Reproductive Rights, International Regulation

Julia Gebhard Diana Trimiño

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A. Concept, Definition, and Legal Status

- 1 The term 'reproductive rights' has not yet been defined by any international → *human rights* convention. However, Art. 23 (1) (b) International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities entails the right to reproductive health and education and, on a regional level, Art. 14 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ('Maputo Protocol') expressly articulates women's reproductive rights as human rights (→ *Disabled People, Non-Discrimination of*; → *Women, Rights of, International Protection*).
- 2 Nonetheless, the content and scope of reproductive rights remains controversial. There are two positions on this matter. Scholars supporting a narrow position affirm that reproductive rights rest only on the recognition of reproductive choice, and argue that binding reproductive rights are limited to Art. 16 (1) (e) Convention on the Elimination of all forms of Discrimination against Women ('CEDAW') which safeguards

the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, as well as to attain the highest standard of sexual and reproductive health.

- 3 This relatively restricted view on reproductive rights includes as its core elements: the right to found a family (Art. 16 CEDAW, Art. 32 → International Covenant on Civil and Political Rights [1966] ['ICCPR']); the right to decide, freely and responsibly, the number and spacing of one's children (Art. 16 CEDAW, Art. 24 Convention of the Rights of the Child ['CRC'], Art. 17 ICCPR, and Art. 12 → International Covenant on Economic, Social and Cultural Rights [1966] (['ICESCR']); the right to access to family planning information and education (Art. 16 CEDAW, Art. 13 CRC, Art. 19 ICCP, and Art. 13 ICESCR); and the right to access to family planning methods and services (Art. 16 CEDAW, Art. 24 CRC, and Art. 12 ICESCR). Supporters of this narrow position do not exclude the possibility of other rights to be related to reproductive freedom or choice, insofar as the violation of the particular right affects reproduction (see also → Health, Right to, International Protection; → Trade and Labour Standards). However, from this perspective, these general human rights are not constitutive per se of reproductive rights (Packer 83).
- 4 Regarding the second and wider position, reproductive rights 'embrace certain human rights that are already recognized in national laws, international human rights documents, and other relevant UN consensus documents' (para. 7.3

Programme of Action of the International Conference on Population and Development ['Cairo Programme of Action']) based on the recognition of reproductive choice in Art. 16 CEDAW.

- 5 Scholars and organizations supporting this position include 12 rights within this group:
 - The right to life (Art. 3 → Universal Declaration of Human Rights [1948] ['Universal Declaration'], Art. 6 (1) ICCPR, and Art. 6 (1) (2) CRC; → Life, Right to, International Protection), including the right not to die from preventable, pregnancy-related causes.
 - The right to health (Art. 25 Universal Declaration, Arts 10 (2), 12 (1), and (2) ICESCR, Arts 12 (1) (2), 14 (2) CEDAW, and Art. 24 (1) (2) CRC), including the right to reproductive health.
 - The right to personal freedom, security, and integrity (Arts 3 and 5 Universal Declaration, Arts 7, 9 (1) ICCPR, and 37 (a) CRC), including the right not to be subjected to torture or cruel, inhuman, or degrading treatment (→ *Torture, Prohibition of*).
 - The right to be free of sexual and gender violence (Arts 5 and 6 CEDAW and Arts 19 (1) and 34 CRC; → *Gender-Based Crimes*).
 - The right to decide the number of spacing of one's children (Art. 16 (1) CEDAW), including the right to reproductive self-determination and the right to make family planning choices.
 - The right to privacy (Art. 17 (1) (2) ICCPR and Art. 16 (1) (2) CRC), including the right to decide freely and without arbitrary interference with one's reproductive functions (→ *Privacy, Right to, International Protection*).
 - The right to equality and non-discrimination (Art. 2 Universal Declaration, Art. 2 (1) ICCPR, Art. 2 (2) ICESCR, Arts 1, 3, 11 (2) CEDAW, and Art. 2 (1) (2) (5) CRC), including the right to non-discrimination in the area of life and reproductive health.
 - The right to consent to marriage and equality in marriage (Art. 16 (1) (2) Universal Declaration, Art. 23 (2) (3) (4) ICCPR, Art. 10 (1) ICESCR, and Art. 16 (1) (2) CEDAW), including the right to decide on matters related to one's reproductive function, the right to enter marriage or not, the right to dissolve marriage, and the right to have the opportunity and be of an age to give consent to marriage and found a family (→ Family, Right to, International Protection).
 - The right to employment and social security, including the right to legal protection of maternity, the right to work in an environment free of sexual harassment, the right to non-discrimination on the grounds of pregnancy both in and out of the workplace (Art. 11 (2) CEDAW; → Social Security, Right to, International Protection; → Work, Right to, International Protection).
 - The right to education and information (Art. 10 CEDAW), including the right to education regarding sexual and reproductive matters free from discrimination and the right to receive information about one's state of health, the right to be informed about one's right and responsibilities in matters of sexuality and reproduction, risks, and effectiveness of birth control methods, and implication of pregnancy.
 - The right to be free from practices that harm women and girls (Arts 2 (f) and 5 (a) CEDAW, Art. 24 (3) CRC), including the practices and traditions that harm women's and girls' reproductive rights.
 - The right to benefit from scientific progress (Art. 27 (1) Universal Declaration, Art. 7 ICCPR, and Art. 15 ICESCR), including progress in the area of human reproduction and not to be subject of experimentation in the same area (see eg Center for Reproductive Rights http://reproductiverights.org/sites/crr.civicactions.net/files/documents/V4Repro%20Rights%20Are%20Human%20Rights%20-%20FINAL.pdf> (1 October 2009(; Facio 26–28).
- 6 The legal status in customary international law which is attributed to reproductive rights depends first and foremost on whether one takes a narrow or a broad stance on the topic. The question of to what extent reproductive choice is given to the individual is very much disputed within societies and there exists a wide divergence of views within the international community. → *State practice* in this area is highly inconsistent. The second and broader approach includes several rights which are recognized under customary law, such as the prohibition of torture and slavery; this prohibition covers the violation of these rights in any context, including the reproductive one. However, the recognition of reproductive rights in the strict sense (Art. 16 CEDAW) is likely not to be sufficiently reflected in State practice and/ or *opinio iuris* for these rights to constitute customary international law.

