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The Center for Reproductive Law and Policy

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The

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The Center for Reproductive Law and Policy

The Center for Reproductive Law and Policy, founded in 1992, is a nonprofit legal advocacy organization dedicated to promoting women's reproductive rights in the U.S. and around the world. Policy analysis, public education, and cutting-edge legal work include:

- Preserving the right to choose abortion in the U.S. through legal representation of women's health care providers in dozens of cases heard in federal and state courts
- Investigating the laws, policies, and customs governing women's reproductive lives across the globe through the *Women of the World* series
- Restoring funds for low-income women who need abortions in the U.S.
- Exposing abuses against women seeking reproductive health care in Peru's public facilities in the film *Silence and Complicity*
- Gaining approval for emergency contraception by the Food and Drug Administration
- Documenting the arrest and jailing of women who seek abortions in Chile in *Women Behind Bars*
- Fighting for the right to privacy in the face of efforts to place unreasonable restrictions on women's medical decisions
- Revealing the assault of radical right legal organizations on fundamental civil liberties in *Tipping the Scales*
- Undertaking the *Corporate Responsibility Initiative* to secure contraceptive coverage in health benefits

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The Facts

Ensuring the Reproductive Rights of Adolescents

DEFINING ADOLESCENCE

Adolescence is a period of rapid physical, emotional, social, and sexual maturing. Adolescents need a full range of quality reproductive health care and information. But, governments tend to either ignore adolescent health issues or consider them indistinguishable from childhood concerns.

Adolescents' rights to reproductive health care were first recognized internationally in the 1989 Convention on the Rights of the Child. Governments around the world have moved to promote adolescents' rights through international instruments and documents, such as the International Convention on Population and Development. However significant these strides, much remains to be done.

ACCESS TO REPRODUCTIVE HEALTH CARE

In Asia, the Middle East and North Africa, 48% of women have marital intercourse by age 20. In the U.S., 63% of women are sexually active by age 18.

A fundamental aspect of reproductive rights is access to the highest standard of sexual and reproductive health and information. Very few countries in the world have adequate reproductive health care services for adolescents.

Governments should remove all legal and regulatory barriers to reproductive health care and create comprehensive, age-specific health programs.

EDUCATION

In sub-Saharan Africa, approximately 50% of girls receive at least 7 years of education. This figure is as low as 10% in Burundi, Mali, Niger and the Central African Republic.

WHO ARE ADOLESCENTS?

- **People 10 – 19 years of age**
- **1 in 5 of world's population**

Under international documents, governments have the obligation to affirm the human right to education, free from gender discrimination. A key condition to fulfilling the right to reproductive health is education. Studies have shown that educated women around the world have a greater say in their reproductive lives than those with little education.

Governments should develop sex education and life-skills programs for all levels of education and enact laws to make primary school attendance mandatory for both sexes.

EARLY MARRIAGE

Between 20-40% of women enter into their first union before 18 years in Latin America and the Caribbean; 30% in the Middle East and North Africa; as high as 50% in Yemen.

International human rights instruments provide that marriage shall be entered into only with the free and full consent of each spouse, and both should be of full or marriageable age. Early marriage negatively affects the full development of adolescent girls in education, economic autonomy, and physical and psychological health.

Governments should enforce laws on minimum age of marriage and enact laws to ensure consent of both parties.

EARLY CHILDBEARING AND CONTRACEPTION

Roughly 10% of all births in the world are attributable to adolescents. Every year, approximately 14 million young women become mothers.

The internationally recognized human right to decide freely and responsibly the number, spacing and timing of one's children lies at the core of all individuals' right to access contraception. Because adolescents are not physiologically mature enough for childbearing, early childbearing results in high levels of maternal mortality and morbidity. Risks include hemorrhage, anemia, malnutrition, delayed or obstructed labor, low birth weight, and death for the mother or infant. Due to

the high level of unplanned pregnancies among adolescents, one of the best ways to prevent pregnancy is to enhance contraceptive use.

Governments should provide universal access to contraceptive information and services, as well as pre- and post-natal care for adolescents, irrespective of marital status.

UNSAFE ABORTION

Between 1-4 million adolescent women in Southern nations obtain clandestine, usually unsafe, abortions.

"Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care...."

-International Conference on Population and Development

Restrictive abortion laws violate women's reproductive rights, including the right to health, life, liberty, security, privacy, and freedom from gender discrimination. Lack of safe, legal abortion services jeopardizes adolescent health and undermines their right to make decisions concerning childbearing. Adolescents worldwide are disproportionately victims of unsafe abortions because they have the least access to quality, confidential reproductive health services and information, including contraception. Adolescents are also less likely to have the social contacts, access to transportation, and financial means to obtain a safe abortion.

To address unsafe abortion, governments should consider enacting laws that permit abortion without restriction as to reason or on broad grounds.

HIV/AIDS AND OTHER STIs

Of the 30 million people living with HIV in 1998, at least one-third are aged 10-24, with 2.6 million new infections each year. That is five new infections every minute.

