



International  
Planned  
Parenthood  
Federation

# **IPPF CHARTER** **ON SEXUAL AND** **REPRODUCTIVE RIGHTS**

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# FOREWORD

Human rights are basic standards to which all human beings are entitled. They concern fundamental freedoms and human dignity. They are enshrined in international conventions, agreements, laws and declarations. Further, governments are obliged to respect, protect and fulfil the human rights of all their citizens.

The right to sexual and reproductive health implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. Sexual and reproductive rights provide the framework within which sexual and reproductive well-being can be achieved.

Significant international commitment to address human rights in general and sexual rights in particular was generated in the 1990s with a series of United Nations conferences. The World Conference on Human Rights (Vienna, 1993) made reference to the human rights of women and the girl-child. The International Conference on Population and Development (ICPD) (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995) put sexual and reproductive rights firmly on the human rights agenda, moving human rights from the public to the private domain. The Five Year Review of ICPD (The Hague, 1999) saw a reaffirmation of the principles of ICPD and laid out strategies to advance sexual rights. IPPF has continued to work towards mainstreaming rights into its programmes. Other conferences included the World Summit for Social Development (Copenhagen, 1995) and the Five Year Review of the Fourth World Conference on Women (New York, 2000).

In 1992, IPPF's Vision 2000 Strategic Plan was approved by its governing body. It outlined six challenges, covering unmet need for family planning, sexual and reproductive health, unsafe abortions, empowerment of women,

youth, and quality of care. It also defined three goals relating to sexual and reproductive health and rights and to the accountability of IPPF.

In 1995, IPPF produced its Charter on Sexual and Reproductive Rights. This identified 12 core rights based on international human rights instruments, which are relevant to sexual and reproductive health. The Charter set out a rights-framework within which IPPF was to carry out its mandate – the Vision 2000 Strategic Plan. The Charter aimed to bring about real improvements in the quality of people's lives by:

- Raising awareness of the extent to which sexual and reproductive rights had already been recognized as human rights
- Highlighting the link between human rights language and service delivery realities in the field
- Increasing the capacity of non-governmental organizations to participate with human rights processes

The IPPF Charter has been translated into more than 20 languages.

In 2003, IPPF developed a new Strategic Plan around emerging sexual and reproductive health issues and remaining unresolved challenges. It focuses on young people, AIDS, abortion, access to services and advocacy. Gender and rights remain at the fore of IPPF's work, underpinning the five areas above.

It is evident that the IPPF Charter remains as significant today as when it was written eight years ago. IPPF member associations have used it, both in programme and advocacy work, in their mission to help individuals achieve the highest possible level of sexual and reproductive health and well-being. I am sure that the redesigned Charter will continue to be a useful tool in helping the Federation realize its new Strategic Plan.



**Dr. Steven W. Sinding**  
Director-General

# INTRODUCTION

The International Planned Parenthood Federation (IPPF) Charter on Sexual and Reproductive Rights provides an ethical framework within which IPPF carries out its mission. It has been an integral part of the Federation's work since the early 1990s and will continue to be a focus of IPPF's new strategic plan. The latter documents the most important issues, goals and programmatic challenges that IPPF and its member associations must address in the coming years. IPPF has objectives, aims and goals; the Charter articulates the Federation's fundamental principles which are applicable throughout the world, and ensures that all of its members are certain and clear as to what IPPF considers to be the basic human rights of persons within the sphere of their sexual and reproductive lives.

Sexual and reproductive rights are rights and freedoms pertaining to individuals as well as to couples. The Charter is legal in character, as it is based on recognized international human rights law (UN charters, conventions etc.), which refers to relations between the state and its population and to state obligations to the population. In the Charter on Sexual and Reproductive Rights, IPPF has taken some of these concepts, and has supplemented them with principles relating to sexual and reproductive health.

By drawing on relevant extracts from international human rights instruments, the Charter demonstrates the legitimacy of sexual and reproductive rights as key human rights issues. It has two key objectives:–

*to raise awareness of the extent to which sexual and reproductive rights have already been recognized as human rights by the international community in internationally adopted UN and other declarations, conventions and covenants;*

*to make clear the connection between human rights language and key programme issues relevant to sexual and reproductive rights – to make the link between, for example, the right to privacy, and the right to confidentiality when seeking sexual and reproductive health care services.*

The Charter has been organized in the following way:

Twelve rights have been identified, all of which appear in international human rights instruments including the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; and the Convention on the Rights of the Child. All rights have been taken from sources which are international in scope.

Each right is sourced to the relevant instrument.

Each right has a separate section, which is organized as follows:

*a statement which defines the right, as it appears in the international human rights instrument from which it is taken;*

*rights relevant to sexual and reproductive health which flow directly from this right;*

*in some cases, additional rights that IPPF believes are implied by international human rights instruments and to which IPPF, as a leading organization in the field of sexual and reproductive rights, commits itself;*

*a Standards section, consisting of relevant extracts from the 1994 Programme of Action of the International Conference on Population and Development (ICPD), the 1995 Platform for Action of the Fourth World Conference on Women (FWCW), and other UN documents which contain indicators agreed by governments in the field of that particular right against which the upholding of the right can be measured. This section appears as an addendum to the Charter.*

The Charter has a function outside the Federation as well as within it; it illustrates the commitment members of IPPF have with regard to the human rights of their clients in all actions taken by member associations. As the Charter is sourced in internationally recognized conventions, the task of identifying human rights violations is made easier. Also, it enables member associations to speak with authority when raising the issue of violations as their criteria will be founded in internationally accepted codes of conduct. The Charter provides a base-line to facilitate the monitoring of such violations.

# IPPF CHARTER ON SEXUAL AND REPRODUCTIVE RIGHTS

## Preamble

This Charter on Sexual and Reproductive Rights is based on twelve rights that are grounded in core international human rights instruments and additional rights that IPPF believes are implied by them. The Standards section draws heavily on documents that won international consensus at four key UN conferences, which took place between 1993 and 1995, namely the UN World Conference on Human Rights (Vienna, 1993); the UN International Conference on Population and Development (Cairo, 1994); the UN World Summit for Social Development (Copenhagen, 1995); and the UN Fourth World Conference on Women (Beijing, 1995).

The Charter represents IPPF's response to the challenge of interpreting human rights language and applying it to sexual and reproductive health care issues. The classification of specific issues under certain rights represents IPPF's judgement of where each issue should best appear; the listing of any issue under any specific right does not preclude action being taken on that issue under another right.