B. Initiatives and Developments in Reproductive Rights

1. Global Approaches to Reproductive Rights Protection

(a) Cairo Programme of Action, Beijing Declaration and Platform for Action and other Developments

- 7 The Cairo Programme of Action and the Beijing Declaration and Platform for Action are crucial to the development of these rights, since they dictate the standards and commitments of the signatory States in the matter of reproductive rights and reproductive health. However, they are not legally binding \rightarrow *sources of international law* (see also \rightarrow *Soft Law*).
- 8 The International Conference on Population and Development ('Cairo Conference') was held in September 1994. Chapters VII and VIII Cairo Programme of Action—'Reproductive Rights and Reproductive Health' and 'Health, Morbidity and Mortality'—deal with issues like family planning, unsafe abortions (paras 7.24, 7.44, 8.19 Cairo Programme of Action) and sexually transmitted diseases and gives out recommendations for actions pursued by governments. The Cairo Programme of Action was the first international instrument to define what the notion of reproductive rights entailed, being a state of 'complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes' (para. 7.2. Cairo Programme of Action; see also para. 96 Beijing Platform for Action). Based on the premise that all individuals have a basic right to decide freely and responsibly about the spacing and number of their children, the Cairo Programme of Action sees various rights as components of reproductive rights, including the right to attain the highest standard of sexual and reproductive health and 'the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents' (para. 7.2. Cairo Programme of Action, para. 96*bis* Beijing Platform for Action). The Cairo Programme of Action, furthermore, stresses the importance of 'mutually respectful and equitable gender relations' (ibid) in the achievement of these commitments.
- 9 The Beijing Declaration and Platform for Action, which was produced as an outcome document of the Fourth World Conference, further urges the international community to implement reproductive rights as a tool for economic, social, and political empowerment of women. It stresses the importance of the reproductive rights of adolescents and girls, including counselling and access to information, privacy, confidentiality, respect, and informed consent, and stresses the vulnerability of women suffering in respect of sexual violence (para. 95 Beijing Platform for Action).
- 10 Reproductive health and development are also closely linked in the stance followed by the → *World Health Organization* (*WHO*), which insists on the obligation of States to ensure that the laws, regulations, and policies that affect particular aspects of sexual and reproductive health are complying with human rights obligations, and remove policy and regulatory barriers and restrictions (ibid).

(b) Millennium Development Goals

- 11 When adopting the UN Millennium Declaration in 2000, States committed to a new global partnership to reduce extreme poverty and set out a series of time-bound targets—with a deadline of 2015—which are known as the Millennium Development Goals ('MDGs'; → *United Nations, Millennium Declaration*).
- 12 With the adoption of the MDGs, governments have agreed that addressing women's reproductive health is crucial to promoting development. During the World Summit in 2005, heads of State and government made an explicit commitment to achieving universal access to reproductive health by 2015. The goals regarding maternal mortality and HIV/AIDS have a special connection with reproductive matters.

