

Vote in favour of the Estrela Report on “Sexual and Reproductive Health and Rights” (SRHR)!

5 MAIN REASONS WHY

On 22nd October you will have the unique opportunity to advance the Sexual and Reproductive Health and Rights of everyone in the EU and beyond by voting in favour of the Estrela report.

WHY IS YOUR VOTE IMPORTANT?

Supporting SRHR is a smart thing to do. It is an investment with huge returns for everyone in society and in particular for women and girls. Access to contraception, sexuality education and voluntary family planning empowers women to decide the number of children they have, reduces teenage pregnancies, and allows women and girls to get an education. In turn, this enables them to re-enter the labour market, earn money and it increases their financial stability. Globally, every dollar spent on family planning saves over 4 dollars otherwise spent treating complications from unintended pregnancies.

WHY VOTE IN FAVOUR OF THE SRHR REPORT?

1 SRHR ARE STRONGLY RELATED TO EU CORE VALUES

The report acknowledges:

- That SRHR are part of the fundamental human rights that all EU Member States have committed to respect, protect and fulfil;
- That everyone has the right to make their own informed and responsible choices regarding their sexual and reproductive health and to live their sexuality free from harm, violence and discrimination.
- That the violation of sexual and reproductive rights breaches the rights to equality, non-discrimination, dignity, health and freedom from inhumane and degrading treatment.

2 SRHR ARE STILL NOT FULLY GUARANTEED EVERYWHERE IN THE EU

The report:

- Stresses that people in Europe face increasing challenges having their SRHR guaranteed.
- Emphasizes that, despite international commitments, sexual and reproductive health standards still vary widely within EU Member States;
- Calls on Member States to ensure the implementation of national strategies for sexual and reproductive health and notes the EU's role in awareness-raising and promoting best practices;
- Highlights that even when it is legal, abortion is often prevented or delayed due to unnecessary waiting periods, biased counseling or the refusal to perform an abortion on moral or religious grounds (conscientious objection).

3 NEED FOR A STRONG AND UNIFIED EU VOICE ON SRHR

- For the first time in more than a decade, the European Parliament has the chance to express its position on SRHR - at a point when these rights are increasingly threatened in the EU and beyond;
- The report will be an important reference point at national, regional and global levels. It comes at a key moment when international actors are negotiating global policies for future generations on population, development and gender equality;
- Remember, opposition to SRHR is on the rise within and beyond the EU with reactionary groups opposing the concept of sexual diversity and seeking to restrict women's sexual and reproductive autonomy and rights.

4 THE REALIZATION OF SRHR IS KEY FOR THE ACHIEVEMENT OF GENDER EQUALITY

The report:

- Stresses that gender equality and women's empowerment can be achieved through respecting, promoting and guaranteeing SRHR;
- Acknowledges that women cannot truly be equal to men when they are still denied control over their fertility, their health and their body;
- Underlines that promoting SRHR contributes to preventing and mitigating violence against women.

5 SRHR IS A PRE-CONDITION FOR POVERTY ERADICATION AND A DECENT LIFE FOR ALL

The report:

- Urges the Commission to put SRHR at the centre of EU development cooperation, to remove all barriers to accessing it, and to guarantee quality, affordability and acceptability of sexual and reproductive health services for all;
- Stresses that investments in sexual and reproductive health and family planning are cost-effective and critical in eradicating poverty;
- Asks the Commission to include a sufficiently funded budget line for SRHR in its Development Cooperation Instrument.

THE EUROPEAN PARLIAMENT HAS A KEY ROLE TO PLAY. YOUR VOTE WILL ENSURE A STRONG AND PROGRESSIVE EP VOICE ON SRHR!

FACTS AND FIGURES ON SRHR IN THE EU

DID YOU KNOW THAT:

HIGHER MATERNAL MORTALITY rates still exist in several Member States, including



compared to Member States with the lowest rates (between 2 and 10 maternal deaths per 100,000 live births)¹.