It should be noted that, by their membership in international human rights conventions, states recognize legal duties that arise under international law - many provisions in international conventions quoted in the Charter are obligations that governments have entered into and to which they can be held accountable.

IPPF recognizes that rights entail responsibilities, as they apply to both individuals and states. IPPF also recognizes that whereas the existence of these rights - as articulated in international conventions that governments have voluntarily entered into - is indisputable, there is a margin of discretion which can apply to the way in which these rights can be implemented and enjoyed in different settings. IPPF further recognizes the Vienna Declaration



and Programme of Action adopted by the World Conference on Human Rights in 1993, which stated that “All human rights are universal, indivisible and interdependent and interrelated. The international community must treat human rights globally in a fair and equal manner, on the same footing, and with the same emphasis. While the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms.”<sup>1</sup>

IPPF recognizes, as stated in the 1993 Vienna Declaration and Programme of Action that “the existence of widespread extreme poverty inhibits the full and effective enjoyment of human rights; its immediate alleviation and eventual elimination must remain a high priority for the international community”. IPPF, therefore, recognizes that the Right to Development is a universal and inalienable right and an integral part of fundamental human rights, and that democracy, development and respect for human rights and fundamental freedoms are interdependent and mutually reinforcing.<sup>2</sup>

IPPF also recognizes, in line with the 1986 UN Declaration on the Right to Development (which was reaffirmed in 1994), that “the right to development is an inalienable human right by virtue of which every person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized”.<sup>3</sup>

IPPF further recognizes, in line with the 1995 Beijing Declaration adopted by the Fourth World Conference on Women, that women’s empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of development.<sup>4</sup>

In reaffirming that the person is the central subject of development, IPPF recognizes the importance of creating a favourable environment in which everyone may enjoy human rights including sexual and reproductive rights. IPPF believes that, while the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, it is the purpose of this Charter to promote and protect sexual and reproductive rights and freedoms in all political, economic and cultural systems.

The order in which the rights appear within the Charter reflects their relevance to IPPF's mission; no order of magnitude or significance among the various rights is implied:-

- 1 The Right to Life
- 2 The Right to Liberty and Security of the Person
- 3 The Right to Equality, and to be Free from all Forms of Discrimination
- 4 The Right to Privacy
- 5 The Right to Freedom of Thought
- 6 The Right to Information and Education
- 7 The Right to Choose Whether or Not to Marry and to Found and Plan a Family
- 8 The Right to Decide Whether or When to Have Children
- 9 The Right to Health Care and Health Protection
- 10 The Right to the Benefits of Scientific Progress
- 11 The Right to Freedom of Assembly and Political Participation
- 12 The Right to be Free from Torture and Ill Treatment

# 1 THE RIGHT TO LIFE

**IPPF recognizes and believes that all persons\* have a right to life and that no one shall be arbitrarily deprived of their life<sup>5</sup>. IPPF further recognizes that genocide is a crime under international law<sup>6</sup>, and that this applies where measures including family planning are imposed which are intended to prevent births within a national, ethnic, racial, religious or cultural group with the intention of destroying, in whole or in part, that group, and, therefore, commits itself to the following:**

- 1.1 No woman's life should be put at risk or endangered by reason of pregnancy. This right refers in particular to avoidable deaths – especially to the need to reduce the risk factors for high-risk pregnancies, such as those which are “too early, too late, too close or too many”.
- 1.2 No child's life should be put at risk or endangered, particularly not by reason of her/his gender.
- 1.3 No person's life should be put at risk or endangered by reason of lack of access to health care services and/or information, counselling or services related to sexual or reproductive health.†

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 1.4 The right of all girl infants to be free from the risk of female infanticide.

**See also the Standards section on page 36, consisting of extracts from relevant documents.**

\* Persons are recognized in international law, as human beings having been born; see Article 1 of Universal Declaration of Human Rights “All human beings are born free and equal in dignity and rights”.

† Programme of Action of the International Conference on Population and Development (ICPD), Paragraph 7.2: definition of reproductive health, which is reproduced on page 52 in the Standards section of The Right to Health Care and Health Protection.

## 2 THE RIGHT TO LIBERTY AND SECURITY OF THE PERSON

**IPPF recognizes and believes that all persons have a right to liberty and security of the person and, therefore, commits itself to the following:<sup>7</sup>**

- 2.1 All persons have the right to be free to enjoy and control their sexual and reproductive life, having due regard to the rights of others.
- 2.2 All persons have the right to be free from any medical intervention related to their sexual and reproductive health save with their full, free and informed consent.
- 2.3 All females have the right to be free from all forms of genital mutilation.\*
- 2.4 All persons have the right to be free from sexual harassment.<sup>8</sup>

*AND further commits itself to taking all steps to ensure the attainment of the following rights:*

- 2.5 All persons have the right to be free from externally imposed fear, shame, guilt, beliefs based on myths, and other psychological factors inhibiting their sexual response or impairing their sexual relationships.
- 2.6 All persons have the right to be free from forced pregnancy, sterilization and abortion.

**See also the Standards section on page 39, consisting of extracts from relevant documents.**

\* See definition of Female Genital Mutilation in Standards section, page 39.

# 3 THE RIGHT TO EQUALITY, AND TO BE FREE FROM ALL FORMS OF DISCRIMINATION

IPPF recognizes and believes that all human beings are born free and equal in dignity and rights,<sup>9</sup> and also recognizes the right of women not to be discriminated against\* by way of legislation, regulation, customs, practices, social and cultural patterns of conduct or other customs or practices, which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women and, therefore, commits itself to the following:<sup>10</sup>

- 3.1 No persons should be discriminated against in their sexual and reproductive lives, in their access to health care and/or services on the grounds of race, colour, sex or sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status.
- 3.2 All persons have the right to equal access to education and information to ensure their health and well-being, including access to information, advice and services relating to their sexual and reproductive health and rights, irrespective of race, colour, poverty, sex, sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status.
- 3.3 All women and girl children have the right to appropriate nutrition and care throughout their life-span, and to be free from prejudicial, customary and all other practices that are based on the idea of inferiority or stereotyped roles for men and women and/or amount to discrimination against them.

\* Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field (Convention on the Elimination of All Forms of Discrimination Against Women, Article 1).