(c) Rome Statute of the International Criminal Court

13 Concepts related to reproductive rights have made their way also into → international criminal law and international humanitarian law (→ Humanitarian Law, International). The Rome Statute of the → International Criminal Court (ICC) deals with reproductive issues on several occasions. Pursuant to Art. 6 (d) ICC Statute and Art. 2 (d) Convention on the Prevention and Punishment of the Crime of Genocide, measures 'intended to prevent births' like forced sterilization and compulsory abortions, towards a national, ethnical, racial, or religious group can constitute genocide (Convention on the Prevention and Punishment of the Crime of Genocide [adopted 9 December 1948, entered into force 12 January 1951] 78 UNTS 277; Rome Statute of the International Criminal Court [adopted 17 July 1998, entered into force 1 July 2002] 2187 UNTS 90 [Rome Statute]; see also UN Doc E/623/Add.1 26; Schabas 153). Art. 7 (1) (g) and Art. 8 (2) (b) (xxii) ICC Statute also explicitly mention forced sterilization along with, inter alia, enforced pregnancy as → crimes against humanity and → war crimes.

2. Regional Initiatives in Reproductive Rights

(a) African System of Human Rights Protection

- 14 Within the African Human Rights System, the right to decide the number and spacing of one's children (Art. 16 → African Charter on Human and Peoples' Rights [1981] ['Banjul Charter']), the right to access to family planning information and education (Art. 9 Banjul Charter), and the right to access to family planning methods and services (Art. 16 Banjul Charter) have been specifically recognized. The Maputo Protocol also guarantees a woman's right to control her fertility and reproductive health and family planning services (Art. 23 (1) (b) Maputo Protocol). It also affirms women's right to reproductive choice and autonomy, clarifies African States' duties in relation to women's sexual and reproductive health (Art. 25 (a) Maputo Protocol), and establishes a woman's right to have a 'medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus' (Art. 14 (2) (c) Maputo Protocol; see also Gerson 753).
- ¹⁵ In its Resolution on Health and Reproductive Rights of Women in Africa (adopted during the 41st Session [16–30 May 2007]), the → *African Commission on Human and Peoples' Rights (ACommHPR)* stressed Art. 14 Maputo Protocol and its concern about female genital mutilation ('FGM') as a harmful practice which affects the reproductive health of women. Furthermore, it recognized the disproportionate feminization of HIV/AIDS, and the low quality of services available to women for reproductive health care (Murray 363).

(b) Inter-American System of Human Rights Protection

- 16 The right to found a family (Art. 17 → American Convention on Human Rights [1969] ['ACHR'], Art. 15 Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights ['Protocol of San Salvador'] and Art. VI → American Declaration of the Rights and Duties of Man [1948] ['American Declaration']); the right to decide the number and spacing of one's children (Art. 11 ACHR, Art. 10 Protocol of San Salvador, and Art. XI American Declaration); the right to access to family planning information and education (Art. 13 ACHR, Art. 10 Protocol of San Salvador and Art. XI American Declaration); and the right to access to family planning methods and services (Art. 10 Protocol of San Salvador and Art. XI American Declaration); and the right to access to family planning methods and services (Art. 10 Protocol of San Salvador and Art. XI American Declaration) are specifically recognized within the Inter-American system of human rights protection.
- 17 With the ratification of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women ('Belém do Pará Convention'), the right to live free from violence based on sex or gender has been directly addressed. Gender violence contravenes the rights to corporal integrity, a woman's right to control her own sexuality and her reproductive autonomy, and her right to health, including her physical, psychological, sexual, and reproductive health (Facio 37).
- 18 Only a few cases have been dealt with under the Inter-American Human Rights Protection System. All of them were handled by the → Inter-American Commission on Human Rights (IACommHR), while none have reached the → Inter-American Court of Human Rights (IACtHR), with the exception of the recent case Campo Algodonero v Mexico, an emblematic case of massive sexual femicide. Issues such as forced sterilization (María Mamerita Mestanza Chávez v Peru and IV v Bolivia), denial of abortion when permitted by law (Paulina del Carmen Ramírez Jacinto v México), and prohibition of the practice of in vitro fertilization (Ana Victoria Sanchez Villalobos y otros v Costa Rica) have been dealt with.

