

**EQUI
POP.
ORG**



PROMOTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Position paper with a view to the United
Nations Special Session on ICPD +20

(22 September 2014)

1. FACED WITH AN UNCERTAIN FUTURE, GOVERNMENTS MUST REMOBILIZE ON THE ISSUES SET OUT BY THE ICPD

1.1. THE BASIS OF THE ICPD (1994): RESPECT FOR FUNDAMENTAL RIGHTS

In 1994, a 20-year programme of action was adopted by 179 countries at the International Conference on Population and Development (ICPD) in Cairo. It stressed the importance for the autonomy of women and girls of sexual and reproductive health and rights, in addition to education, financial independence and taking part in political life.

Sexual and reproductive rights are the most intimate and fundamental of all human rights as they deal with informed decision-making about basic aspects of life – one's body, sexuality, health and relationships, whether or not to marry and whether or not to have children.

Women and adolescent girls who have control over their decisions relating to sexuality, the number of children they want, when they want to have them and the spacing between them, enjoy better health. They are more likely to finish their studies, be better prepared to enter the job market and have greater means at their disposal in their professional and family lives.

The ICPD set a target of ensuring access for all to a comprehensive range of appropriate sexual and reproductive health information and services by 2015.

1.2. THE CURRENT SITUATION: DELAYS AND CONCERNS ASSOCIATED WITH THE RISE IN CONSERVATISM

In December 2010, the UN General Assembly decided to extend the ICPD programme of action beyond 2014 and to call an extraordinary session of the General Assembly in 2014 to assess its implementation and to renew the political support required for its goals and objectives to be fully attained.

Almost twenty years on, much remains to be done. In many countries, the ICPD has inspired policies and programmes which have improved the lives of millions, but serious gaps persist. Sexual and reproductive health problems continue to needlessly affect the lives of millions of individuals. It is the poorest women, adolescent girls and communities who suffer the most serious consequences.

Women's sexual and reproductive health rights in figures

Every day, **800 women** die from preventable causes related to pregnancy and childbirth complications.

More than **220 million women** in developing countries want to prevent pregnancy but lack access to effective contraception or quality services. Every year, **80 million** unintended pregnancies are recorded around the world.

In 2011, **2.5 million people** were newly infected with HIV.

In low-income countries, only **34% of pregnant women** receive adequate antenatal care.

Source: ICPD High-level Task Force: *Priorities for the Post-2015 Development Agenda*, 2013

It is therefore crucial that the UN General Assembly in September 2014 makes a decisive contribution to galvanising political action and renewing commitments in the key areas of the ICPD programme of action.

There is a risk, however, that the international community will not respond to this political imperative and will make only minimal commitments. Indeed, sexual and reproductive health rights are regularly the subject of fierce ideological debate at international level. They are continually questioned in the name of culture, religion or morality. In seeking consensus, the agenda of the special GA devoted to the ICPD risks falling short in its response to the issues, simply to avoid any political blocking by highly proactive conservative governments such as Iran, Russia, Egypt, Cameroon, Malta and the Vatican.

France, which intends to take a lead in promoting sexual and reproductive rights and health internationally, must actively contribute to the adoption of an ambitious agenda for the UN 2014 GA devoted to the ICPD.

2. RESPONDING TO ICPD UNFINISHED BUSINESS

Many of the commitments made at the ICPD have not been fulfilled. But two subjects in particular have attracted the attention of French organisations: adolescents and abortion. Huge challenges relating to both these areas remain, affecting many countries, particularly those with medium and low incomes. The ideological barriers raised by the question of teenage sexuality and the right to abortion make it essential for there to be fresh political dialogue at international level.

2.1. ADOLESCENTS: A MAJOR ISSUE DEMANDING PROACTIVE POLICIES

At three billion, or 43% of the global population, today's generation of under-25s is larger than at any other time. Almost half these young people – 1.2 billion – are teenagers.

Most young people (87%) are concentrated in developing countries. Many of them live in poverty with restricted rights, opportunities and choices, as well as inadequate access to quality education, health services and employment.

Young people's sexuality remains taboo in many countries, significantly hampering consideration of their needs and respect for their sexual and reproductive rights. Today there are twice as many unmet contraceptive needs among sexually active teenagers than among married women.¹

Adolescent girls are particularly vulnerable. They are subjected to various forms of discrimination and violence, often lacking equal opportunities to enjoy the same rights and freedoms as adolescent boys.

¹ UNFPA, *Making Reproductive Rights and Sexual and Reproductive Health a Reality for All*, 2008.

Adolescent sexual and reproductive rights in figures

More than 60 million girls are married before reaching puberty. One in three girls aged under 18 in low and middle-income countries is married without her consent.

Sixteen million adolescent girls aged 15 to 19 years give birth annually.

Every day, **more than 2,000 young people** are infected with HIV, accounting for 40% of all new infections. Young women are especially at risk, with infection rates twice as high as for young men.

Pregnancy and childbirth complications are the **leading cause of death** for adolescent girls in low and middle-income countries.