- 3.4 No woman should be discriminated against in her access to education, information and/or services related either to development, or to her sexual and reproductive health and rights, including access to fertility regulation services, by reason that the consent of another is required.
- 3.5 No person should be subjected to any sexual or reproductive health care programme which has the effect of discriminating against particular population groups.
- 3.6 All persons have the right to protection from all forms of violence caused by reason of their race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.
- 3.7 All women have the right to protection from discrimination in social, domestic or employment spheres by reason of pregnancy or motherhood.<sup>11</sup>

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 3.8 No person shall be discriminated against in their access to information, health care, or services related to their sexual and reproductive health, rights and needs, throughout their life-span, on the grounds of gender, age, sexual orientation or mental or physical disability.

**See also the Standards section on page 41, consisting of extracts from relevant documents.**

## 4 THE RIGHT TO PRIVACY

**IPPF recognizes and believes that all persons have the right not to be subject to arbitrary interference with their privacy, family, home or correspondence and, therefore, commits itself to the following:<sup>12</sup>**

- 4.1 All sexual and reproductive health care services, including information and counselling, should provide clients with privacy and ensure that personal information given will remain confidential.
- 4.2 All women have the right to autonomous reproductive choices including choices relating to safe abortion.
- 4.3 All persons have the right to express their sexual orientation in order to have a safe and satisfying sex life, having due regard to the well-being and rights of others, without fear of persecution, or denial of liberty or social interference.

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 4.4 All sexual and reproductive health care services, including information and counselling services, provided should be made available to all individuals and couples, especially young people, on a basis which respects their rights to privacy and confidentiality.

**See also the Standards section on page 43, consisting of extracts from relevant documents.**

## 5 THE RIGHT TO FREEDOM OF THOUGHT

**IPPF recognizes and believes that all persons have the right to freedom of thought, conscience and religion;<sup>13</sup> that the right to freedom of opinion and expression includes the right to hold opinions without interference and to seek, receive and impart information and ideas via any media and regardless of frontiers and, therefore, commits itself to the following:**

- 5.1 All persons have the right to freedom of thought and speech related to their sexual and reproductive lives.
- 5.2 All persons have the right to protection against restrictions on grounds of thought, conscience and religion to their access to education and information related to their sexual and reproductive health.
- 5.3 Health care professionals have the right to conscientious objection with regard to providing contraception and abortion services only if they can refer the client to health professionals willing to provide the service immediately. No such right exists in emergency cases where lives are at risk.

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 5.4 All persons have the right to be free from the restrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.

**See also the Standards section on page 45, consisting of extracts from relevant documents.**



## 6 THE RIGHT TO INFORMATION AND EDUCATION

**IPPF recognizes and believes that all persons have the right to education and, in particular, to specific educational information to ensure the health and well-being of persons and families including information and advice on sexual and reproductive health and rights, and, therefore, commits itself to the following:<sup>14</sup>**

- 6.1 All persons have the right of access to education and correct information related to their sexual and reproductive health, rights and responsibilities that is gender-sensitive, free from stereotypes, and presented in an objective, critical and pluralistic manner.
- 6.2 All persons have the right to sufficient education and information to ensure that any decisions they make related to their sexual and reproductive life are made with full, free and informed consent.
- 6.3 All persons have the right to full information as to the relative benefits, risks and effectiveness of all methods of fertility regulation and the prevention of unplanned pregnancies.

**See also the Standards section on page 46, consisting of extracts from relevant documents.**

## 7 THE RIGHT TO CHOOSE WHETHER OR NOT TO MARRY AND TO FOUND AND PLAN A FAMILY

IPPF recognizes and believes that the right to choose to marry and to found and plan a family is implicit in the right of all persons of full age\* to marry † and to found a family without any limitation due to race, nationality or religion and, therefore, commits itself to the following:<sup>15</sup>

- 7.1 All persons have the right to protection against a requirement to marry without that person's full, free and informed consent.
- 7.2 All persons have the right of access to reproductive health care services including those who are infertile, or whose fertility is jeopardized by sexually transmitted infections.

**See also the Standards section on page 49, consisting of extracts from relevant documents.**

\* A child is defined as a human being below the age of 18 (Convention on the Rights of the Child).

† The betrothal or marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory (Convention on the Elimination of All Forms of 19 Discrimination Against Women, Article 16.2).

## 8 THE RIGHT TO DECIDE WHETHER OR WHEN TO HAVE CHILDREN

IPPF recognizes and believes that the right to decide whether or when to have children is implied by the right,<sup>16</sup> that all persons have, to decide freely and responsibly the number and spacing of their children and to have access to the information, education and means to enable them to exercise this right, and further recognizes that special protection should be accorded to women during a reasonable period before and after childbirth, and, therefore, commits itself to the following:<sup>17</sup>

- 8.1 All women have the right to information, education and services necessary for the protection of reproductive health, safe motherhood and safe abortion and, which are accessible, affordable, acceptable and convenient to all users.
- 8.2 All persons have the right of access to the widest possible range of safe, effective and acceptable methods of fertility regulation.
- 8.3 All persons have the right to be free to choose and to use a method of protection against unplanned pregnancy which is safe and acceptable to them.

**See also the Standards section on page 50, consisting of extracts from relevant documents.**

## 9 THE RIGHT TO HEALTH CARE AND HEALTH PROTECTION

**IPPF recognizes and believes that all persons have a right to the enjoyment of the highest attainable standard of physical and mental health and, therefore, commits itself to the following:<sup>18</sup>**

- 9.1 All persons have the right to the highest possible quality in health care including all care related to their sexual and reproductive health.<sup>19</sup>
- 9.2 All persons have the right to comprehensive health care services including access to all methods of fertility regulation including safe abortion and diagnosis and treatment for infertility and sexually transmitted infections including Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).
- 9.3 All persons, and in particular the girl child and women, have the right to protection from traditional practices which are harmful to health.<sup>20</sup>
- 9.4 All women have the right to pregnancy and infertility counselling which empowers them to make their own decisions, based on information impartially presented.
- 9.5 All persons have the right to sexual and reproductive health care services as part of primary health care, which are comprehensive, accessible, both financially and geographically, private and confidential and, which pay due regard to the dignity and comfort of that person.
- 9.6 All women have the right to appropriate services in connection with pregnancy, confinement and post-natal health care, as well as adequate nutrition during pregnancy and lactation.<sup>21</sup>
- 9.7 All persons have the right to the protection of health, and safety in working conditions, including the safeguarding of the function of reproduction.<sup>22</sup>
- 9.8 All working mothers have the right to be accorded paid maternity leave, or maternity leave with adequate social security benefits.<sup>23</sup>

