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Sexual and Reproductive Health and Rights: A Cornerstone of Gender Equality in Europe

PES Women Briefing

Contents

1. Introduction

Good sexual and reproductive health is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.[1]

Sexual and Reproductive Health and Rights (SRHR) are crucial for people's wellbeing and are a cornerstone of gender equality. Everyone should be free to make decisions about their own body and sexuality. Everyone has a right to access scientific information about sex and consent, as well as affordable, age-appropriate, and stigma-free sexual and reproductive health care no matter their gender, sexuality, nationality, ethnicity, disability, or socioeconomic background. Everyone should have the freedom to decide if and when to reproduce, and everyone deserves to feel safe and cared for by professionals during pregnancy and childbirth.[2]

From a women's rights perspective, access to contraception, safe and legal abortions, maternal care, and consent culture are vital to combat gender inequality and enable women to live their lives freely, on an equal basis with men.

Women across Europe still do not enjoy equal opportunities and rights. They face discrimination when it comes to sex education, medical information, assistance, care, contraceptive possibilities, and abortion. Across Europe we are currently seeing a backlash against gender equality, LGBTI rights and the rights of vulnerable groups, as well as the

[1] https://www.unfpa.org/sexual-reproductive-health

[2] https://www.rfsu.se/om-rfsu/om-oss/in-english/about-rfsu/what-is-srhr/; https://www.unfpa.org/sexual-reproductive-health p. 37

concept of SRHR. Access to contraception, safe and legal abortions, and sex education is being curtailed in the name of conservative "family values". To ensure women's fundamental rights to sexual and reproductive health, we must promote health for all women and girls and access to affordable healthcare. **As social democrats we call on the EU and its Member States to take a firm stance on enforcing these fundamental rights.** They must be respected without exception.[3]

The following briefing sets out the state of play for SRHR in Europe and PES Women's policy recommendations for how to make the EU a more progressive and feminist union for SRHR.

2. EU competences and international legal frameworks

SRHR are part of healthcare, and equal access to healthcare is guaranteed by article 35 of the **EU Charter of Fundamental Rights**. SRHR is mentioned in annex I, article 7 c) of the **2021-2027 EU4Health Programme Regulation**:[4] *"Supporting Member States' actions to promote access to sexual and reproductive healthcare and supporting integrated and intersectional approaches to prevention, diagnosis, treatment and care."*

The **EU Gender Equality Strategy 2020-2025** also commits to organising *"regular exchanges of good practices between Member States and stakeholders on the gender aspects of health will be facilitated, including on sexual and reproductive health and rights."*[5] Promoting SRHR in external policy is also part of the EU's **Gender Action Plan III**.[6]

EU Member States thus should be obliged to ensure access to SRHR, but the EU's legal framework allows for considerable discretion on certain issues, such as the exact forms and delivery of preventative healthcare and medical treatment, as well as national legislation on for example abortion.[7] **Healthcare is a Member State competence**, but the EU institutions can play a vital role by keeping the issues on the agenda and facilitate exchange. Moreover, **EU Directive 2004/113/EC** guarantees equal treatment between men and women in "access to and supply of goods and services", which should include SRHR goods and services, though the provision is ambiguous in relation to these specifically.

Yet, beyond healthcare and the single market, **SRHR lie at the intersection of many clear EU competences**, such as gender equality and fundamental rights, civic space, combatting disinformation, demography issues, and in some cases the rule of law. **With reference to any or all of these legal bases, the EU clearly has a duty to act on SRHR**.

[3] https://publications.pes.eu/wp-content/uploads/2021/04/Health_bookmarked.pdf
[4] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2021.107.01.0001.01.ENG
[5] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0152
[6] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020JC0017
[7] https://www.europarl.europa.eu/doceo/document/E-9-2020-000870-ASW_EN.html

The **European Parliament** has stated its commitment to encourage greater access to SRHR via education on sexuality and FGM, among others.[8] In June 2021, the European Parliament adopted a landmark report authored by Croatian S&D MEP Predrag Fred Matić, which mentions the full range of SRHR and highlights the importance of accessing all essential services, including comprehensive sexuality education, contraception, abortion, maternal health and fertility services, as well as preventing and addressing sexual and gender-based violence.[9]

In January 2022, the European Parliament held its first debate of the year, which focused on the topic of SRHR at the petition of S&D President Iratxe Garcia. The debate took place the day after French President Macron pledged to open the debate in the EU Council. MEPs, notably from the S&D Group, called for abortion to be included in the EU Charter of Fundamental Rights, amongst other calls for access to sexual education, comprehensive healthcare, and fighting against violence against women and gender stereotypes.[10] Malta is the only EU Member State where abortion is illegal, but in 2020, in Poland, the conservative government introduced an almost total ban[11]. Since then, two women have died in Poland because they were denied access to abortion as a form of healthcare.[12]Many S&D MEPs have signed a letter to the Prime Minister of Poland[13] urging the government to allow women to make autonomous choices about their own health and to therefore withdraw the ban.

