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A7-0306/1

**Amendment 1**

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on behalf of the EFD Group

**Report**

**A7-0306/2013**

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Sexual and reproductive health and rights  
2013/2040(INI)

**Motion for a resolution (Rule 157(4) of the Rules of Procedure) replacing non-legislative motion for a resolution A7-0306/2013**

**European Parliament resolution on sexual and reproductive health and rights**

*The European Parliament,*

- having regard to the United Nations Declaration of the Rights of the Child, which states that the child needs special safeguards and care, including appropriate legal protection, before as well as after birth,
  - having regard to Article 168(7) of the Treaty on the Functioning of the European Union stating that Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care,
  - having regard to the Charter of Fundamental Rights of the European Union,
  - having regard to the ruling in Case C-34/10 ‘*Brüstle v Greenpeace*’ of the Court of Justice of the European Union stating that as a matter of scientific fact a new human life begins at conception, and that the human embryo constitutes a precise stage in the development of the human body,
- A. whereas women and girls are entitled to enjoy freedom, equal opportunities, dignity and health, as well as non-discrimination based on sex;
- B. whereas the reality of unintended and unwanted pregnancies is still a problem for many women in the EU, including teenage girls;
- C. whereas young people are widely exposed, from an early age, to pornographic content, especially through access to the internet whether at home or at school; whereas the sexualisation of young girls in the media is a phenomenon that affects the emotional development and the sex lives of both women and men and helps to perpetuate gender stereotyping and sexual violence;
- D. whereas no legally binding international treaties or conventions define the term ‘sexual and reproductive health and rights’; whereas the World Health Organisation dictionary demonstrates an inclusive-language approach, stating that ‘sexual and reproductive health’

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includes ‘methods of fertility regulation’, including ‘termination of pregnancies (abortion)’;

- E. whereas UN treaty monitoring bodies have no authority to interpret these treaties in ways that create new state obligations or that alter the substance of the treaties, and whereas any UN treaty monitoring body that interprets a treaty to include a right to abortion is accordingly acting beyond its authority and contrary to its mandate; whereas the report on the 7th session of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities concluded that ‘such ultra vires acts do not create any legal obligations for states parties to the treaty, nor should states accept them as contributing to the formation of new customary international law’;
- F. whereas there is no international legal obligation to provide access to abortion based on any grounds, including but not limited to health, privacy, non-discrimination or sexual autonomy;

**General aspects of prenatal and maternal health, family planning and the bodily integrity of women**

1. Condemns any violation of the bodily integrity of women and harmful practices intended to control women’s self-determination and condemns the illegal practice of female genital mutilation (FGM) as a form of sexual control over women;
2. Invites the Member States to include the promotion of (natural) family planning methods in their public health policy, and to ensure access to non-judgmental information about post-abortion trauma syndrome (PAS) as well as immediate and universal access to PAS treatments, provided in a safe and non-judgmental manner;
3. Reminds the Member States that investments in prenatal and maternal health and natural family planning are among the most cost-effective, in development terms, and most effective ways to promote the sustainable development of a country;
4. Recalls Section 8.25 of the Programme of Action of the International Conference on Population and Development stating: ‘In no case should abortion be promoted as a method of family planning. [...] 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.’;

**Respect for international law and the rule of law**

5. Recalls that abortion is not mentioned in any internationally binding UN human rights treaty and that no human right to abortion exists under international law, either by way of treaty obligations or under customary international law; recalls that no legally binding international United Nations treaty can accurately be cited as establishing or recognising a right to abortion;

6. Asserts that, when implementing the specific clauses agreed at the Cairo International Conference on Population and Development that prohibit coercion or compulsion in sexual and reproductive health matters, along with legally binding international human rights instruments, the EU *acquis communautaire* and the Union's policy competences in these matters, Union assistance should not be provided to any authority, organisation or programme which promotes, supports or participates in the management of any action that involves such human rights abuses as coercive abortion, forced sterilisation of women and men, the determination of foetal sex resulting in prenatal sex selection or infanticide;
7. Invites the Commission and the European External Action Service (EEAS) to fully respect the reservations on sexual and reproductive health rights (SRHR) and abortion expressed by national governments in the relevant international treaties, conventions and programmes;

#### **Fundamental right to freedom of conscience and freedom of conscientious objection**

8. Upholds the universal human right to conscientious objection together with the responsibility of the state to ensure that patients are able to access lawful medical care in a timely manner, in particular in cases of emergency prenatal and maternal health care; recalls that no person, hospital or institution should be coerced, held liable or discriminated against in any manner because of a refusal to perform, accommodate, assist or submit to an abortion or any act which could cause the death of a human foetus or embryo, for any reason;

#### **European Union competences on this matter**

9. Notes that it is a competence of the Member States to formulate and implement policies on SRHR;
10. Notes that it is a competence of the Member States to formulate and implement policies on sexual education in schools;
11. Invites, therefore, the EU institutions, bodies and agencies to comply with EU law and refrain from any intervention in this policy area that seeks to re-interpret the legal basis;

#### **Sexuality education implemented by the Member States**

12. Recognises 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;
13. Recalls – in accordance with the principle of ‘public policy doctrine’ and internationally accepted standards – that a child's parents or legal guardians have the freedom to ensure that the child receives an education in conformity with their own convictions, and that children should not be compelled to receive teaching on sexuality education, including the promotion of SRHR and abortion, against the wishes of their parents or legal guardians, the best interests of the child being the guiding principle;
14. Recalls that the right of parents to educate their children according to their religious or

non-religious convictions includes their right to refuse any undue interference by state or non-state actors in their education;

15. Emphasises that sexuality education is particularly necessary given that young people have access, from an early age, to pornographic and degrading content, especially via the internet; emphasises, therefore, that sexuality education must be part of a broader, supportive approach to young people's emotional development so as to enable them to form mutually respectful relationships with members of the opposite sex; encourages the Member States to introduce campaigns directed at parents and at adults who work with young people, in order to raise their awareness of the harmful effects of pornography on adolescents;

#### **Prenatal and maternal health in development policies**

16. Invites the Commission to ensure that EU development cooperation includes an explicit focus on, and concrete targets for, prenatal and maternal health;
17. Calls on the EEAS, through the EU Delegations in developing countries, to work with the governments of those countries to ensure that female children enjoy their rights without discrimination based on their sex, inter alia by ending the unethical and discriminatory practices of prenatal sex selection, abortion of female foetuses, female infanticide, early forced marriage and female genital mutilation;
18. Invites the Commission to maintain in its development priorities access to quality, affordable, acceptable and accessible prenatal and maternal health care services, to relational, affective and sexual education for boys and girls, which, in line with Article 26.3 of the Universal Declaration of Human Rights, is the prior responsibility of their parents, and to voluntary family planning, including natural family planning methods, while combating sex-based discrimination leading to sex-selective and involuntary abortions, forced sterilisation and sexual violence, as well as ensuring the provision of prenatal and maternal health care supplies, including HIV prevention, treatment, care and support without discrimination;

#### **Conclusion**

19. Reaffirms the sovereign right of each state to react to the proposals of the present resolution in conformity with its own national laws and with full respect for the various religious and ethical values and cultural backgrounds of its people (the 'public policy doctrine'), and in conformity with universally recognised international human rights;
20. Instructs its President to forward this resolution to the Council, the Commission, the governments and national parliaments of the Member States, the EU Agency for Fundamental Rights and the UN Secretary-General.

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