*AND further commits itself to taking all steps to ensure the attainment of the following rights:<sup>24</sup>*

9.9 Every person has the right to sexual and reproductive health care including the following rights:

**Information** to know about the benefits and availability of sexual and reproductive health services and to know their rights in this regard

**Access** to obtain services regardless of race, sex or sexual orientation, marital status, age, religious or political beliefs, ethnicity or disability

**Choice** to decide freely on whether and how to control their fertility and which method to use

**Safety** to be able to protect themselves from unwanted pregnancy, disease and from violence

**Privacy** to have a private environment during counselling and services

**Confidentiality** to be assured that any personal information will remain confidential

**Dignity** to be treated with respect, empathy, courtesy, consideration and attentiveness

**Comfort** to feel comfortable when obtaining services

**Continuity** to receive sexual and reproductive health services and supplies for as long as needed

**Opinions** to freely express views on the services provided

**See also the Standards section on page 52, consisting of extracts from relevant documents.**

## 10 THE RIGHT TO THE BENEFITS OF SCIENTIFIC PROGRESS

**IPPF recognizes and believes that all persons have the right to enjoy the benefits of scientific progress and its applications and, therefore, commits itself to the following:<sup>25</sup>**

- 10.1 All persons shall have the benefit of and access to available reproductive health care technology, including that related to infertility, contraception and abortion, where to withhold access to such technology would have harmful effects on health and wellbeing.
- 10.2 All persons shall be entitled to protection from and information on any harmful effects of reproductive health care technology on their health and well-being.

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 10.3 All clients of sexual and reproductive health services have the right to access all reproductive technologies that are safe and acceptable.

**See also the Standards section on page 57, consisting of extracts from relevant documents.**

# 11 THE RIGHT TO FREEDOM OF ASSEMBLY AND POLITICAL PARTICIPATION

IPPF recognizes and believes that everyone has the right to freedom of peaceful assembly and association and, therefore, commits itself to the following:<sup>26</sup>

- 11.1 All persons have the right to assemble and to canvass for sexual and reproductive health and rights.
- 11.2 All persons have the right to form an association that aims to promote sexual and reproductive health and well-being.

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 11.3 All persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights.

**See also the Standards section on page 59 consisting of extracts from relevant documents.**

## 12 THE RIGHT TO BE FREE FROM TORTURE AND ILL TREATMENT

**IPPF recognizes and believes that all persons have the right not to be subjected to torture or to cruel, inhuman or degrading treatment or punishment and not to be subjected to medical or scientific treatment without free and informed consent and, therefore, commits itself to the following:<sup>27</sup>**

- 12.1 All children\* have the right to protection from all forms of exploitation and, in particular, sexual exploitation, child prostitution and all forms of sexual abuse, assault, and harassment,<sup>28</sup> including coercion of a child to engage in any unlawful sexual activity, the exploitation or use of children in prostitution or other unlawful sexual practices and the exploitative use of children in pornographic performances and materials.<sup>29</sup>
- 12.2 No person should be subject to medical trials or experimentation related to sexuality or fertility regulation methods or techniques without their full, free and informed consent.
- 12.3 All women have the right to protection from traffic in women or exploitation of prostitution of them.<sup>30</sup>
- 12.4 All civilians – women and men – have the right to be protected from degrading treatment and violence in relation to their sexuality and reproduction, especially during times of armed conflict.

*AND further commits itself to taking all steps to ensure the attainment of the following right:*

- 12.5 All persons have the right to protection from rape, sexual assault, sexual abuse and sexual harassment.

**See also the Standards section on page 61, consisting of extracts from relevant documents.**

\* A child, in International Law, means every human being below the age of 18 (Convention on the 25 Rights of the Child, Article 1).



# REFERENCES AND NOTES

These notes identify the source paragraphs from the various international human rights and other documents on which IPPF has based the rights articulated in the Charter. The full texts of many of the international instruments mentioned are included in the publication: UN Centre for Human Rights, *Human Rights: a compilation of international instruments*. 2 vols. New York, UN, 1994.

- 1 Vienna Declaration and Programme of Action, adopted by the World Conference on Human Rights, 1993, Paragraph 5.
- 2 Ibid, Paragraphs 14, 10, 8.
- 3 Declaration on the Right to Development, 1986, Article 1.
- 4 Beijing Declaration, Fourth World Conference on Women, 1995, Paragraph 13: "Women's empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace."
- 5 International Covenant on Civil and Political Rights, 1966, Art. 6.1: "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life."
- 6 Convention on the Prevention and Punishment of the Crime of Genocide, 1948, Art. 2: "... genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such: ... (d) Imposing measures intended to prevent births within the group..."
- 7 International Covenant on Civil and Political Rights, 1966, Art. 9.1 : "Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedures as are established by law."

Universal Declaration of Human Rights, 1948, Art. 3: "Everyone has the right to life, liberty and security of person."

Declaration on the Protection of Women and Children in Emergency and Armed Conflict, 1974, Paragraph 4: "...All the necessary steps shall be taken to ensure the prohibition of measures such as persecution, torture, punitive measures, degrading treatment and violence, particularly against that part of the civilian population that consists of women and children."

- 8 The prohibition on employment discrimination in Article 11 of the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, is helpfully explicated in General Recommendation 19 in relation to sexual harassment:

Equality in employment can be seriously impaired when women are subjected to gender specific violence, such as sexual harassment in the workplace.

Sexual harassment includes such unwelcome sexually determined behaviour as physical contacts and advances, sexually coloured remarks, showing pornography, and sexual demands, whether by words or actions. Such conduct can be humiliating and may constitute a health and safety problem; it is discriminatory when the woman has reasonable grounds to believe that her objection would disadvantage her in connection with her employment, including recruitment or promotion, or when it creates a hostile working environment.

CEDAW adopted Recommendation 19 on Violence Against Women, in January 1992, at its 11th session.

- 9 Universal Declaration of Human Rights, 1948, Art. 1: "All human beings are born free and equal in dignity and rights."
- 10 Convention on the Elimination of All Forms of Discrimination Against Women, 1979, Art. 5: "States Parties shall take all appropriate measures (a) to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women."

Ibid, Art. 2: "States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake ... (f) to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women."

- 11 International Covenant on Economic, Social and Cultural Rights, 1966, Art. 10.2: "Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such periods working mothers should be accorded paid leave or leave with adequate social security benefits."
- 12 International Covenant on Civil and Political Rights, 1966, Art. 17: "No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation."  
  