Other international frameworks available to protect SRHR include:

- The **European Convention on Human Rights (ECHR)**, which protects SRHR implicitly under the right to private and family life (Article 8), the right to freedom from torture and ill-treatment (Article 3), the right to life (Article 2) and the prohibition of discrimination (Article 14). The **EU Charter of Fundamental Rights** also protects these rights, as well as other relevant provisions, like equality between women and men (Article 23) and the right to health care (Article 35).

- Universal access to sexual and reproductive healthcare services is also enshrined in the **UN Sustainable Development Goal 3** on good health and wellbeing and Goal 5 on gender equality. Other relevant UN frameworks include the Beijing Platform for Action and ICPD Programme of Action.

- The **Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)** was the first human rights treaty to affirm the right to family planning. It requires State Parties to ensure that men and women have the same right to 'decide freely and responsibly on the number and spacing of their children' (Article 16).

[8] https://eurogender.eige.europa.eu/system/files/post-files/eige_icf_sexual-and-reproductive-health-rights.pdf
[9] https://www.europarl.europa.eu/doceo/document/TA-9-2021-0314_EN.html
[10] https://euobserver.com/democracy/154150?utm_source=euobs&utm_medium=email
[11] https://www.ippfen.org/alert-poland
[12] https://www.euronews.com/2022/01/26/polish-activists-condemn-abortion-law-after-death-of-another-pregnant-woman
[13] https://twitter.com/fred_matic/status/1488151106664505346/photo/1

Accordingly, women must be able to access information about contraceptive measures, sex education and family planning services (CEDAW General Recommendation No. 21). The weakest treaty protections against discrimination are in the areas of sexual orientation and gender identity because these are not explicitly listed as protected grounds in the treaties (even though they have been interpreted as such).

Recommendations

Legal frameworks

- The **European Parliament resolution** of 24 June 2021 on the situation of sexual and reproductive health and rights in the EU, in the frame of women's health (2020/2215(INI)) **should serve as a progressive benchmark** and stepping stone guiding the EU's ambitions and actions on SRHR.
- All EU Member States must make it a priority to implement fully the **United Nations Sustainable Development Goals** relevant to women's health, universal access to sexual and reproductive care, family planning and education by 2030, specifically targets 3.7 and 5.6.
- SRHR must be included in an intersectional way in all **EU programmes, strategies, and frameworks pertinent to health and equality**, such as the **EU4Health Programme and European Social Fund Plus**, as a comprehensive part of health services and the Charter of Fundamental Rights. International solidarity and protection of SRHR globally should also guide EU external action.
- The EU must in every way support Member States with **good practice and stakeholder exchange, data collection on SRHR, and other actions**. Though health is a national competence, support for upward convergence on SRHR in Europe falls under the EU's commitment to women's human rights and gender equality. **Repressive measures that undermine women's and the LGBTI community's SRHR must never be tolerated by the EU.**
- All EU Member States should have **comprehensive and intersectional national strategies, monitoring programmes and/or action plans for inclusive SRHR**, with disaggregated data collection, measurable targets and indicators for monitoring and evaluation. These strategies must be developed by human rights, gender equality and health experts and representatives of civil society to bring in intersectional fundamental rights and equality perspectives.
- Persecution, violence, hate speech, smear campaigns and stigmatisation targeting health providers, scientists and civil society actors working to inform about and promote science based SRHR must be vigorously sanctioned. **No EU Member State should legally or in practice censor, obstruct or prohibit the provision of evidence-based information on SRHR, but rather actively combat disinformation.**
- All health care, judiciary and law enforcement professionals must receive **mandatory training on intersectional gender equality and SRHR**, including on consent and how to combat gender stereotypes and myths about SRHR.

SRHR investments

- As part of a feminist economy, a new Care Deal for Europe and a European Health Union, all EU countries must ensure **sufficient budgetary provisions for affordable and accessible SRHR for everyone**, including but not limited to testing and treatment for STDs, contraceptive goods and services, maternal health care, regular pap smears and mammograms, safe abortions, trauma care and female genital mutilation (FGM) reconstructive surgery, and psychological and other support services for survivors of gender-based violence, including FGM. Access to SRHR goods and services should be included in **public health insurances, subsidisation, or reimbursement schemes**, and policies must be designed to include marginalised persons' needs and preferences. SRHR cannot be guaranteed unless Europe builds back better after the pandemic and properly invests in care, including ending austerity measures to gender equality programming and the provision of sexual and reproductive health care.
- Investment in developing and spreading **science-based information** about SRHR and in SRHR projects and organisations that combat disinformation is crucial.
- R&D investments in **developing safe contraceptives** that minimise side-effect must be increased.
- **Gender budgeting** is a prerequisite for good gender equality policies, including on SRHR.
- **Funding and support for SRHR** and civil society organisations working in this field to combat anti-gender equality movements must be strengthened at all levels of governance and be mobilised in both internal and external EU policy.