Adolescents' human rights to life, health, and reproductive health are severely compromised when governments fail to comprehensively address HIV/AIDS and other STIs. Adolescent women are more vulnerable to HIV/AIDS and STIs than their male counterparts. This increased vulnerability is attributable to factors beyond their control, such as sexual violence and exploitation, lack of formal education — including sex education — and lack of access to contraception and reproductive health services.

Governments should develop compassionate, non-discriminatory HIV/AIDS –related campaigns for AIDS prevention for adolescents.

SEXUAL VIOLENCE

Globally, 40-47% of sexual assaults is against adolescents 15 years and younger.

International conventions unequivocally recognize sexual violence against adolescents as a severe human rights violation. This includes rape, sexual assault, incest, commercial sexual exploitation, and sexual slavery.

Governments have an obligation to undertake strong measures to protect adolescents from sexual violence with harsh penalties for offenders.

FEMALE CIRCUMCISION/ FEMALE GENITAL MUTILATION

The worldwide prevalence of FC/FGM is about 130 million women, with an additional 2 million girls and women undergoing the procedure every year.

Female genital mutilation (FGM), also known as female circumcision (FC), violates human rights of girls and women. Since it involves the removal of healthy sexual organs without medical necessity and is usually performed on adolescents and girls, often with harmful physical and psychological consequences, it violates children's rights and the right to health and bodily integrity. Although FC/FGM is not undertaken with the intention of harming, the harmful effects it causes make FGM/FC an act of violence.

Governments should pursue an integrated approach toward the elimination of FC/FGM by implementing appropriate education and health programs and by penalizing practitioners.

For more information and a list of sources, contact us for a copy of our Briefing Paper *Adolescent Reproductive Rights: Laws and Policies to Improve Their Health and Lives*
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The Facts

The World's Abortion Laws

Currently, 62% of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restriction as to reason. In contrast, 25% of all people reside in nations where abortion is generally prohibited.

The table on page two illustrates the varying degrees of restrictiveness of the world's abortion laws. Countries in the first category have the most restrictive laws. Those in each subsequent category permit abortion on the grounds specified in the preceding category as well as on additional grounds.

OUTRIGHT BANS ON ABORTION

The most restrictive laws are those that ban abortion entirely. Such laws define abortion as a criminal offense with penalties for the provider and often for the woman who has undergone an abortion.

TO SAVE THE WOMAN'S LIFE

Laws in the second category are slightly less restrictive, allowing abortions to save the life of pregnant women. Many of these laws explicitly exempt from punishment providers who perform or women who undergo abortions when the woman's life is in danger. Other nations permit providers and patients to raise a "defense of necessity" at the time of trial.

PHYSICAL HEALTH GROUNDS

Laws that authorize abortion to protect the pregnant woman's physical health form a third category. These laws sometimes require that the threatened injury to health be either serious or permanent. All nations in this category also permit abortions to save the life of the pregnant woman.

MENTAL HEALTH GROUNDS

Laws in the next category permit abortion to protect the woman's mental health. In most of these nations, legislation explicitly recognizes mental health grounds for abortion. The interpretation of "mental health" varies around the world. It can encompass the psychological distress suffered by a woman who is raped, the mental distress caused by socioeconomic circumstances, or a woman's psychological anguish over a medical opinion that a fetus is at risk of being impaired. Countries in this category also authorize abortions on grounds of physical health, including the need to save the pregnant woman's life.

SOCIOECONOMIC GROUNDS

Laws in the fifth category permit consideration of a woman's economic resources, her age, her marital status, and the number of her living children. Such laws are generally interpreted liberally.

ABORTION WITHOUT RESTRICTIONS

Finally, the least restrictive abortion laws are those that allow abortion without restriction as to reason. In nations with such laws, access may be limited by gestational age restrictions and by requirements that third parties authorize an abortion.

A number of countries explicitly recognize three other grounds for obtaining legal abortion. These are: when pregnancy results from rape; when pregnancy results from incest; and when there is a strong probability that the fetus has developed or will develop a serious anomaly. Nations that recognize these grounds may fall within any of the middle four categories described above and are identified