Universal Declaration of Human Rights, 1948, Art. 12: "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks."
- 13 Universal Declaration of Human Rights, 1948, Art. 19: "Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers."  
  
Ibid, Art. 26.2: "Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms."
- International Covenant on Civil and Political Rights, 1996, Art. 18.1: "Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship observance, practice and teaching."
- 14 Convention on the Elimination of all Forms of Discrimination Against Women, 1979, Art. 10: "States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning."

Universal Declaration of Human Rights, 1948, Art. 26.1: "Everyone has the right to education."

- 15 Universal Declaration of Human Rights, 1948, Art. 16: "Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family."

International Covenant on Civil and Political Rights, 1966, Art. 23.2: "The right of men and women of marriageable age to marry and to found a family shall be recognized."

- 16 Convention on the Elimination of all Forms of Discrimination Against Women, 1979, Art. 16.1: "States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: ... (e) the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;"

Convention on the Rights of the Child, 1989, Art. 24.2: "States Parties shall pursue full implementation of this right [i.e. as provided in Art. 24.1, namely the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.] and, in particular, shall take appropriate measures: ... (f) to develop preventive health care, guidance for parents and family planning education and services."

World Population Plan of Action, 1974, Art. 14(f): "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information and means to do so; the responsibility of couples and individuals in the exercise of this right takes into account the needs of their living and future children, and their responsibilities towards the community."

Proclamation of Tehran, UN Conference on Human Rights, 1968, Paragraph 16: "The protection of the family and of the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and spacing of their children."

World Declaration on the Survival, Protection and Development of Children, World Summit for Children, 1990; Paragraph 14: (The Task) "Half a million mothers die each year from causes related to

childbirth. Safe motherhood must be promoted in all possible ways. Emphasis must be placed on responsible planning of family size and on child spacing.”

Ibid, Paragraph 20(4): (The Commitment) “We will work to strengthen the role and status of women. We will promote responsible planning of family size, child spacing, breastfeeding and safe motherhood.”

- 17 International Covenant on Economic, Social and Cultural Rights, 1966, Art: 10.2: “Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such periods working mothers should be accorded paid leave or leave with adequate social security benefits.”
- 18 International Covenant on Economic, Social and Cultural Rights, 1966, Art. 12.1: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

Convention on the Rights of the Child, 1989, Art. 24: “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”

Ibid, Art. 24.2: “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (a) To diminish infant and child mortality; (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; (c) To combat disease and malnutrition, including within the framework of primary health care, through, *inter alia*, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution; (d) To ensure appropriate pre-natal and post-natal health care for mothers; (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; (f) To develop preventive health care, guidance for parents and family planning education and services.”

Convention on the Elimination of All Forms of Discrimination Against Women, 1979, Art. 12.1: "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."

Ibid, Art. 14.2: "States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right ... (b) To have access to adequate health care facilities, including information, counselling and services in family planning."

19 UN International Conference on Population and Development (ICPD) Programme of Action definition of reproductive health (see Standards, page 52).

20 See also the Convention on the Rights of the Child, 1989, Art. 24.3: "States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."

Convention on the Elimination of all Forms of Discrimination Against Women, 1979, Art. 2: "States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake: ... (f) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women."

21 Convention on the Elimination of All Forms of Discrimination Against Women, 1979, Art. 12.2: "...States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation."

Convention on the Rights of the Child, 1989, Art. 24.2: see ref. 18 above.

22 Convention on the Elimination of all Forms of Discrimination Against Women, 1979, Art. 11.1: "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and

women, the same rights in particular: ... (f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.”

- 23 See ref. 17.
- 24 Huezon, C M; Briggs, C: Medical and Service Delivery Guidelines for Family Planning. London: International Planned Parenthood Federation, 1992, Chapter 1.
- 25 International Covenant on Economic, Social and Cultural Rights, 1966, Art. 15.1: “The States Parties to the present Covenant recognize the right of everyone ... (b) to enjoy the benefits of scientific progress and its applications.”
- 26 Universal Declaration of Human Rights, 1948, Art. 20: “Everyone has the right to freedom of peaceful assembly and association. No one may be compelled to belong to an association.”
- Ibid, Art. 21.1: “Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.”
- 27 International Covenant on Civil and Political Rights, 1966, Art. 7: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”
- Universal Declaration of Human Rights, 1948, Art. 5: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”
- 28 In addition to ref. 7, see: Convention on the Rights of the Child, 1989, Art.19: “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”
- 29 Convention on the Rights of the Child, 1989, Art. 34: “States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, State Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent: (a) the inducement or coercion of a child to engage in any unlawful sexual activity; (b) the exploitative use of children in

prostitution or other unlawful sexual practices; (c) the exploitative use of children in pornographic performances and materials.”

- 30 Convention on the Elimination of All Forms of Discrimination Against Women, 1979, Art. 6: “States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women.”



# ADDENDUM – STANDARDS

This addendum contains the “standards” for each right, which consist of relevant paragraphs from recent UN conferences, and other key documents. They reflect both the international consensus reached by governments on these issues, and in some cases include targets which governments have set themselves relating to specific activities. The purpose of the Standards section is to indicate how the rights articulated in the Charter relate to commitments, consensus definitions and activities governments have identified as priority actions in the field of sexual and reproductive health. Accordingly, they represent a standard against which advocacy for sexual and reproductive rights can be measured, and also serve as indicators of the commitment to women’s health into which governments have entered, and to which they can justly be held accountable.