3. Comprehensive sexuality and consent education

Teaching young people about safe and consensual sex and relationships is a vital part of SRHR. Many countries have made considerable progress over the last decades towards delivering education that is comprehensive, i.e., that goes beyond biology and informs about gender equality, sexual orientation, gender identity and healthy relationships as well.

A 2018 survey[14] of 25 European countries shows that **21 countries have a law, policy or strategy supporting sex education in schools. In 11 of the 21 countries, sex ed is mandatory.** Generally, the Nordic and Benelux countries are known for having more comprehensive sex education than the Central Eastern and Southern European states.[15]

However, only in 10 countries can the **curricula be considered comprehensive.** Moreover, in only 3 of the 25 countries are **teachers properly trained** in the subject. There is a conservative backlash against comprehensive sex education. **In 12 out of 25 countries,**

[14] https://www.bzga-whocc.de/fileadmin/user_upload/Dokumente/BZgA_IPPFEN_ComprehensiveStudyReport_Online.pdf
[15] https://www.europarl.europa.eu/RegData/etudes/note/join/2013/462515/IPOL-FEMM_NT(2013)462515_EN.pdf

opposition is classed as "serious" and the primary reasons are the misconception that sex education encourages young people to start having sex earlier or that it should not be schools' responsibility to teach it.[16]

There have been **recent attempts to restrict sex education in some EU countries**. For example, in 2020, **Poland** proposed, but following protests had to freeze, a homophobic and anti-gender equality proposal prohibiting sexuality education on grounds of paedophilia. The proposal threatens with criminal penalties anyone, including teachers and health professionals, who provides information about sexual or reproductive health care to adolescents. Despite its international human rights obligations, Poland still has no comprehensive sexuality education, leaving adolescents in Poland vulnerable to abuse, exploitation, and false information about their sexuality and health. In other EU countries, sexuality education curricula are not mandatory either, or they are conservative/religiously influenced.

Recommendations

- All young people in Europe should have access to **mandatory, age-appropriate, scientific and comprehensive sexuality education**, including about healthy sexual relationships to combat gender-based violence. All EU Member States should develop and monitor the implementation of **national curricula** in this regard and invest in **specialised teacher training**[17].

- Comprehensive sex education should take place in **formal and non-formal educational settings** in a way that is non-judgmental, non-discriminatory, scientifically accurate, inclusive, rights-based, promotes gender equality and is adapted to the evolving capacity of the child, adolescent or young person. **Co-curricular activities** which complement the formal curriculum are important, as are **parental and community involvement** and links to gender-responsive, child-adolescent- and youth-friendly healthcare and other services.

- Sex and consent education must be **science-based, inclusive and intersectional** and holistically cover social and psychological as well as biological information. LGBTIQ+ people have an equal right to see their sexuality represented in teaching without discrimination, and no sex education must be allowed to propagate shame, stigma or encourage discrimination.

[16] https://www.bzga-whocc.de/fileadmin/user_upload/Dokumente/BZgA_IPPFEN_ComprehensiveStudyReport_Online.pdf

[17] Local example: https://www.bbc.com/news/education-58913535

4. Obstetric and gynaecological care

Affordable gynaecological and maternal health is a human right, but COVID-19 has made access to such care difficult. Rules for reducing the spread of the virus have affected women's ability to carry out safe pregnancies and deliveries and have at times failed to respect parents' rights and wishes. The National Centre for Human Rights in **Slovakia** was the first to report cases of fathers banned from attending the birth of their child in certain hospitals. In several regions of **Poland**, visiting a gynaecologist has become especially tough, as many of them have closed their offices and stopped working due to the risk of catching or spreading the virus.

In some places in Europe, **fewer staff have been working in maternity wards** due to reassignments and pandemic pressures. Problems reported in several European states include harmful practices imposed on women during childbirth, medically unjustified separations of mothers and new-borns, and other failures to ensure adequate standards of care and respect for women's rights, dignity, and autonomy.[18] The mental toll on women managing a pregnancy and birth under lockdown is also significant.