Countries, by restrictiveness of abortion law, 1998

I. Prohibited altogether	II. To save the woman's life	III. Physical health (also to save the woman's life)	IV. Mental Health (also to save the woman's life and physical health)	V. Socioeconomic Grounds (also to save the woman's life, physical health and mental health)	VI. Without restriction as to reason
Chile El Salvador	Afghanistan Angola Bangladesh Benin Brazil–R Central African Rep. Chad Colombia Congo (Brazzaville) Côte d'Ivoire Dem. Rep. of Congo–F Dominican Republic Egypt–SA Gabon Guatemala Guinea-Bissau–SA/PA Haiti Honduras Indonesia Iran Ireland Kenya Laos Lebanon Lesotho Libya–PA Madagascar Mali Mauritania Mauritius Mexico–D/R Myanmar Nepal Nicaragua–SA/PA Niger Nigeria Oman Panama–PA/R/F Papua New Guinea Paraguay Philippines Senegal Somalia Sri Lanka Sudan–R Syria–SA/PA Tanzania Togo Venezuela Uganda United Arab Emirates–SA/PA Yemen	Argentina–LR Bolivia–R/I Burkina Faso–R/I/F Burundi Cameroon–R Costa Rica Ecuador–LR/I Eritrea Ethiopia Guinea Kuwait–SA/PA/F Malawi–SA Morocco–SA Mozambique Pakistan Peru Poland–PA/R/I/F Rep. of Korea –SA/R/I/F Rwanda Saudi Arabia–SA/PA Thailand–R Uruguay–R Zimbabwe–R/I/F	Algeria Australia–D Botswana–R/I/F Gambia Ghana–R/I/F Iraq–SA/R/I/F Israel–R/I/F Jamaica–PA Jordan Liberia–R/I/F Malaysia Namibia–R/I/F New Zealand–I/F Northern Ireland Portugal–PA/R/F Trinidad & Tobago Sierra Leone Spain–R/F Switzerland	Finland–R/F Great Britain–F India–PA/R/F Japan–SA Taiwan–SA/PA/I/F Zambia	Albania* Armenia* Austria† Azerbaijan* Belarus* Belgium† Bosnia-Herzegovina*–PA Bulgaria* Cambodia†–PA Canada–L China–PA/L Croatia*–PA Cuba*–PA Czech Rep.*–PA Denmark*–PA Estonia* France*–PA Georgia* Germany† Greece*–PA Hungary* Italy§–PA Kazakstan* Kyrgyz Rep.* Latvia* Lithuania* Macedonia*–PA Moldova* Mongolia* Netherlands–PV N. Korea–L Norway*–PA Puerto Rico–PV Romania† Russian Fed.* Singapore‡ Slovak Rep.*–PA Slovenia*–PA South Africa* Sweden** Tajikistan* Tunisia* Turkey*–SA/PA Turkmenistan* Ukraine* United States¶–D/PV Uzbekistan* Vietnam–L Yugoslavia(F.R.)*–PA
2 Nations, 0.4% of World's Population	**52 Nations, 24.9% of World's Population**	**23 Nations, 9.8% of World's Population**	**19 Nations, 3.4% of World's Population**	**6 Nations, 20.2% of World's Population**	**49 Nations, 41.4% of World's Population**

*GESTATIONAL LIMIT OF 12 WEEKS. †GESTATIONAL LIMIT OF 14 WEEKS. ‡GESTATIONAL LIMIT OF 24 WEEKS. §GESTATIONAL LIMIT OF 90 DAYS. **GESTATIONAL LIMIT OF 18 WEEKS. ¶ PARENTAL AUTHORIZATION AND NOTIFICATION REQUIREMENTS IN EFFECT IN 31 STATES. *NOTES:* FOR GESTATIONAL LIMITS, DURATION OF PREGNANCY IS CALCULATED FROM THE LAST MENSTRUAL PERIOD, WHICH IS GENERALLY CONSIDERED TO OCCUR TWO WEEKS PRIOR TO CONCEPTION. THUS, STATUTORY GESTATIONAL LIMITS CALCULATED FROM THE DATE OF CONCEPTION HAVE BEEN EXTENDED BY TWO WEEKS. SA=SPOUSAL AUTHORIZATION REQUIRED. PA=PARENTAL AUTHORIZATION REQUIRED. R=ABORTION ALLOWED IN CASES OF RAPE. LR=ABORTION ALLOWED IN THE CASE OF RAPE OF A WOMAN WITH A MENTAL DISABILITY. I=ABORTION ALLOWED IN CASES OF INCEST. F=ABORTION ALLOWED IN CASES OF FETAL IMPAIRMENT. L=LAW DOES NOT INDICATE GESTATIONAL LIMIT. PV=LAW DOES NOT LIMIT PRE-VIABILITY ABORTIONS. D=FEDERAL SYSTEM IN WHICH LAWS DIFFER ACCORDING TO STATE; CLASSIFICATION BASED ON LAW AFFECTING LARGEST NUMBER OF PEOPLE.

Table adapted from Anika Rahman et al., *A Global Review of Laws on Induced Abortion, 1985-1997*, 24 International Family Planning Perspectives 56, 58 (1998).

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The Facts

The World's Abortion Laws

Recent Changes and Recommendations for Action

REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS

The call for women's human rights would ring hollow if such rights did not guarantee women the freedom to make crucial decisions regarding their reproductive lives. Because the ability to control reproduction lies at the core of reproductive rights, these rights are rendered meaningless when women cannot determine whether or not to continue a pregnancy. Respect for women's human rights requires governments to ensure that women can access a full range of quality reproductive health care services, including abortion. Governments must remove legal barriers to abortion, and ensure that safe and high-quality abortion services are accessible to all women.

Unsafe Abortion is a Threat to Women's Lives

Of the estimated 585,000 deaths that occur each year as a result of complications during pregnancy and childbirth, nearly 80,000 are attributable to unsafe abortion.