# 1 THE RIGHT TO LIFE

## Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994

- 8.1 One of the main achievements of the twentieth century has been the unprecedented increase in human longevity. In the past half century, expectation of life at birth in the world as a whole has increased by about 20 years, and the risk of dying in the first year of life has been reduced by nearly two thirds. Nevertheless, these achievements fall short of the much greater improvements that had been anticipated in the World Population Plan of Action [1974] and the Declaration of Alma Ata, adopted by the International Conference on Primary Health Care in 1978. There remain entire national populations and sizeable population groups within many countries that are still subject to very high rates of morbidity and mortality. Differences linked to socio-economic status or ethnicity are often substantial. In many countries with economies in transition, the mortality rate has considerably increased as a result of deaths caused by accidents and violence. **(ICPD)**
- 8.19 Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world. At the global level, it has been estimated that about half a million women die each year of pregnancy-related causes, 99 per cent of them in developing countries. The gap in maternal mortality between developed and developing regions is wide: in 1988, it ranged from more than 700 per 100,000 live births in the least developed countries to about 26 per 100,000 live births in the developed regions. Rates of 1,000 or more maternal deaths per 100,000 live births have been reported in several rural areas of Africa, giving women with many pregnancies a high lifetime risk of death during their reproductive years. According to the World Health Organization, the lifetime risk of dying from pregnancy or childbirth related causes is

1 in 20 in some developing countries, compared to 1 in 10,000 in some developed countries. The age at which women begin or stop child-bearing, the interval between each birth, the total number of lifetime pregnancies and the socio-cultural and economic circumstances in which women live all influence maternal morbidity and mortality. At present, approximately 90 per cent of the countries of the world, representing 96 per cent of the world population, have policies that permit abortion under varying legal conditions to save the life of a woman. However, a significant proportion of the abortions carried out are self-induced or otherwise unsafe, leading to a large fraction of maternal deaths or to permanent injury to the women involved. Maternal deaths have very serious consequences within the family, given the crucial role of the mother for her children's health and welfare. The death of the mother increases the risk to the survival of her young children, especially if the family is not able to provide a substitute for the maternal role. Greater attention to the reproductive health needs of female adolescents and young women could prevent the major share of maternal morbidity and mortality through prevention of unwanted pregnancies and any subsequent poorly managed abortion. Safe motherhood has been accepted in many countries as a strategy to reduce maternal morbidity and mortality. **(ICPD)**

8.20 The objectives are:

(a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion;

(b) To improve the health and nutritional status of women, especially of pregnant and nursing women. **(ICPD)**

8.21 Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year

2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed. **(ICPD)**

## 2 THE RIGHT TO LIBERTY AND SECURITY OF THE PERSON

**Standard from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994**

4.22 Governments are urged to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices. **(ICPD)**

**Standard from Nahid Toubia's 1994 article, Female Circumcision as a Public Health Issue**

Female circumcision – 1994 Classification

Type I clitoridectomy involves the removal of a part of the clitoris or the whole organ. This is what is commonly referred to as “Sunna circumcision”.

Type II clitoridectomy, or excision, involves excision of the clitoris and part of the labia minora. Bleeding from the raw surfaces and from the clitoral artery may be halted with a few stitches of catgut or thorn or by the application of home-made poultices. After healing, the clitoris is absent, but the urethra and the vaginal introitus are not covered.

Type IV, or total infibulation, involves the removal of the clitoris and the labia minora, plus incision of the labia majora to create raw surfaces that are stitched together to cover the urethra and the entrance to the vagina with a hood of skin, leaving a very small posterior opening for the passage of urine and menstrual blood.

Type III, or modified (sometimes called intermediate) infibulation, is a milder form of infibulation, which involves the same amount of cutting, but in which only the anterior two thirds of the labia majora are stitched, thus leaving a larger posterior opening.

This anatomically precise and simplified system of classification is only a guide to help clinicians and researchers standardize their descriptions of a multitude of operations. In reality, the extent of cutting and stitching varies considerably, since the operator is usually a lay-person with limited knowledge of anatomy and surgical techniques. With local or no anaesthesia, the girl may move, and the extent of cutting cannot be accurately controlled.

[Toubia, Nahid. Female Circumcision as a Public Health Issue. *New England Journal of Medicine* 1994; 331:11, 712-716]

### **Standard from the Platform for Action of the United Nations Fourth World Conference on Women (FWCW): Beijing, China; 4-15 September, 1995**

Actions to be taken

124 By Governments:

(i) Enact and enforce legislation against the perpetrators of practices and acts of violence against women, such as female genital mutilation, female infanticide, prenatal sex selection, and dowry-related violence, and give vigorous support to the efforts of non-governmental and community organizations to eliminate such practices. **(FWCW)**

### 3 THE RIGHT TO EQUALITY, AND TO BE FREE FROM ALL FORMS OF DISCRIMINATION

**Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD):  
Cairo, Egypt; 5-13 September, 1994**

4.15 Since in all societies discrimination on the basis of sex often starts at the earliest stages of life, greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development. In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that “son preference” is curtailing the access of girl children to food, education and health care. This is often compounded by the increasing use of technologies to determine foetal sex, resulting in abortion of female foetuses. Investments made in the girl child’s health, nutrition and education, from infancy through adolescence, are critical. **(ICPD)**

4.16 The objectives are:

(a) To eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection;

(b) To increase public awareness of the value of the girl child, and concurrently, to strengthen the girl child’s self-image, self-esteem and status;

(c) To improve the welfare of the girl child, especially in regard to health, nutrition and education. **(ICPD)**

**Standards from the Platform for Action of the United Nations Fourth World Conference on Women: Beijing, China; 4-15 September, 1995**

Actions to be taken

178 By Governments, employers, employees, trade unions and women's organizations:

(b) Enact and enforce laws and introduce implementing measures, including means of redress and access to justice in cases of non-compliance, to prohibit direct and indirect discrimination on grounds of sex, including by reference to marital or family status, in relation to access to employment, conditions of employment, including training, promotion, health and safety, as well as termination of employment and social security of workers, including legal protection against sexual and racial harassment; **(FWCW)**

179 By Governments:

(c) Ensure, through legislation, incentives and/or encouragement, opportunities for women and men to take job-protected parental leave and to have parental benefits; promote the equal sharing of responsibilities for the family by men and women, including through appropriate legislation, incentives and/or encouragement, and also promote the facilitation of breast-feeding for working mothers; **(FWCW)**

283 By Governments and, as appropriate, international and non-governmental organizations:

(d) Enact and enforce legislation protecting girls from all forms of violence, including female infanticide and prenatal sex selection, genital mutilation, incest, sexual abuse, sexual exploitation, child prostitution and child pornography, and develop age-appropriate safe and confidential programmes and medical, social and psychological support services to assist girls who are subjected to violence. **(FWCW)**



## 4 THE RIGHT TO PRIVACY

### **Standard from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994**

7.45 Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, *inter alia*, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents. **(ICPD)**

### **Standards from the Platform for Action of the United Nations Fourth World Conference on Women (FWCW): Beijing, China; 4-15 September, 1995**

46 The Platform for Action recognizes that women face barriers to full equality and advancement because of such factors as their race, age, language, ethnicity, culture, religion or disability, because they are indigenous women or because of other status\*. Many women encounter

\* The European Union, together with 16 other countries, made interpretative statements in Beijing to the Platform for Action that reinforced their understanding that sexual orientation was included in Paragraph 46 "because of other status".

specific obstacles related to their family status, particularly as single parents; and to their socio-economic status, including their living conditions in rural, isolated or impoverished areas. Additional barriers also exist for refugee women, other displaced women, including internally displaced women as well as for immigrant women and migrant women, including women migrant workers. Many women are also particularly affected by environmental disasters, serious and infectious diseases and various forms of violence against women.