Disrespect for women's wishes, violence or mistreatment during gynaecological examinations or procedures must never be accepted.[19] **Inequality and discrimination in maternal health** also remains a concerning problem in Europe, especially for Roma and undocumented migrant women who are sometimes denied equal access to maternity care.[20]

Recommendations

- **Investment in maternal health** must be prioritised as part of a new Care Deal for Europe. All women have the right to access affordable, good quality care at a reasonable geographical distance from their homes, with telemedicine as an option for certain services. Safe pain relief, specialist advice, IVF, informed consent to treatment, safety from violence, and enough trained staff who are allowed necessary time and rest to do their jobs properly are essential.

- **Violence against women in health systems must be recognised and prevented.** SRHR must be exercised free of discrimination, coercion and violence. It is fundamental that all Member States address the issue of violence against women within their health systems and beyond by enforcing legislation on gender equality and by allocating sufficient human and financial resources to health care systems to tackle this issue. Tackling violence in SRHR provision should be linked to increased efforts to combat violence against women and girls generally. Ratification and

[18] https://www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights

[19] https://www.haut-conseil-egalite.gouv.fr/sante-droits-sexuels-et-reproductifs/actualites/article/actes-sexistes-durant-le-suivi-gynecologique-et-obstetrical-reconnaitre-et

[20] https://reproductiverights.org/center-reproductive-rights-inequality-discrimination-maternal-health-europe/

implementation of the **Istanbul Convention** by all EU Member States is a crucial step in this direction.

- Health services should **create systematic and compulsory trainings** on FGM, sexual health, gender equality, non-discrimination and cultural sensitivity for relevant health professionals and make funds available to set up larger scale **awareness campaigns for professionals**, with special attention to training, including of paediatricians, on support and care for minors, youth and other vulnerable groups.

- **Miscarriages or other complications related to pregnancy** should be covered by paid sick leave or special bereavement leave, as recently introduced in New Zealand.[1] Access to **mental health services** for issues related to pregnancy, such as post-partum depression, must also be affordably and easily accessible without stigma.

- All EU Member States must **reform laws and policies and combat practices that exclude some structurally disadvantaged groups**, based on e.g. nationality, migrant status, age, disability or sexuality from accessing good maternal or gynaecological health care, including fertility treatments.

- Targeted strategies and policies coupled with adequate public financing are required at national and local levels to improve **SRHR for marginalised groups** specifically. Disaggregated data collection and evaluation are needed to ensure equal access to SRHR for everyone in all their diversity.

- **Consent matters**. Coercive practices, like forcible restraint of women in labour or during examinations, forced sterilisation/contraception/abortion, female genital mutilation, or other non-consensual acts must be criminalised and strenuously sanctioned. Data collection and public investigations should be used to assess the prevalence of coercive practices and evaluate measures to combat them, including access to patient complaint mechanisms. Member States must train their healthcare professionals in providing care in a non-discriminatory, non-judgmental, stigma-free, and respectful manner. Respecting the rights of patients, including to give free, prior and informed consent is vital.

- The right to informed consent must be respected also for women with intellectual and psychological disabilities. While access to all SRHR related services need to be guaranteed, the still occurring practice of forced abortion and sterilisation of women with specific needs cannot go on. **We call for the prohibition of these acts where this is not already the case.**

- **Women's pain and health must be taken seriously**. Education for health care professionals must combat the tendency to take men's pain more seriously than that of women. Men must not be assumed as the norm in pharmacological trials, and female diseases and syndromes, like endometriosis, must be given adequate attention by research and health authorities. To ensure this, there should be a clear gender equality perspective and multicultural literacy training in the education of all

health professionals, including mandatory inclusion of training on GBV, including FGM.

5. Access to contraception

The COVID-19 pandemic poses new challenges to women's access to contraception. There are signs that access to long-acting reversible contraception, such as copper IUDs and birth control implants, .has been hindered in some European countries.[21] Pre-existing barriers, including the high cost of contraception in some places, have become even more difficult to overcome in these times of economic downturn, restrictions and limited freedom of movement.[22] Disruptions in supply chains caused by higher demands and cuts in personnel working in production and delivery services have led to shortages of contraception and emergency contraception available in pharmacies.[23]

Nearly 60% of European women of child-bearing age use a form of contraception, but 35% of pregnancies in Europe are unplanned. There remains a disconnect between the preferred method of contraception for certain categories of women, their financial ability to access these methods and public authorities' funding priorities.[24]

Some European countries' national health systems still do not provide proper reimbursement for contraceptive supplies or provide enough supporting information on how and where to get them. Furthermore, women may still face obstacles due to requirements of third-party consent. Access can be restricted by the fact that women must see a doctor first, who decides whether to allow the use of certain contraceptive methods and whether or not to write a prescription, for example, for hormonal contraception. Prescription requirements from a gynaecologist can be an obstacle to SRHR if general healthcare is not easily or affordably accessible.[25]

According to the 2020 EPF Contraception Policy Atlas (which measures access to contraceptive supplies, family planning counselling and online information),[26] Europe shows an uneven picture, and inequitable reimbursement schemes, and failure of governments to provide accessible and accurate information impedes access to the latest and widest choice of contraception.