LIBERALIZATION OF ABORTION LAWS SINCE 1994

Albania: In 1996, Albania significantly liberalized its national law. The new law, which is similar to a Directive issued by the Albanian Ministry of Health in 1991, permits abortion without restriction as to reason during the first 12 weeks of pregnancy.

Burkina Faso: In 1996, Burkina Faso amended its Penal Code to permit abortion at any stage of pregnancy when a woman's life or health is endangered and in the case of severe fetal impairment. Abortion is also permitted during the first ten weeks of pregnancy in cases of rape or incest.

Cambodia: In November 1997, Cambodia modified its highly restrictive national law on abortion. Abortion is now available during the first 14 weeks of pregnancy without restriction as to reason.

Germany: In 1995, in order to reconcile the abortion laws of the former East and West German republics, Germany adopted a law broadening the circumstances under which abortion is permitted in what was West Germany, while increasing the restrictions on abortion in the former East Germany. Under the new law, abortion cannot be prosecuted during the first 14 weeks of pregnancy and is available without limitation as to reason. But, women seeking abortions must meet several procedural requirements, and most abortions are no longer covered by national health insurance.

The legal status of induced abortion greatly affects a woman's ability to access safe abortion services.

- **Roughly 62% of the world's population lives in the 55 nations * that permit abortion either without restriction as to reason or on broad social and economic grounds.**
- **13% of the global population lives in the 42 nations that permit abortion on physical or mental health grounds.**
- **About 25% of the population lives in the 54 countries that either prohibit abortion altogether or permit the procedure only to save a woman's life.**

***Countries considered have populations greater than one million**

Guyana: In 1995, Guyana's abortion law was significantly liberalized. Abortion is now permitted without restriction as to reason during the first eight weeks of pregnancy. After eight weeks, but before 12 weeks have elapsed, a woman may obtain an abortion on broad grounds, including socioeconomic considerations.

Seychelles: Enacted in 1994, the Termination of Pregnancy Act permits abortion during the first 12 weeks of pregnancy when the continuance of a pregnancy would involve risk to the pregnant woman's life or physical or mental health greater than if the pregnancy were terminated. The law also permits abortion in cases of "rape, incest, defilement or mental disorder" and in the case of fetal impairment.

South Africa: South Africa enacted the Choice on Termination of Pregnancy Act in 1996, making its abortion law one of the world's most liberal. The Act permits abortion without limitation as to reason during the first 12 weeks of pregnancy, within 20 weeks on numerous grounds, and at any time if there is a risk to the woman's life or of severe fetal impairment.

RESTRICTIONS IN ABORTION LAWS SINCE 1994

Two countries — El Salvador and Poland — have restricted their abortion laws since 1994. Given the correlation between unsafe abortion and high rates of maternal mortality and morbidity, these laws reflect a disregard for global efforts to promote women's reproductive health.

El Salvador: El Salvador amended its Penal Code in 1997 to eliminate all exceptions to its prohibition of abortion. Under the previous law, abortion was permitted when necessary to protect a woman's life, when pregnancy resulted from rape, and when there was substantial risk of fetal impairment.

Poland: A liberalizing abortion law was invalidated in 1997 by Poland's Constitutional Court, which found that it violated the Constitution's protection of the right to life of the "conceived child." Abortions in Poland are currently available on three grounds: when the pregnancy threatens the life and health of the woman; when there is justified suspicion that the pregnancy resulted from a "criminal act," and in instances of fetal impairment.

RECOMMENDATIONS FOR ACTION

GOVERNMENTS SHOULD ENACT LAWS that permit abortion without restriction as to reason or on broad grounds.

- Governments should also ensure that safe and high-quality abortion services are in place.
- Prosecutors should interpret criminal laws pertaining to abortion in the most liberal manner possible.
- Law enforcement officials should refrain from prosecuting women who have had abortions and the providers who have performed abortions with the consent of their patients.

NGOs SHOULD ESTABLISH COALITIONS WITH LEGAL and medical groups to campaign to liberalize abortion law.

- Family planning associations and other reproductive health care providers should offer abortion services to the fullest extent permitted by the law.
- Advocacy groups should research the effects of unsafe abortion on women's health and disseminate their findings to policy makers and the public.

INTERNATIONAL DONORS SHOULD SUPPORT THE WORK OF NGOs engaged in advocating for legal and policy reforms aimed at increasing access to safe and legal abortion services.

- Donors should encourage and support government efforts to collect data on maternal mortality and morbidity.

SELECTED SOURCE

- Anika Rahman et al., *A Global Review of Laws on Induced Abortion, 1985-1997*, 24 International Family Planning Perspectives 56-64 (1998).

For More Information
The World's Abortion Laws 1998 poster colorfully illustrates the varying degrees of restrictiveness of the world's abortion laws. To order, please call 212-514-5534 OR visit our website: http://www.crlp.org

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The Facts

Emergency Contraception: An Important Component of Women's Rights

EMERGENCY CONTRACEPTION ADVANCES WOMEN'S RIGHTS

Emergency Contraception is valuable because it:

- prevents unwanted pregnancies
- serves women's health needs
- advances reproductive self-determination

EMERGENCY CONTRACEPTION PREVENTS PREGNANCY

Emergency Contraception — or EC — is a method of preventing pregnancy within a few hours or a few days after unprotected sexual intercourse, according to the definition of the World Health Organization.