(c) European System of Human Rights Protection

- 19 The → European Convention for the Protection of Human Rights and Fundamental Freedoms (1950) ('ECHR') entails a number of reproductive rights such as the right to marry and to found a family (Art. 12 ECHR), the right to privacy (Art. 8 ECHR), and the right to access to information and education (Art. 10 ECHR) regarding family planning and reproductive health.
- 20 The → European Court of Human Rights (ECtHR) and the European Commission of Human Rights ('ECommHR') have repeatedly dealt with cases related to reproductive rights, especially the termination of pregnancy which the court generally discusses under Art. 8 ECHR (eg Brüggemann and Scheuten v Germany; Paton v United Kingdom; RH v Norway, Boso v Italy; Open Door Counselling and Dublin Well Woman v Ireland; Vo v France; and Tysiac v Poland). In Tysiac v Poland, the court held that in countries where abortion is legal, the State's failure to guarantee a termination of pregnancy, or the possibility of a timely appeal, in instances of dispute amount to a violation of Art. 8 ECHR. However, the court failed to hold that there is a right to an abortion per se under the ECHR.

21 Both the ECommHR and the ECtHR left open the question whether a foetus is excluded from the right to life pursuant to Art. 2 ECHR or whether it is only covered to a limited extent. However, the court and the commission ruled out the possibility of recognizing an 'absolute right to life' of the foetus, arguing that

the 'life' of the foetus is intimately connected with, and it cannot be regarded in isolation of, the life of the pregnant woman. If Article 2 were held to cover the foetus and its protection under this Article were ... seen as absolute, an abortion would have to be considered as prohibited even where the continuance of the pregnancy would involve a serious risk to the life of the pregnant woman. This would mean that the 'unborn life' of the foetus would be regarded as being of a higher value than the life of the pregnant woman (*X v the United Kingdom* 252; see also *Paton v United Kingdom*; *RH v Norway*; *Boso v Italy*; and *Vo v France*).

C. Specific Issues

1. Abortion

- In the last decade, even though some countries have restricted their abortion laws and policies (eg El Salvador and Nicaragua), there is a tendency towards liberalization in this field (see Boland and Katzlve 113). According to the WHO, 19 million unsafe abortions are conducted each year, performed by ill-trained persons, resulting in an estimated 68,000 deaths per year. Despite these figures, the UN takes the stance that '[t]he legal status of abortion is the sovereign right of each nation' (UN Department of Public Information 'United Nations Fact Sheet No. 6' [6 October 2000] <http://www.un.org/geninfo/faq/factsheets/FS6.HTM> [1 October 2009]), but acknowledges that outlawing abortion does not prevent women from terminating unwanted pregnancies but increases the risk to their health when doing so (ibid; see also Gerson 754, 756).
- 23 The CEDAW Committee has stressed that States parties should ensure that measures are taken to prevent coercion in regard to fertility and reproduction, and to ensure that women are not forced to seek unsafe medical procedures such as illegal abortion because of a lack of appropriate services in regard to fertility control (para. 24 (m) CEDAW Committee General Comment No 19). It has also mentioned that the criminalization of medical procedures only needed by women infringes women's right to equal enjoyment of health, and called on States parties to amend laws criminalizing abortions in order to remove punitive provisions imposed on women who seek the termination of pregnancy (paras 14, 31 (c) CEDAW Committee General Comment No 24).
- 24 Additionally, the → Human Rights Committee ('HRC') held that refusing an abortion to a pregnant adolescent girl carrying an anencephalic foetus amounted to a violation of Arts 2 (right to an effective remedy), 7 (prohibition of torture or cruel, inhuman, or degrading treatment and punishment), 17 (right to privacy), and 24 ICCPR (rights of the child) (see UN HRC Communication No 1153/2003 Karen Noelia Llantoy Huamán v Peru). The UN HRC has also expressed its concern over the criminalization of abortion even in cases of rape and suggested the revision of the respective penal codes in the light of Art. 3 ICCPR (see UN HRC General Comment No 28; para. 15 UN HRC 'Concluding Observations' [18 November 1996] GAOR 51st Session Supp 40 vol. I, 48–52).

2. Access to Contraception

- 25 The WHO supports access to modern contraception as 'the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice' (<http://www.who.int/ topics/reproductive_health/en/> [1 October 2009]). In order for this right to be respected, services must be available at a level of effort and cost that is both acceptable to and within the means of a majority of the population. Within its positive effects are the reduction of maternal mortality and morbidity, reduction of the need for unsafe abortions, improvement of the quality of life, and reduction in infant and child mortality.
- 26 Of all contraceptive methods, emergency contraception is least accepted around the world, even being classified by some States and religious groups as an abortive method. The WHO has insisted that emergency contraception is not effective once the process of implantation has begun, and will not cause abortion (WHO Fact Sheet No 244 'Emergency contraception' http://www.who.int/mediacentre/factsheets/fs244/en/ [1 October 2009]).
- 27 The HRC stated that States parties should give information on any measures taken by the State to help women prevent unwanted pregnancies, and to ensure that they do not have to undergo life-threatening clandestine abortions, and that decisions to have children or not must not be limited by a spouse, parent, partner, or government (para. 10 UN HRC General Comment No 28).