[21] https://www.ippfen.org/resource/women-and-girls-left-without-care-snapshot-time-during-covid-19
[22] https://www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights
[23] https://equineteurope.org/2020/lets-talk-about-sexual-and-reproductive-health-and-rights/
[24] https://www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights
[25] https://equineteurope.org/2020/lets-talk-about-sexual-and-reproductive-health-and-rights/
[26] https://www.epfweb.org/european-contraception-atlas

Czech Republic, Lithuania, Slovakia, Hungary and Poland were among the ten worst performing states. **Poland** proved particularly bad in 2020, following its policy change in 2019 to necessitate prescriptions for emergency contraception.

However, in 2020 we could also see policy changes to break down financial barriers to contraception in **Belgium, Bulgaria, Finland, Iceland, the Netherlands, North Macedonia and Spain**, particularly for young people and marginalised or vulnerable groups.

In **France**, women are temporarily allowed during the pandemic to use expired prescriptions to renew their oral contraception. In **Belgium**, the morning-after pill is now free, along with some other forms of contraception, for those aged 18 to 25.[27]

Recommendations

- Access to a wide range of modern contraception, including emergency contraception (the morning-after pill), should be **affordably or freely available under public health schemes** for people of all ages. Emergency contraception must be safely available over the counter without prescription.

- Legal and policy **barriers to accessing contraception must be removed**, for example, third-party authorisation requirements that stop teenagers and people with disabilities from exercising their sexual and reproductive rights independently. Adolescent girls especially face disproportionate barriers to access contraception, which must be recognised in any and all policy efforts. All young people with an unmet need for family planning should be able to access modern contraception and contraceptive services should be provided free of discrimination, stigma and coercion, and free of spousal, parental, guardian or judicial consent, and in accordance with the evolving mental and legal capacities of the person in question.

- Classify all modern contraceptives as **essential medicines** to ensure accessibility, also during a pandemic.

- Foster research and development as well as increased investments in **developing safe contraceptives** that minimise side-effects.

- Flexible policies to **ensure access to contraception even during a crisis**, such as France's decision to allow women to refill expired prescriptions, should be used as a best practice.

- All Member States must ensure that all people of reproductive age have access to **evidence-based and accurate information** about contraception. Scientific contraceptive information should be part of sex education curricula and national

[27] https://equineteurope.org/2020/lets-talk-about-sexual-and-reproductive-health-and-rights/

programmes should be set up to raise awareness and combat myths about contraceptive methods.

6. Access to abortion rights

In Europe over 95% of women of reproductive age live in countries that allow abortion on request or on broad social grounds. According to 2020 figures,[28] **abortion is accessible under certain circumstances in 39 countries in Europe. Yet, most countries still have time limits on performing abortions and some have virtually banned abortions altogether.** Some European countries set the time limit for abortion on request or broad social grounds between 18-24 weeks of pregnancy, whereas many set the limit around the first trimester of pregnancy. However, these countries' laws also allow access later in pregnancy in specific circumstances, such as when a woman's health or life is at risk or in cases of severe foetal abnormalities. The standard practice across Europe is not to impose time limits on these grounds.

In the EU (plus UK) at the time of writing:[29]

- Abortion on request is legal in **Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.** (In a small number of European countries that allow abortion on request, women may need to specify that they are in a state of distress about the pregnancy).

- **Finland** and the **United Kingdom** allow abortion on broad social grounds.

- **Malta** has banned all abortions on any grounds; abortion is considered illegal.

- **Poland** allows abortion only in cases when the pregnancy is a result of a criminal act or when the woman's life or health is at risk. Since 2020, abortion on the grounds of foetal malformation is no longer allowed. Since December 2021, the government announced its plan to create a registry of all pregnancies to report any miscarriage, where all doctors would be forced to enter their patients' data.[30] This raises serious concerns that the registry can also be used to bring legal difficulties to women, to medical staffor have further surveillance on women[31].

[28] http://reproductiverights.org/wp-content/uploads/2020/12/European-abortion-law-a-comparative-review.pdf

[29] For the most up-to-date survey of European abortion policies, see the EPF-IPPFEN European Abortion Policies Atlas 2021: https://www.ippfen.org/resource/european-abortion-policies-atlas

[30] https://amp.theguardian.com/global-development/2021/dec/03/poland-plans-to-set-up-register-of-pregnancies-to-report-miscarriages

[31] https://www.politico.eu/article/outrage-over-polish-government-plan-to-register-each-pregnancy/

In recent decades, **some countries in Europe have moved towards liberalisation**, for example in countries like **Ireland**, where a referendum decided to repeal the 8th constitutional amendment against abortion in 2018.