Pregnancy begins when the fertilized egg is implanted in the woman's uterine wall. This occurs at the end of the first week after conception. Emergency Contraception acts prior to implantation (or the onset of pregnancy).

THREE METHODS OF EMERGENCY CONTRACEPTION ARE COMMON

The three most common methods of emergency contraception are:

- *Emergency Contraception pills* (ECPs) are ordinary oral contraceptive pills containing estrogen and progestin hormones; the first dose is taken within 72 hours of intercourse, followed by a second dose 12 hours later.
- *Minipills* are oral contraceptive pills containing progestin only, taken within 72 hours after sexual intercourse, followed by a second dose 12 hours later.

Examples of Situations When Women Consider Emergency Contraception

- **She has a sexual encounter and uses contraception, but the condom breaks or the contraception fails**
- **She is raped in her home, on the street, or in an armed conflict**
- **She does not want a pregnancy**
- **She faces health risks as a result of pregnancy**
- **She is being held in a refugee camp and cannot adequately plan for her future**

- The *copper-T IUD* (intrauterine device) is inserted up to five days after unprotected intercourse.

EMERGENCY CONTRACEPTION WORKS AFTER UNPROTECTED SEX

Because emergency contraception is used at all stages of a woman's menstrual cycle, its mode of action varies. After intercourse, Emergency Contraception may prevent pregnancy by delaying or inhibiting ovulation, inhibiting fertilization, or inhibiting implantation of the fertilized egg.

EMERGENCY CONTRACEPTION CANNOT BE EQUATED WITH ABORTION

Some extremist groups oppose Emergency Contraception by equating Emergency Contraception with abortion, which they also oppose. These groups are out-of-step with the mainstream medical community and their views find no support in the laws and policies of countries around the world. Abortion is a means of terminating a pregnancy, which begins after implantation of the fertilized egg in the uterine wall. Emergency Contraception acts to prevent implantation and pregnancy. The attacks against Emergency Contraception are unwarranted and must be seen as part of an attempt to ban all family planning.

LAWS AROUND THE WORLD ARE CLEAR THAT ABORTION IS DIFFERENT FROM EC

Laws around the world make it clear that Emergency Contraception cannot be equated with abortion. Emergency Contraception acts before implantation and, accordingly, is unlike abortion. The laws of a majority of the world's

Percentage of Sexually-Active Women in Their Reproductive Years with Inadequate Contraception

Source: Alan Guttmacher Institute

• 210 million women worldwide are estimated to become pregnant each year, but 80 million of those pregnancies are unplanned

• Unintended pregnancies result in 20 million abortions annually worldwide

• Pregnancy-related causes kill 585,000 women annually

nations consider abortion a procedure that takes place — at the earliest — after implantation of the fertilized egg. In many nations, abortion laws refer to procedures that occur much later: after an embryo is formed (2 to 7 or 8 weeks after fertilization); after a fetus is formed (7 to 8 weeks after fertilization); at an advanced stage of pregnancy when a woman is "with child."

EMERGENCY CONTRACEPTION IS SUPPORTED BY THE WORLD HEALTH ORGANIZATION

It is also supported in the following countries, among others:

Bulgaria • Czech Republic • Ecuador
Finland • Germany • Hungary
Jamaica • Kenya • Malaysia
Netherlands • New Zealand
Pakistan • Peru • Russia
Singapore • Slovakia
Sweden • Switzerland • Thailand
United Kingdom • United States
Uraguay • Vietnam

WOMEN WORLDWIDE ARE ENTITLED TO ACCESS TO EMERGENCY CONTRACEPTION

Emergency Contraception should be available and accessible to women around the world. It is a part of women's reproductive health rights. Reproductive rights are human rights.

Selected Sources:

Anika Rahman, et.al., *A Global Review of Laws on Induced Abortion, 1985-1997*, 24 INTERNATIONAL FAMILY PLANNING PERSPECTIVES 56 (1998)

James Trussell et.al., *Emergency Contraception: A Cost-Effective Approach to Preventing Unintended Pregnancy*, I WOMEN'S HEALTH IN PRIMARY CARE 55 (1988)

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World Health Organization, *Emergency Contraception, A Guide for Service Delivery* (1998)

For more information, contact us for a copy of our Briefing Paper entitled *Emergency Contraception: Contraception, Not Abortion - An Analysis of Laws and Policies Around the World*

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At Home and Abroad

U.S. Support for Reproductive Health

At the 1994 International Conference on Population and Development (ICPD), the U.S. was a key leader in orienting international population assistance toward an emphasis on providing quality, affordable reproductive health services within the framework of women's human rights. But, the U.S has fallen short in its efforts to live up to this goal, in both the domestic and foreign policy arenas. The greatest impediment is the anti-choice/ anti-family planning ideology of religious conservatives in the Republican-dominated Congress.