**(FWCW)**

- 96 The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences. **(FWCW)**

# 5 THE RIGHT TO FREEDOM OF THOUGHT

## **Standard from the International Covenant on Civil and Political Rights (ICCPR); 1966**

Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching. (Article 18, **ICCPR**)

## **Standard from the World Conference on Human Rights (WCHR); 1993**

All human rights are universal, indivisible and interdependent and interrelated. The international community must treat human rights globally in a fair and equal manner, on the same footing, and with the same emphasis. While the significance of national and regional particularities and various historical, cultural and religious backgrounds must be borne in mind, it is the duty of States, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms. (Paragraph 5, Vienna Declaration and Programme of Action, adopted by the **WCHR**)

## **Standard from the World Medical Assembly (WMA) Declaration of Oslo; 1970**

If the doctor considers that his convictions do not allow him to advise or perform an abortion, he may withdraw while ensuring the continuity of (medical) care by a qualified colleague. (Paragraph 6, Statement on Therapeutic Abortion, adopted by the **WMA**, 1970)

## 6 THE RIGHT TO INFORMATION AND EDUCATION

### Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994

- 4.18 Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education. **(ICPD)**
- 7.20 Specifically, Governments should make it easier for couples and individuals to take responsibility for their own reproductive health by removing unnecessary legal, medical, clinical and regulatory barriers to information and to access to family-planning services and methods. **(ICPD)**
- 7.37 Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child, that stress responsibility of males for their own sexual health and fertility and that help them exercise those responsibilities. Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts. **(ICPD)**
- 7.38 In the light of the urgent need to prevent unwanted pregnancies, the rapid spread of AIDS and other sexually transmitted diseases, and the prevalence of sexual abuse and violence, Governments should base national policies on a better understanding of the need for responsible human sexuality and the realities of current sexual behaviour. **(ICPD)**
- 7.47 Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish

appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities. (ICPD)

### **Standard from the Platform for Action of the United Nations Fourth World Conference on Women (FWCW): Beijing, China; 4-15 September, 1995**

Actions to be taken

107 By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

(e) Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration. (FWCW)

## 7 THE RIGHT TO CHOOSE WHETHER OR NOT TO MARRY AND TO FOUND AND PLAN A FAMILY

Standard from the Programme of Action of the United Nations International Conference on Population and Development (ICPD):  
Cairo, Egypt; 5-13 September, 1994

- 4.21 Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. In addition, Governments should strictly enforce laws concerning the minimum legal age of consent and the minimum age at marriage and should raise the minimum age at marriage where necessary. Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities. **(ICPD)**

# 8 THE RIGHT TO DECIDE WHETHER OR WHEN TO HAVE CHILDREN

**Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994**

7.5 The objectives are:

(a) To ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users;

(b) To enable and support responsible voluntary decisions about childbearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so;

(c) To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities. **(ICPD)**

7.6 All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, *inter alia*, include: family planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25 [Paragraph 8.25 is reproduced on page 54], including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive

health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes. **(ICPD)**

### **Standard from the Platform for Action of the United Nations Fourth World Conference on Women (FWCW): Beijing, China; 4-15 September, 1995**

97 ...In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health. **(FWCW)**



# 9 THE RIGHT TO HEALTH CARE AND HEALTH PROTECTION

## Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994

- 7.2 Reproductive health is 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. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. **(ICPD)**
- 7.16 All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and undeserved groups in the population. 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. **(ICPD)**

- 8.16 Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-5 mortality levels among their indigenous people that are the same as those of the general population. Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further. **(ICPD)**
- 8.4 All countries should make access to basic health care and health promotion the central strategies for reducing mortality and morbidity. Sufficient resources should be assigned so that primary health services attain full coverage of the population. Governments should strengthen health and nutrition information, education and communication activities so as to enable people to increase their control over and improve their health. Governments should provide the necessary backup facilities to meet the demand created. **(ICPD)**
- 8.5 In keeping with the Declaration of Alma Ata, all countries should reduce mortality and morbidity and seek to make primary health care, including reproductive health care, available universally by the end of the current decade. Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest

levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years. Efforts to ensure a longer and healthier life for all should emphasize the reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups. **(ICPD)**

8.25 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. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. 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. **(ICPD)**

8.26 Programmes to reduce maternal morbidity and mortality should include information and reproductive health services, including family planning services. In order to reduce high-risk pregnancies, maternal health and safe motherhood programmes should include counselling and family planning information. **(ICPD)**

**Standard from the Programme of Action of the United Nations World Summit for Social Development (WSSD): Copenhagen, Denmark; 6-12 March, 1995**

37 Access to social services for people living in poverty and vulnerable groups should be improved through:

(e) Promoting cooperation among government agencies, health-care

workers, non-governmental organizations, women's organizations and other institutions of civil society in order to develop a comprehensive national strategy for improving reproductive health care and child health-care services and ensuring that people living in poverty have full access to those services, including, *inter alia*, education and services on family planning, safe motherhood and prenatal and postnatal care, and the benefits of breast-feeding, consistent with the Programme of Action of the International Conference on Population and Development.

