WOMEN’S SEXUAL AND REPRODUCTIVE RIGHTS IN EUROPE: WHY WE NEED TO ACT NOW

Women’s rights are human rights. Under international human rights law, women have the right to a safe sexual and reproductive life, free from coercion. In the past decades, considerable progress has been achieved in Europe in that direction. Yet, women continue to face widespread denials and violations of their sexual and reproductive rights. Laws, policies and practices, underpinned by pervasive gender stereotypes and inequality, still curtail and undermine women’s sexual and reproductive health, autonomy, dignity, integrity and decision-making in serious ways. Moreover, in recent years, resurgent threats have emerged in this field jeopardising longstanding commitments to gender equality and women’s rights.

ENSURING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS: STATES’ DUTY TO WOMEN

European states have the duty to take effective steps to respect and protect women’s sexual and reproductive rights. This means respecting a range of civil, political, economic, social and cultural rights, including the rights to life, to health, to be free from torture and ill-treatment, to privacy, equality and non-discrimination. As a result, states have the obligation, under international human rights law, to provide all women with accessible, affordable, good quality sexual and reproductive health care and services. They should eliminate laws, policies and practices that infringe upon these rights, and prevent erosion of existing protections.

WHY IT IS CRUCIAL

Sexual and reproductive rights protect some of the most significant and intimate aspects of our lives. Ensuring these rights for women is a vital component of efforts to achieve gender equality; and it benefits society and humanity at large. Given resurgent trends seeking to roll back protections in this field, a renewed commitment to these rights is essential.

THREATS, OBSTACLES AND DEFICITS

- Some countries have introduced laws, policies and practices that limit women’s autonomy and decision-making in particular through retrogressive restrictions on access to contraception and abortion care.
- Financial, social and practical barriers still endanger women’s ability to enjoy safe sexual and reproductive health, free from coercion;
- There have been resurgent trends in Europe seeking to roll back protections in the field of women’s sexual and reproductive health and rights with serious implications for women’s rights;
- Harmful gender stereotypes, social norms and stigma regarding women’s sexuality and reproductive capacities continue to apply to many aspects of women’s lives;
- There have been violence, threats, hate speech and smear campaigns against people and organisations defending women’s rights;
- Many of the sexuality education programmes throughout Europe fall short of international human rights requirements and the World Health Organization’s standards regarding comprehensive sexuality education;
- Women’s access to effective methods of modern contraception continues to be impeded by a range of deficits in affordability and
availability, including lack of subsidization or reimbursement, poor quality information and misconceptions, and requirements for third-party authorisation;

• A small number of jurisdictions retain highly restrictive laws that prohibit abortion except in strictly defined circumstances and often also criminalise abortion for women and those who assist them. These laws have harmful implications for women’s health and well-being. Most women in these countries who decide to end a pregnancy must travel to another European country to access safe and legal abortion there or undergo illegal clandestine abortion in their own country.

• Even in some of those European countries that have legalised abortion on a women’s request, women still face barriers in accessing safe and legal abortion care, due to the state’s failure to ensure that women can still access abortion services in practice when medical professionals refuse care on grounds of conscience or religion. In some countries, procedural barriers include mandatory counselling and waiting periods;

• There is a lack of adequate standards of healthcare and respect for women’s rights in childbirth in several areas of Europe, including in some cases coercive and discriminatory practices in maternal healthcare;

• The concerns and deficits mentioned above are particularly pressing for marginalised groups of women, including poor women, Roma women, undocumented migrant women, women with disabilities;

• Inadequate access to effective remedies and reparation for victims of sexual and reproductive coercion, including past human rights abuse such as forced sterilisation of Roma women in some countries.

HOW TO ENSURE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

In order to ensure the human rights of all women and girls across Europe, the Commissioner for Human Rights calls on states to:

• Eliminate discrimination in laws, policies and practices and guarantee equality for all women in the enjoyment of sexual and reproductive health and rights;

• Repeal laws, policies and practices that undermine women’s sexual and reproductive health and rights;

• Guard against retrogressive measures that seek to roll back established entitlements;

• Establish a health system designed to advance women’s sexual and reproductive health and rights;

• Provide mainstream and mandatory comprehensive sexuality education;

• Guarantee the affordability, availability and accessibility of modern contraception;

• Ensure all women’s access to safe and legal abortion care;

• Reform highly restrictive laws that prohibit abortion except in a small number of strictly defined, exceptional circumstances and bring them into line with international human rights standards and regional best practices;

• Ensure that abortion is legal on a woman’s request in early pregnancy, and thereafter throughout pregnancy to protect women’s health and lives and ensure freedom from ill-treatment;

• Ensure the accessibility and availability of abortion in practice by removing residual procedural requirements;

• Ensure that refusals of care by health care workers do not jeopardise women’s timely access to sexual and reproductive health care;

• Respect women’s rights in childbirth and guarantee access to quality maternal health care.