US FINANCIAL SUPPORT ABROAD

The U.S., a leader in population assistance since the 1960s, is failing to provide its share of needed funding. Leading U.S. research organizations have stated that the impact of the 35% decrease in funding for overseas population and family planning assistance in 1996 resulted in approximately 4 million unplanned pregnancies, 1.6 million abortions, 8,000 maternal deaths, and 134,000 infant deaths due to increased high-risk births.

"International cooperation has been proved to be essential for the implementation of population and development programmes...."

"All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals...."

— International Conference on Population and Development

THE GLOBAL GAG RULE

Beginning in 1995, conservative religious politicians have fought to institute the "Global Gag Rule," a provision which would bar funding to organizations in U.S. aid recipient countries from receiving population assistance if they use their own non-U.S. funds to provide legal abortion services. It would also restrict such organizations from sponsoring any conferences, or distributing materials about their countries' policies connected to abortion. It is a congressional ban on the core democratic right of free speech overseas.

UNFPA FUNDING CUT

Tragically, in 1999 Congress has eliminated the U.S.'s annual contribution to UNFPA, purportedly because of a new UNFPA program in several areas of China. The new UNFPA program would contribute to making comprehensive quality reproductive health services available to Chinese men and women on a voluntary basis.

USAID PROGRAMS FALL SHORT

While the U.S. Agency for International Development (USAID) has undertaken a number of important initiatives since ICPD, its programs continue to favor a model that emphasizes lowering fertility rates rather than meeting women's comprehensive health needs.

RECOMMENDATIONS RELATED TO U.S. FOREIGN ASSISTANCE

- Increase funding, by the year 2000, for innovative, high-quality, comprehensive reproductive health care programs that promote and protect individuals' right to reproductive health and to reproductive self-determination.
- Resist efforts to impose additional funding cuts and restrictions, including the Global Gag Rule, on U.S. reproductive health and population programs overseas.
- Repeal the Helms Amendment, which is interpreted by the U.S.

government as a restriction on funding for most legal abortion services in its population assistance programs. Pending repeal, fund those abortions permitted under the Helms Amendment — to protect the woman's life, and in cases of rape and incest.

• Ensure that there are no irregularities and coercive practices in reproductive health programs – both private and governmental – in U.S. aid recipient countries. Cease measuring program successes primarily by reductions in fertility rates and other quantitative indicators.

US PROGRAMS AT HOME

Congressional actions since 1994 reveal antagonism to comprehensive reproductive health care for American women. The impact of these regressive policies falls most harshly on adolescents, low-income women, and those who live in rural areas.

WELFARE PROGRAM

The Personal Responsibility and Work Opportunity Reconciliation Act (1996), focuses on reducing "out-of-wedlock" births, instead of searching for systemic solutions to the complex socio-economic factors that force women to seek public assistance. States receive a cash bonus if they decrease illegitimacy while keeping abortion rates steady.

GOVERNMENT HEALTH PROGRAMS

• *Title X of the Public Health Service Act,* which provides for family planning services and some reproductive health care on a sliding scale based on income, has inadequate funds to meet current need. In addition, Congress has attempted to restrict adolescents' access to Title X services by proposing mandatory parental involvement requirements.

• *Medicaid coverage*, the principal source of public funding for low-income individuals for an array of services including reproductive health, has been severely limited since 1976. Sectarian organizations providing services under Medicaid are exempt from providing family planning under "conscience clauses."

• *The State Children's Health Insurance Program* (CHIPS)'s goal is to advance the health of low-income children, but it does not mandate comprehensive reproductive health care for teens.

Recommendations for Domestic Programs:

- **Facilitate access to comprehensive reproductive health care using a rights based, rather than a family-planning approach.**
- **Increase funding for Title X to ensure that all those desiring services have access to comprehensive reproductive health care. Congress must reject efforts to impose parental involvement requirements for adolescents seeking Title X services.**
- **Remove restrictions on abortion funding within government health care programs such as Medicaid and CHIPS; and remove broad conscience clauses for organizations posing religious objections to the provision of reproductive health services through the Medicaid program.**
- **Ratify the Convention on the Elimination of All Forms of Discrimination Against Women.**
- **Support comprehensive sexuality education; redirect funds currently dedicated to the illegitimacy bonus and abstinence only education toward comprehensive programs.**
- **Enact the Equity in Prescription Coverage of Contraceptives Act, and improve access for federal employees by removing the religious objection provision in the FEHBP contraceptive mandate.**

ABORTION

Medicaid and CHIPS pay for abortions only where the pregnancy is the result of rape or incest or will result in a life-threatening situation. In 1998, more than half of the states enacted laws that restrict access to abortion, such as mandatory waiting periods and parental consent requirements. These conditions on abortion services limit women's reproductive autonomy.