Up to **50% of sexual assaults** are committed against girls under 16 and up to **30% of girls** report their first sexual experience is forced.

Sources: UNFPA, *Making Reproductive Rights and Sexual and Reproductive Health a Reality for All*, 2008; ICPD High-level Task Force: *Priorities for the Post-2015 Development Agenda*, 2013

Given these circumstances, it is essential that governments adopt a positive approach to young people's sexuality and renew their political and financial commitments to:

- **Guarantee** all young people, whether or not in education, universal access to a comprehensive range of education on sexuality, so that they can understand their sexuality and take informed decisions relating to it;
- **Guarantee** universal access to high quality sexual and reproductive health services which are tailored to young people, do not stigmatise, are affordable and accessible and respect the principles of confidentiality, privacy and informed consent. In particular, these services should include access to a wide range of contraceptive methods, including emergency contraception, safe abortion, pregnancy monitoring and STI and HIV prevention and treatment. Particular attention should be paid to the most marginalised and vulnerable young people;
- **Remove** all legal and regulatory barriers preventing adolescents accessing sexual and reproductive health information and services, such as statutory parental consent and restrictions relating to age and marital status;
- **Eliminate** violence against girls and notably underage marriage by adopting and rigorously enforcing laws dealing with marriageable age.

2.2. ABORTION: OVERCOMING DOGMATISM TO IMPROVE LEVELS OF HEALTH

Due to strong ideological opposition, it was impossible to reach any consensus at the International Conference in Cairo supporting the fundamental right of women to dispose of their bodies as they choose, as represented by the right to abortion.

The ICPD programme of action does, however, contain recommendations on this subject. It invites governments to significantly reduce the number of deaths and cases of morbidity due to unsafe abortions (Article 8.20). It recommends that the impact of unsafe abortions be dealt with as a major public health matter. In circumstances where abortion is not against the law, it should be safely and

properly practised. In all cases, women should have access to quality services for managing complications arising from abortion (Art. 8.25).

Twenty years after the ICPD, no significant progress has materialised at international level. The vast majority of governments continue to be ideologically opposed to the right to abortion and refuse to take account of the public health problems posed by illegal abortions. This clearly illustrates that questions of sexuality, and particularly the right of girls and women to freely dispose of their own body, remain a major political issue.

Most national legislation on the subject remains extremely restrictive: in most cases, abortion is only permitted in exceptional circumstances (serious threat to the life or health of the mother, foetal malformation, rape or incest). Furthermore, the laws are often rarely or never applied due to numerous extra-legal obstacles which prevent the right to abortion being fully exercised – third-party consent, periods for reflection, cost, lack of suitable medical staff and services, etc. As a result, a number of women who fulfil the legal conditions do not actually have access to safe abortions. In cases where abortion is illegal, those performed safely are the prerogative of wealthy women, the poor having no other choice than to approach abortionists who practise in unsafe conditions, with the resultant disabilities and deaths. Women may also secretly employ traditional methods or have recourse to abortion drugs such as Misoprostol without the benefit of the information needed to use them correctly (e.g. appropriate dose, etc.).

Access to abortion in figures

22 million abortions are performed in unsafe conditions every year.

Of all abortions carried out, the proportion performed in unsafe conditions has increased from **44% in 1995 to 47% in 2000 and 49% in 2008**.

Almost all these unsafe abortions - 98% - take place **in developing countries** with high rates of maternal mortality and extremely limited access to safe abortion.

47,000 women die each year due to complications of an unsafe abortion, equivalent to 13% of all maternal deaths worldwide.

62% of all deaths linked to unsafe abortions in 2008 occurred in Africa.

5 million women suffer a disability as a result of complications following an unsafe abortion.

Source: WHO, *Safe abortion: technical and policy guidance for health systems*, second edition, 2012.

The World Health Organisation has compiled a whole series of studies which show that the legal status of abortion has no impact on the need of women to seek abortion, but that it does considerably hamper women's access to a safe abortion. Whether access to abortion is legally restricted or whether it is available on request, the likelihood of a woman having an unintended pregnancy and seeking an induced abortion is about the same. However, legal restrictions and other obstacles mean that large numbers of women seek to induce abortions themselves or seek abortions from unskilled providers with all the risks that that entails.

Given these circumstances, it is essential that governments adopt a more pragmatic and less dogmatic approach to the issue of abortion and give political undertakings to:

-  **Guarantee** access to a comprehensive range of quality services delivered in a compassionate and caring manner and enabling all women and adolescent girls to benefit from medical care in the event of an induced abortion or complications resulting from an unsafe abortion;
-  **Repeal** those laws and regulations which limit the right to abortion being fully exercised, such as third-party consent (by parent, partner, etc.) or mandatory waiting periods;
-  **Abolish** laws which punish women and young girls who have had an illegal abortion and release those in prison in accordance with the Beijing platform of action (Art. 106 k);
-  **Revise** laws and policies to make induced abortion accessible and legal.

France, which intends to take a lead in promoting sexual and reproductive rights and health internationally, must take the debate on abortion to the United Nations.