Yet, **backlashes have also occurred**, most recently in **Poland** where the politically biased Constitutional Tribunal decided on a near total ban on abortion, including in cases of foetal malformation. In 2018-2020 there were repeated failed attempts by lawmakers in **Slovakia** to introduce regressive legislative proposals to restrict abortion access and introduce new harmful barriers to delay women's access to care, and this process is still ongoing at the time of writing..

Backlashes can also take the form of regressive preconditions, such as mandatory counselling, waiting periods or a lack of information. Mandatory waiting periods restrict women's access to abortion in 11 EU countries: **Belgium, Germany, Hungary, Ireland, Italy, Latvia, Luxembourg, Netherlands, Portugal, Slovakia and Spain.**

7 EU countries require women to undergo mandatory counselling or receive mandatory information from their doctors prior to abortion: **Belgium, Germany, Hungary, Italy, Lithuania, Netherlands and Slovakia.** In **Germany and Hungary**, the counselling is biased and intended to dissuade women from having an abortion. German doctors can be fined for informing about abortions.[32] Since January 2022, the new government led by the Social Democrats is taking steps to deliver on its promise to delete the section of the criminal code which prescribes this.[33]

In **Hungary, Italy and the Netherlands**, women are required to explain that they are seeking an abortion because of their social or family circumstances or because continuing the pregnancy would cause them distress.

In some countries, like **Italy**, there have been regional attempts by conservative local governments to limit access to abortion.[34] So-called "conscientious objections" by doctors and nurses also limit women's ability to exercise their legal right to abortion.[35] Free and safe abortions in Italy are legally guaranteed since 1978, yet over the past 20 years access to abortion has diminished, with a 12.9% increase in the number of doctors who refuse to perform abortions on moral grounds.[36] The possibility to refuse to provide certain medical procedures for healthcare professionals based on their personal beliefs is not recognised as a human right under international human rights law, as ruled by the European Court of Human Right.[37]

[32] https://webdoc.france24.com/abortion-women-croatia-malta-germany/germany-fined-for-promoting-abortions/index.html
[33] https://www.politico.eu/article/germany-to-lift-ban-on-abortion-advertising-justice-minister-says/
[34] https://www.dw.com/en/italy-thousands-protest-against-anti-abortion-conference/a-48131965
[35] https://edition.cnn.com/interactive/2019/05/europe/italy-abortion-intl/
[36] https://www.europeandatajournalism.eu/eng/News/Data-news/Even-where-abortion-is-legal-access-is-not-granted
[37] https://strasbourgobservers.com/2020/04/06/grimmark-v-sweden-and-steen-v-sweden-no-right-for-healthcare-professionals-to-refuse-to-participate-in-abortion-services-and-framing-strategies-by-anti-abortion-actors/

According to the EPF-IPPFEN *European Abortion Policies Atlas 2021*, so-called **conscientious objection** for medical professionals is allowed in **26 countries** in Europe.[38] Refusing to perform abortion on moral grounds is **not legally granted in the EU member states Sweden, Finland, Bulgaria and the Czech Republic**, nor in **Iceland**.

Import stops on abortion medication in **Germany** is another recent example of backlash.[39] Safe medical abortion is not available across the whole of the EU, despite being an effective way of ensuring accessibility and may help reduce stigma and trauma associated with abortion.

Moreover, 31 European countries do not include abortion in the national health system's financial coverage,[40] which prevents women, especially from structurally disadvantaged groups, form exercising their rights.

COVID-19 restrictions complicate access to essential sexual and reproductive health information, services, and goods. As recently stated by 100 NGOs in Europe,[41] **while abortion care is essential and time-sensitive, access to it has become more difficult in states that have imposed a lockdown and travel restrictions.** This situation is particularly worrying for women and girls who live in the few European states where abortion is illegal or severely restricted and who cannot travel abroad to seek assistance and care, as reported in **Malta**.[42]

But even in states where abortion is legal, pre-existing obstacles, such as mandatory waiting periods and counselling as well as unnecessary hospitalisation, widespread refusals of care on grounds of conscience, and the limited use of medical abortion pills, may become unsurmountable for effectively accessing time-sensitive services.[43] Certain governments' responses to the COVID-19 pandemic have caused a deliberate de-prioritisation of SRHR. Such is the case in **Romania**, where abortions were not deemed essential and therefore not performed during the pandemic. Although abortion is legal there since 1989, women are facing increasing levels of intimidation and other difficulties when seeking an abortion.[44] The National Centre for Human Rights in **Slovakia** has also received cases of women being denied abortions under the argument that it is not urgent health care.[45]