FEMALE CIRCUMCISION/FEMALE GENITAL MUTILATION (FC/FGM)

In one area, FC/FGM, the U.S. has taken steps to follow the goals of ICPD. Congress enacted a provision to prohibit the performance of FC/FGM in 1996, and passed laws requiring education and outreach to affected communities and the provision of information to those entering the U.S. from countries where FC/FGM is practiced.

For more information and a list of sources, contact us for a copy of our Briefing Paper *Assessing U.S. Support for Reproductive Health at Home and Abroad.*

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The Facts

Female Circumcision/Female Genital Mutilation (FC/FGM):

Global Laws and Policies Towards Elimination

What is FC/FGM?

Female Genital Mutilation (FGM), also referred to as female circumcision (FC), is the collective name given to four types of traditional practices that involve the partial or total excision of female genitals. FC/FGM can be performed as early as infancy and as late as age 30. However, most commonly, girls experience FC/FGM between 4 and 12 years of age. The origins of FC/FGM remain unclear

Harmful effects of FC/FGM

Short-term complications include severe pain and a risk for hemorrhage that can lead to shock and death. In addition, there is a very high risk for local and systemic infections, with documented reports of abscesses, ulcers, delayed healing, septicemia, tetanus, and gangrene. Long-term complications, most common with excision and infibulation, include urine retention resulting in repeated urinary infections; obstruction of menstrual flow leading to frequent reproductive tract infections and infertility; and prolonged and obstructed labor. In addition to the physical complications, there are psychological and sexual effects.

FC/FGM is a human rights violation

FC/FGM violates a number of human rights of women and girls. Since FC/FGM involves the removal of healthy sexual organs without medical necessity and is usually performed on adolescents and girls, often with harmful physical and psychological consequences, it violates children's human rights and the human right to health and bodily integrity. Although FC/FGM is not undertaken with the intention of harming women and girls, the harmful physical, sexual, and psychological effects that it causes makes it an act of violence against women and children. Finally, FC/FGM sometimes can put at risk the life of a girl or woman who has been subjected to it, thereby violating her human rights to life, liberty, and security of the person. Additionally, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, and Committee on the Elimination of Discrimination Against Women explicitly recognize harmful tradi-

Prevalence of FC/FGM

It is estimated that the worldwide prevalence of FC/FGM is about 130 million women, with an additional 2 million girls and women undergoing the procedure every year. FC/FGM is prevalent in about 28 African countries and among a few minority groups in Asia. The prevalence in African countries varies widely from about 5% in the Democratic Republic of Congo (former Zaire) and Uganda to 98% in Somalia. In addition, there are many immigrant women in Europe, Canada, and the United States who have undergone FC/FGM. It is estimated that 15% of all circumcised women have undergone the most severe form of FC/FGM — infibulation. However, approximately 80% to 90% of all circumcisions in Djibouti, Somalia, and Sudan are of this type.

NATIONAL EFFORTS TO ELIMINATE FC/FGM				
Legislation/Decree (year enacted)	**Prosecutions in cases of FC/FGM**	**Proposed laws**	**Education and outreach program by or funded by government**	**Government statements condemning FC/FGM**
AFRICAN NATIONS				
Burkina Faso (1995) Central African Republic (1966) Djibouti (1994) Ghana (1994) Guinea (1965) Senegal (1999) Tanzania (1998) Togo (1998) Egypt (Ministerial Decree, 1994)	Burkina Faso Egypt Ghana	Benin Côte d'Ivoire Nigeria Uganda	Benin Burkina Faso Cameroun Central African Republic Côte d'Ivoire Egypt Eritrea Ethiopia Gambia Ghana Guinea Mali Niger Senegal Sudan Tanzania Togo Uganda	Kenya
INDUSTRIALIZED NATIONS				
Australia (State laws, 1994-97) Canada (1997) New Zealand (1995) Norway (1995) Sweden (1982, 1998) United Kingdom (1985) United States (Federal law, 1996; state laws, 1995-98)	France	Belgium	Australia Canada Denmark Netherlands New Zealand Norway Sweden United States	France Netherlands

Table adapted from research for a forthcoming book by CRLP and RAINBO on legal and policy responses to FC/FGM worldwide.

tional practices such as FC/FGM as violations of human rights.

Legal Measures to Eliminate FC/FGM

Several governments in Africa and elsewhere have taken steps to eliminate the practice of FC/FGM in their countries. These steps range from laws criminalizing FC/FGM to education and outreach programs.

African Nations

Eight countries — Burkina Faso, Central African Republic, Djibouti, Ghana, Guinea, Senegal, Tanzania, and Togo — out of 28 have enacted laws criminalizing FC/FGM. The penalties range from a minimum of six months to a maximum of life in prison. Several countries also include monetary fines in the penalty. In Egypt, the Ministry of Health issued a decree declaring FC/FGM unlawful.

As of January 1999, there had been prosecutions in Burkina Faso, Egypt, and Ghana.