28 Moreover, CEDAW's General Recommendation No 19 concluded that compulsory sterilization or abortion adversely affects women's physical and mental health, and infringes the right of women to decide the number and spacing of their children (para. 22 CEDAW General Recommendation No 19).

3. Female Genital Mutilation and Other Harmful Traditional Practices

- 29 According to the WHO, FGM comprises 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons' (World Health Organization 'Eliminating Female Genital Mutilation—An Interagency Statement' [World Health Organization Department of Reproductive Health and Research Geneva 2008] 1). An estimated 100 to 140 million girls and women currently live with the consequences of FGM, mainly in north-west and north-east Africa. From a reproductive health and rights standpoint, FGM raises grave concerns regarding the increased risk of childbirth complications, newborn and maternal death and infertility, along with health risks linked to the procedure itself, and the risk of sexual dysfunction.
- 30 The Organization of African Unity adopted the only binding human rights instruments that explicitly deal with the practice of FGM. Art. 5 Maputo Protocol deals with the elimination of harmful practices and calls upon States to prohibit 'through legislative measures backed by sanctions ... all forms of female genital mutilation, scarification, medicalization and para-medicalization of female genital mutilation'.
- 31 During the Cairo and Beijing Conferences, the issue of FGM was discussed intensively and included in both outcome documents in various contexts, dealing with violence and discrimination against women (paras 5.5, 7.35 Cairo Programme of Action; paras 113, 124 Beijing Platform for Action), reproductive health including maternal health (para. 7.6 Cairo Programme of Action), and the challenging of gender roles discriminating against women (para. 12.13 Cairo Programme of Action).

4. Family Planning Laws

32 Some countries, such as China, have implemented family planning laws and birth control policies ('one-child policy'). In order to enforce these laws, methods such as forced sterilization or forced abortions have been used. These laws have often led to gender-based discrimination, producing birthrate disparities in cultures where a male offspring is favoured. Therefore, such laws are problematic from a human rights perspective and violate the right to decide the number of spacing of one's children. Family-planning programmes must enable couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information and means to do so, to ensure informed choices, and make available a full range of safe and effective methods (para. 7.12 Cairo Programme of Action).

D. Assessment

- 33 Reproductive rights are a relatively new issue on the international human rights agenda. Reproductive rights contained in several human rights conventions have long been neglected, partly because they relate to sensitive issues of human sexuality, moral order, and gender relations and roles. Awareness raising and liberalization in these fields is a consequence of a long struggle by women's rights activists and a change of paradigm brought about by alternative legal tools and methods such as feminist legal theory (→ *Feminism, Approach to International Law*).
- 34 However, even though a liberalization regarding some form of reproductive issues can be witnessed throughout the globe, reproductive rights are still neglected and violated in most of the world. Women continue to be victims of discrimination and violence that affect their sexual and reproductive freedom and rights. Lack of access to contraception and birth control policies are issues of concern; some groups such as indigenous women, rural women, and young women, especially in developing countries, are amongst the most vulnerable populations (see Welsh, Stanback, and Shelton 2).
- 35 Education in sexual and reproductive health is still neglected in some countries. States must meet the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality (para. 7. 3 Cairo Programme of Action). States' legal obligations to provide education, information, and support that is confidential and appropriate sexual and reproductive health care are particularly important since sexual activity during adolescence puts minors at risk of early pregnancy, intended or otherwise, unsafe abortion, sexually transmitted infections including HIV, and sexual coercion, and violence (see WHO Department for Reproductive Health and Research 'Promoting and Safeguarding the Sexual and Reproductive Health of Adolescent' http://whqlibdoc.who.int/ hq/2006/RHR_policybrief4_eng.pdf> [6 October 2009]).

36 Other issues that are pressing in national systems and will be increasingly discussed at the international level include the reproductive rights of gay, lesbian, bisexual, and transsexual persons and couples, as well as the possibilities and limits of artificial family planning methods like in vitro fertilization and other genetic manipulation processes (see also the prohibition of reproductive cloning in Art. 3 (2) (4) → *Charter of Fundamental Rights of the European Union [2000]*; see also → *Cloning, International Regulation*; → *Gay Rights*; → *Transsexuals and Transgenders, International Protection*).

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