**(WSSD)**

### **Standard from the Platform for Action of the United Nations Fourth World Conference on Women (FWCW): Beijing, China; 4-15 September, 1995**

Actions to be taken

106 By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

(e) Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed to in the Programme of Action of the International Conference on Population and Development;

(j) Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development;

(k) 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... [see ICPD Paragraph 8.25, quoted on page 54] ... avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;

**(FWCW)**

# 10 THE RIGHT TO THE BENEFITS OF SCIENTIFIC PROGRESS

## Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994

- 2.12 Governments, assisted by the international community and donor agencies, the private sector, non-governmental organizations and the academic community, should increase support for basic and applied biomedical, technological, clinical, epidemiological and social science research to strengthen reproductive health services, including the improvement of existing and the development of new methods for regulation of fertility that meet users' needs and are acceptable, easy to use, safe, free of long- and short-term side-effects and second-generation effects, effective, affordable and suitable for different age and cultural groups and for different phases of the reproductive cycle. Testing and introduction of all new technologies should be continually monitored to avoid potential abuse. Specifically, areas that need increased attention should include barrier methods, both male and female, for fertility control and the prevention of sexually transmitted diseases, including HIV/AIDS, as well as microbicides and virucides, which may or may not prevent pregnancy. **(ICPD)**
- 12.14 High priority should also be given to the development of new methods for regulation of fertility for men. Special research should be undertaken on factors inhibiting male participation in order to enhance male involvement and responsibility in family planning. In conducting sexual and reproductive health research, special attention should be given to the needs of adolescents in order to develop suitable policies and programmes and appropriate technologies to meet their health needs. Special priority should be given to research on sexually transmitted diseases, including HIV/AIDS, and research on infertility. **(ICPD)**

- 12.15 To expedite the availability of improved and new methods for regulation of fertility, efforts must be made to increase the involvement of industry, including industry in developing countries and countries with economies in transition. A new type of partnership between the public and private sectors, including women and consumer groups, is needed to mobilize the experience and resources of industry while protecting the public interest. National drug and device regulatory agencies should be actively involved in all stages of the development process to ensure that all legal and ethical standards are met. Developed countries should assist research programmes in developing countries and countries with economies in transition with their knowledge, experience and technical expertise and promote the transfer of appropriate technologies to them. The international community should facilitate the establishment of manufacturing capacities for contraceptive commodities in developing countries, particularly the least developed among them, and countries with economies in transition. **(ICPD)**

### **Standard from the World Conference on Human Rights (WCHR); 1993**

Everyone has the right to enjoy the benefits of scientific progress and its applications. The World Conference on Human Rights notes that certain advances, notably in the biomedical and life sciences as well as in information technology, may have potentially adverse consequences for the integrity, dignity and human rights of the individual, and calls for international cooperation to ensure that human rights and dignity are fully respected in this area of universal concern. (Paragraph 11, Vienna Declaration and Programme of Action; **WCHR**)

# 11 THE RIGHT TO FREEDOM OF ASSEMBLY AND POLITICAL PARTICIPATION

**Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994**

- 7.3 Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These 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. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable

because of their lack of information and access to relevant services in most countries.

Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed. **(ICPD)**

- 15.8 Governments and intergovernmental organizations, in dialogue with non-governmental organizations and local community groups, and in full respect for their autonomy, should integrate them in their decision-making and facilitate the contribution that non-governmental organizations can make at all levels towards finding solutions to population and development concerns and, in particular, to ensure the implementation of the present Programme of Action. Non-governmental organizations should have a key role in national and international development processes. **(ICPD)**
- 15.9 Governments should ensure the essential roles and participation of women's organizations in the design and implementation of population and development programmes. Involving women at all levels, especially the managerial level, is critical to meeting the objectives and implementing the present Programme of Action. **(ICPD)**
- 15.10 Adequate financial and technical resources and information necessary for the effective participation of non-governmental organizations in the research, design, implementation, monitoring and evaluation of population and development activities should, if feasible and if requested, be made available to the non-governmental sector by Governments, intergovernmental organizations and international financial institutions in a manner that will not compromise their full autonomy. To ensure transparency, accountability and effective division of labour, these same institutions should make available the necessary information and documents to those non-governmental organizations. International organizations may provide financial and technical assistance to non-governmental organizations in accordance with the laws and regulations of each country. **(ICPD)**



# 12 THE RIGHT TO BE FREE FROM TORTURE AND ILL TREATMENT

## **Standards from the Programme of Action of the United Nations International Conference on Population and Development (ICPD): Cairo, Egypt; 5-13 September, 1994**

- 4.9 Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children. This implies both preventive actions and rehabilitation of victims. Countries should prohibit degrading practices, such as trafficking in women, adolescents and children and exploitation through prostitution, and pay special attention to protecting the rights and safety of those who suffer from these crimes and those in potentially exploitable situations, such as migrant women, women in domestic service and schoolgirls. In this regard, international safeguards and mechanisms for cooperation should be put in place to ensure that these measures are implemented. **(ICPD)**
- 4.10 Countries are urged to identify and condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing and take steps to assure that full assistance is provided to the victims of such abuse for their physical and mental rehabilitation. **(ICPD)**

## **Standards from the Programme of Action of the United Nations World Summit for Social Development (WSSD): Copenhagen, Denmark; 6-12 March, 1995**

- 17 International support for national efforts to promote a favourable political and legal environment must be in conformity with the Charter of the United Nations and principles of international law and consistent with the Declaration on Principles of International law concerning Friendly Relations and Cooperation among States in accordance with the Charter of the United Nations. Support calls for the following actions:

(b) Coordinating policies, actions and legal instruments and/or measures to combat terrorism, all forms of extremist violence, illicit arms trafficking, organized crime and illicit drug problems, money laundering and related crimes, trafficking in women, adolescents, children, migrants, and human organs, and other activities contrary to human rights and human dignity; **(WSSD)**

79 Addressing the problems created by violence, crime, substance abuse and the production, use and trafficking of illicit drugs, and the rehabilitation of addicts requires:

(b) That countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, in particular domestic violence and rape. Special attention should be given to violence resulting from harmful traditional or customary practices and all forms of extremism, which implies both preventive actions and the rehabilitation of victims; **(WSSD)**

### **Standards from the Platform for Action of the United Nations Fourth World Conference on Women (FWCW): Beijing, China; 4-15 September, 1995**

Actions to be taken

130 By Governments of countries of origin, transit and destination, regional and international organizations, as appropriate:

(b) Take appropriate measures to address the root factors, including external factors, that encourage trafficking in women and girls for prostitution and other forms of commercialized sex, forced marriages and forced labour in order to eliminate trafficking in women, including by strengthening existing legislation with a view to providing better protection of the rights of women and girls and to punishing the perpetrators, through both criminal and civil measures; **(FWCW)**

Actions to be taken

145 By Governments and international and regional organizations:

(c) Urge the identification and condemnation of the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing and take steps to ensure that full assistance is provided to the victims of

such abuse for their physical and mental rehabilitation; **(FWCW)**

#### Actions to be taken

106 By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:

(g) Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services aimed at ensuring responsible, voluntary and informed consent; encourage the development, implementation and dissemination of codes of ethics guided by existing international codes of medical ethics as well as ethical principles that govern other health professionals; **(FWCW)**

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