TEENAGE BIRTH rates² vary significantly between Member States. The highest rates are found in



compared to the lowest rates (between 5 and 9 births per year). Studies have proven that adolescent mothers are less likely to graduate from school and are more likely to live in poverty³.

DUE TO THE ECONOMIC CRISIS

1/3 of the Greek population are losing their public health insurance. This is reducing their access to health services, including sexual and reproductive health services.

ABORTION IS BANNED completely - or almost completely - in Malta, Ireland and Poland, and even in instances where abortion is legal in those countries it is extremely difficult to access it. As a result, women resort to illegal abortions or so-called "abortion tourism", to the detriment of their rights and dignity, increasing social and health inequities.

IN SLOVAKIA, HUNGARY, ROMANIA, POLAND AND ITALY conscientious objection to abortion services among health providers is becoming increasingly common, hindering women's access to services that they are entitled to by law⁴.

IN ITALY, NEARLY 70% OF ALL GYNAECOLOGISTS AND 40% OF ALL ANAESTHESIOLOGISTS CONSCIENTIOUSLY OBJECT TO PROVIDING ABORTION SERVICES.⁵

USE OF MODERN FORMS OF CONTRACEPTION REMAINS WORRYINGLY LOW in a number of Eastern European Countries:

IN ALBANIA ONLY 10% OF WOMEN AGED 15-49 USE A MODERN METHOD OF CONTRACEPTION, IN BOSNIA AND HERZEGOVINA THIS AMOUNTS TO 11%, IN SERBIA TO 22%, IN ARMENIA TO 27%, IN POLAND TO 28%, AND IN LITHUANIA TO 33%.⁶

THE POWER OF SPENDING ON PREVENTION: Lessons learned in Finland

Leading up to the 1990s, the sexual health of Finnish young people was improving: rates of sexually transmitted infections (STI) were decreasing; teenage deliveries were 1/3 of the number that they were in 1975; and the number of adolescent abortions had reached an all-time low. But this positive development was quickly reversed. The country found itself in a severe economic downturn and **between 1990 and 1994, the government drastically cut funding for essential health services**. Young people's sexual health started to deteriorate fast. **From 1994 to 2002, adolescent abortions**

increased by more than 50%. Teenage deliveries and STIs followed the same trajectory. **Alarmed by these numbers, the Finnish government started reinstating services that had been cut**. They re-introduced comprehensive sexuality education into the elementary school curriculum and made emergency contraception available without a doctor's prescription for everyone over 15 years old. The investments are yielding great results: **2011 and 2012 mark the lowest number of unwanted adolescent pregnancies and abortions in nearly 20 years**.

- **SEXUAL HEALTH** includes healthy sexual development, equitable and responsible relationships and sexual fulfilment, freedom from illness, disease, disability, violence and other harmful practices related to sexuality.
- **SEXUAL RIGHTS** are the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, to be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships.
- **REPRODUCTIVE HEALTH** is the complete physical, mental and social well-being in all matters related to the reproductive system

including a satisfying and safe sex life, capacity to have children and freedom to decide if, when and how often to do so.

- **REPRODUCTIVE RIGHTS** are the rights of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and make decisions about reproduction free of discrimination, coercion and violence.

(Based on the International Conference on Population and Development (ICPD) Programme of Action (UNFPA, 1995) and the Beijing Declaration and Platform for Action (UN, 1995))

1. UN Maternal Mortality Estimation Inter-agency Group (2012). Trends in maternal mortality 1990 to 2010: WHO, UNICEF, UNFPA and The World Bank estimates.

2. Annual number of births to girls aged 15 to 19 years per 1,000 girls in that age group.

3. United Nations, Department of Economic and Social Affairs, Population Division (2012)

4. WHO, Safe abortion: technical and policy guidance for health systems (2nd ed, 2012)

5. Report from the Minister of Health on the Implementation of the Laws on the Social Protection of Maternity and Abortion (Law 194/78). Rome: 2008, p. 4.

6. UNFPA State of World Population Report 2012.