Yet, it is also important to note that many EU countries showed examples of good practices to facilitate abortion access during the pandemic, such as extension of telemedicine options and

[38] https://www.ippfen.org/resource/european-abortion-policies-atlas
[39] https://www.politico.eu/article/german-womens-health-groups-decry-blow-to-abortion-access/
[40] https://www.ippfen.org/resource/european-abortion-policies-atlas
[41] https://www.amnesty.org/en/latest/news/2020/04/europe-failures-to-guarantee-safe-access-to-abortion-endangers-health-of-women-and-girls-amid-covid-19/
[42] https://www.doctorsforchoice.mt/post/impact-of-covid-19-on-women-in-malta-seeking-abortion-an-overview?fbclid=IwAR3Ik2CEDui9xlmUPfVdZOdwx9t4Pjq0O1XhVVrk8CUEFiIF7bmgg45QkYU
[43] https://www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights
[44] https://thewire.in/women/romania-abortion-rights-right-wing-reproductive-rights
[45] https://equineteurope.org/2020/lets-talk-about-sexual-and-reproductive-health-and-rights/

of cut-off times for abortions.[46] Such good practices should be encouraged and extended beyond the pandemic.

The politicization of women's bodies by extreme right and conservative forces in Europe stretches from **well-funded anti-choice movements**, which not only lobby against abortion rights and the restoration of the "traditional family" but also oppose the Istanbul Convention against gender-based violence (ongoing in **Poland, Hungary, Turkey**).[47] Such politicization is part of persistent challenges to democracy and rule of law. Anti-democratic and anti-feminist organisations in Poland have an inordinate influence over the country's judiciary and the drafting of repressive laws. **Foreign interference and financing of anti-choice organisations in the EU is also a growing problem.** Sources from Russia and the United States in particular have invested a lot in campaigns to push for a general ban on abortion. In order to stop this interference, the S&D has called for more transparency and better rules on foreign funding for NGOs and foundations in Europe.[48]

Recommendations

- All women must have access to **safe, legal, affordable, practical, stigma-free and confidential abortion care, including post-abortion care and psychosocial counselling**. All restrictive policies must be reformed, so that women in all of Europe have real access to abortion in accordance with medical good practice at their own request to protect their autonomy, wellbeing, health and life.

- Where abortion is already legal in theory, **practical barriers for women to access their rights must be removed**, such as mandatory waiting periods and biased counselling, third-party authorisation, and overly restrictive administrative rules for clinics.

- The right to abortion must be guaranteed also during public emergencies like the **COVID-19 pandemic** and additional investments in health care must be directed towards this.

- When health care professionals are allowed to "**conscientiously object", this must not interfere with women's right to safe and timely health care and bodily autonomy**. Such objections must never be an institutional policy, and an alternative professional must be provided immediately. No individual provider must be allowed to deny urgent care or in any way hinder a woman's free decision to have an abortion.

- **Stop all sanctions** on health professionals and civil society organisations providing science-based information about abortion. Women human rights defenders and

[46] https://www.ippfen.org/resource/how-our-members-stood-access-abortion-care-during-covid-19
[47] https://www.epfweb.org/node/818
[48] https://mailchi.mp/socialistsanddemocrats/no-to-foreign-financing-of-organisations-pushing-for-abortion-ban-in-europe-763498?e=2976d5e551

SRHR defenders must be protected from threats, harassment, attacks and smear campaigns and supported politically and financially.

7. Period poverty and stigma

According to Plan International UK, **1 in 10 girls cannot afford sanitary products.** Not being able to afford menstrual protection hinders menstruating people from participating fully in education, work, and social life. According to some reports,[49] **COVID-19 has increased period poverty.**

In a 2019 resolution, the European Parliament called on all Member States to eliminate the so-called "tampon tax" by making use of the flexibility introduced in the VAT Directive and by applying tax exemptions or 0% VAT rates to these essential basic goods.[50] The decision by a Member State to render or not sanitary protection products free of charge is a domestic matter and cannot be influenced by the EU institutions.

Some countries, like the **UK, Slovenia and Germany**, have already passed laws to scrap or lower the tampon tax VAT, and others have made female hygiene products free (**Scotland**) or more affordable and accessible (**Belgium**), but others still do not consider such products to be necessities.

See PES Women Feminist Economy brochure for more information.

Recommendations

- EU governments have a responsibility to combat period poverty by **eliminating "tampon tax" VAT rates** on menstrual hygiene products. Menstruation is not a luxury and should not be taxed as such. All Member States should make use of the flexibility introduced in the VAT Directive and applying exemptions or 0 % VAT rates to these essential basic goods.
- **Free sanitary supplies should be provided by authorities in public spaces**, such as schools, universities, libraries, hospitals, and shelters. Financial incentives should be introduced to encourage employers to do the same in all workplaces.
- Access to affordable **reusable and environmentally friendly** menstrual products should be facilitated by Member States.