Industrialized Nations

Seven industrialized countries that receive immigrants from countries where FC/FGM is practiced — Australia, Canada, New Zealand, Norway, Sweden, United Kingdom, and United States — have passed laws criminalizing the practice. In Australia, six out of eight states have passed laws against FC/FGM. In the United States, the federal government and 10 states have criminalized the practice. There have been no known prosecutions in any of these countries.

One country — France — has relied on existing criminal legislation to prosecute both practitioners of FC/FGM and parents procuring the service for their daughters.

For More Information visit our website: http://www.crlp.org

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Adolescent Reproductive Rights:
Laws and Policies to Improve Their Health and Lives

ICPD paragraph 7.46: Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care....

One out of five people in the world is an adolescent. Like many other groups, adolescents all over the world have specific concerns and problems. Since adolescence is a period of rapid physical, emotional, social, and sexual maturing, adolescents need a full range of quality reproductive health care as well as information and counseling. Yet, governments and societies have tended to either ignore adolescent health issues or consider them indistinguishable from childhood health concerns. The only exception to this statement has been in contexts in which married adolescent girls have begun to bear children. Such adolescents have generally been considered "women," even though they have not reached physical or emotional maturity.

The Programme of Action of the 1994 International Conference on Population and Development (ICPD) has raised the international community's awareness of the reproductive rights of adolescents. In keeping with this policy document, this briefing paper aims to highlight the major sexual and reproductive health issues affecting adolescents in the context of their reproductive rights. It will focus on certain issues that are universal to all adolescent girls — such as education, contraception, sexual violence, HIV/AIDS, abortion, and access to reproductive health care — and those that are of particular regional significance. Issues that fall into the latter category include early marriage and female circumcision/female genital mutilation. For each area of concern, we address its particular relevance for adolescents and then recommend a critical legal and policy measure that all governments should strive to achieve. Finally, this paper presents a comprehensive summary of post-ICPD laws or policies that represent a "best practice."

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Abortion Laws in the Post-Cairo World:

Changes and Recommendations for Action

In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services [. . . .] Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling [. . . .] In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions[.]

– The Platform for Action, Fourth World Conference on Women, Beijing, China, 4-15 September 1995, ¶ 106K

The Programme of Action of the 1994 International Conference on Population and Development (ICPD) states that reproductive rights "rest on the recognition of 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, and the right to attain the highest standard of sexual and reproductive health."[1] The call for reproductive rights and women's human rights would ring hollow if such rights did not guarantee women's freedom to make crucial decisions regarding their reproductive lives. Because the ability to control reproduction lies at the core of reproductive rights, these rights are rendered meaningless

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Emergency Contraception

Contraception, Not Abortion: An Analysis of Laws and Policy Around the World

> *. . . All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.*
>
> **– Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994, ¶ 7.16**

Emergency contraception (EC) prevents the unwanted pregnancies of women who have been raped, experienced contraceptive failure, or engaged in unprotected sex. Promoting access to EC advances women's health and reproductive self-determination. Opponents of reproductive choice, however, have tried to limit access to EC by redefining it as abortion, which they also oppose. These unwarranted attacks on EC reveal an extremist attempt to ban all birth control. Those who label EC an abortifacient are out of step with the mainstream medical community, including the World Health Organization,[1] and their views find no support in the laws and policies of most countries. Limiting the availability of EC would deprive women around the world of a safe, effective method of preventing pregnancy, needlessly jeopardizing their physical and mental health. In countries in which safe abortion services are unavailable, many women will be forced to turn to unsafe abortion procedures. Women in refugee situations, many of whom have been raped during armed conflict, will find their personal security and health further endangered by unwanted pregnancies.

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Cairo+5:

Assessing U.S. Support for Reproductive Health at Home and Abroad

ICPD Paragraph 7.6. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals.

ICPD Paragraph 14.1. International cooperation has been proved to be essential for the implementation of population and development programmes during the past two decades.

At the 1994 International Conference on Population and Development held in Cairo (ICPD or Cairo), the United States (U.S.) was a key leader in reorienting international population assistance toward a broader approach that emphasizes meeting individual reproductive health needs. In 1994, just prior to ICPD, then Under Secretary of State for Global Affairs Timothy Wirth stated:

> [A] determined cooperative effort must be launched to make good quality voluntary family planning and the full range of reproductive health services universally available early in the next century. . . . Everywhere we must have and we must generate the political will at the highest levels of government to live up to these responsibilities.[1]

Today, these statements ring hollow. The U.S has fallen short in its efforts to live up to ICPD's goals, both as a major donor to reproductive health programs in low- and middle-income countries and in providing for the reproductive health needs of women in the U.S.

In both the domestic and foreign policy arenas, the fact is that the Congress of the United States (Congress) — not the President — must pass legislation and appropriate funding for programs. The anti-choice/anti-family planning ideology of religious conservatives in Congress has made it extremely difficult to achieve the goals set forth in the ICPD Programme of Action. These conservatives have obstructed the fulfillment of this country's international financial commitments as well as the realization of Cairo's goals for American women. Moreover, since Cairo in 1994, the Clinton Administration has not aggressively incorporated the principles of the Programme of Action even in those policies and programs over which it has control.