"

The European Women's Lobby recommendations

The EWL notes that sexual and reproductive rights are not respected in a uniform way inside the Member States and that they are not given adequate attention by the European Union.

The EWL thus demands that the Member States of the European Union ensure that:

- **uniform access to complete and neutral information and sexuality education** is provided from before and throughout adolescence.
- advice, **confidential** health care, **without value judgments** is provided on reproductive and sexual health including sexual orientation and abortion.
- free access to information, counselling and health care is guaranteed for **all women** [including women who do not have a valid residence permit. Ref. CEDAW General Recommendation art.12 1999]
- access to all of the above services is provided **free of charge**, i.e. the system of social security should cover all methods of contraception as well as abortion for **all women** living in the European Union.
- policies and legal documents are developed to eliminate practices affecting women's bodily integrity and their self-determination in relation to reproduction, such as **forced sterilisation** and **female genital mutilation** on all women and girls living in the EU but also EU_citizens living overseas.
- A legislative framework for the right to a **safe abortion** for all women in the Union is introduced³².
- free access to **all forms of safe contraception** is ensured.

Finally, the EWL recommends that the institutions of the European Union:

- establish permanent mechanisms to establish **a database and clear information** concerning the sexual and reproductive health of women in Europe
- develop monitoring mechanisms relating to the **commitments** made at the **conferences of Cairo and Beijing** and **make links** with the **MDGs** on this issue
- strengthen the measures concerning sexual and reproductive health in its **public health programmes of action**
- strengthen the monitoring of access of women to public health services
- consider the practice of **unsafe abortions** in some Member States as a public health priority;
- encourage Member States to **delete the restrictive clauses** and/or the reservations made in relation to the UN conventions and their Accession Treaty to the EU.

³² See the 2002 EWL's motion on abortion

- promote policies that aim to improve sexual and reproductive health for **vulnerable groups** (adolescents, ethnic minorities, migrant women, disabled women, transgender persons, victims of trafficking and prostitution, etc.)
- lobby **third countries** so that they **abolish traditional practices** harmful to women's health and **contravening** their sexual and reproductive rights.

Resources

European Parliament Report: Sexual and reproductive health and rights, Rapporteur Anne Van Lancker – A5-0223/2002

International Planned Parenthood Federation European Network, www.ippfen.org:
2001 Annual Report
2002 Abortion legislation in Europe

World Health Organisation, www.who.dk:
European Health Report 2002, Regional publications, European Series, n°97
United Nations Population Fund UNFPA, www.unfpa.org

Council of Europe, www.coe.int:
“Guaranteeing freedom of choice in matters of reproduction, sexuality and lifestyles in Europe: trends and developments” -Proceedings, Tallin, 27-29 november 1997
“Reproductive choice”, Briefing document (EG 99 4) produced by Marilyn Lauglo and Sigrun Møgedal (Centre for partnering in development - Oslo, Norway)
“European Strategy for the promotion of SRHR in Europe”, report by Christine MacCafferty, adopted 10/10/04

Population Reference Bureau, www.prb.org :
Family Planning Worldwide 2002 Data Sheet, 2002

Entre Nous, the European magazine on sexual and reproductive health established by the United Nations Population Fund (UNFPA) with the collaboration of WHO Europe :
www.euro.who.int/entrenous

Centre for Reproductive Rights, www.crlp.org

Astra Network, network of women of Central and Eastern Europe in favour of sexual and reproductive rights. www.astra.org.pl

International Women's Health Coalition, www.iwhc.org