[49] Period poverty has surged in UK during Covid pandemic | Poverty | The Guardian
[50] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52019IP0014

- Menstruation and menopause symptoms should be recognised as valid reasons for **paid sick leave**.

- The **menstruation stigma** must be broken. Raise awareness and invest in information campaigns that counteract stigmatisation and misconceptions about menstruation and menopause. Learning about periods should be a mandatory part of national sex education curricula for pupils of all genders. Free and hygienic sanitary facilities in schools will help combat stigma from an early age and encourage girls to fully participate in their education.

Resources

GENERAL

https://countdown2030europe.org/resources/type/factsheets

https://www.epfweb.org/

https://www.ippfen.org/

https://www.rfsu.se/globalassets/pdf/sexual-rights--an-ippf-declaration.pdf

https://rm.coe.int/women-s-sexual-and-reproductive-health-and-rights-in-europe-issue-pape/168076dead

https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health

https://equineteurope.org/2020/lets-talk-about-sexual-and-reproductive-health-and-rights/

https://eurogender.eige.europa.eu/system/files/post-files/eige_icf_sexual-and-reproductive-health-rights.pdf

https://reproductiverights.org/center-reproductive-rights-regressive-anti-equality-threats-srhr-europe/

ABORTION

https://www.ippfen.org/resource/ippf-en-partner-survey-abortion-legislation-and-its-implementation-europe-and-central-asia

https://www.ippfen.org/resource/european-abortion-policies-atlas

https://reproductiverights.org/sites/default/files/documents/European%20abortion%20law%20a%20comparative%20review.pdf
https://reproductiverights.org/our-regions/europe/

https://edition.cnn.com/interactive/2019/05/europe/italy-abortion-intl/

https://www.europeandatajournalism.eu/eng/News/Data-news/Even-where-abortion-is-legal-access-is-not-granted
https://www.bbc.com/news/av/world-europe-55869496

https://www.epfweb.org/node/824

https://webdoc.france24.com/abortion-women-croatia-malta-germany/germany-fined-for-promoting-abortions/index.html

https://mailchi.mp/socialistsanddemocrats/no-to-foreign-financing-of-organisations-pushing-for-abortion-ban-in-europe-763498?e=2976d5e551

https://multimedia.europarl.europa.eu/en/femm-inge_20210325-1545-COMMITTEE-FEMM-INGE_vd
https://www.epfweb.org/node/818

https://www.epfweb.org/node/816

CONTRACEPTION

https://www.epfweb.org/european-contraception-atlas

SEX EDUCATION

https://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2018/sexuality-education-in-europe-and-central-asia-state-of-the-art-and-recent-developments.-an-overview-of-25-countries-2018

https://www.ippfen.org/sites/ippfen/files/2018-05/Comprehensive%20Country%20Report%20on%20CSE%20in%20Europe%20and%20Central%20Asia_0.pdf

https://www.coe.int/en/web/commissioner/-/comprehensive-sexuality-education-protects-children-and-helps-build-a-safer-inclusive-society

https://reproductiverights.org/center-and-international-human-rights-partners-call-on-poland-to-reject-bills-restricting-sexual-and-reproductive-rights/

PERIOD POVERTY

https://www.europarl.europa.eu/doceo/document/E-9-2020-006746_EN.html#:~:text=Period%20poverty%20represents%20an%20ongoing,products%20to%20be%20basic%20goods.

https://www.dw.com/en/free-tampons-and-the-fight-against-period-poverty/a-55731499

https://www.europeanbusinessreview.com/how-can-we-put-a-stop-to-period-poverty/

https://www.bbc.com/news/business-55502252#:~:text=The%205%25%20rate%20of%20VAT,tax%20in%20his%20March%20Budget.

https://www.euronews.com/2020/12/31/period-poverty-belgian-government-pledges-200-000-to-make-menstruation-products-more-acces

https://www.dw.com/en/tampon-tax-germany-menstruation/a-51154597

https://www.europeandatajournalism.eu/eng/News/Data-news/Half-of-the-European-countries-levy-the-same-VAT-on-sanitary-towels-and-tampons-as-on-tobacco-beer-and-wine

CARE
https://reproductiverights.org/center-reproductive-rights-inequality-discrimination-maternal-health-europe/

http://reproductiverights.org/wp-content/uploads/2021/03/Updated-GLP-EUROPE-PerilousPregnancies-2020-Web.pdf

https://www.ippfen.org/blogs/how-covid-19-affecting-way-women-receive-care-and-response-our-members

https://www.europarl.europa.eu/RegData/etudes/STUD/2019/608874/IPOL_STU(2019)608874_EN.pdf