Advancing Reproductive Rights Beyond Cairo and Beijing

By Rebecca J. Cook and Mahmoud F. Fathalla

The International Federation of Gynecology and Obstetrics’ 1994 World Report on Women’s Health concluded that improvements in women’s health need more than better science and health care—they require state action to correct injustices to women. Women’s health is often compromised not by lack of medical knowledge, but by infringements on women’s human rights. The use of human rights to advance reproductive health and self-determination has gained momentum through recent United Nations (UN) conferences, particularly the 1994 International Conference on Population and Development, held in Cairo, and the 1995 Fourth World Conference on Women, held in Beijing.

The Programme of Action adopted by 184 UN member states in Cairo recognizes the importance of human rights in protecting and promoting reproductive health. The Cairo Programme strongly endorses a new strategy for addressing population issues, focused on meeting the needs of individual women and men rather than on achieving demographic targets. A key to this approach is empowering women and protecting their human rights, particularly those relevant to reproductive health. Building on the World Health Organization’s definition of health, the Cairo Programme explains that 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 [about] 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 [para. 72].

The Declaration and Platform for Action adopted by 187 UN member states in Beijing reaffirm the Cairo Programme’s definition of reproductive health [para. 94], but advance women’s wider interests:

- The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexual identity, 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 [para. 96].

The Cairo Programme and the Beijing Platform are points of advancement in identifying particular steps that countries have agreed to take to achieve reproductive rights within specified time periods. The Beijing Platform explains that “reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents” [paras. 95 and 223]. However, both documents lack mechanisms for holding governments legally accountable; such mechanisms generally exist in national laws and constitutions and in regional and international human rights treaties, though, which establish general legal obligations that can be applied to the quest for reproductive health and self-determination (see Table 1, p. 116). National and international human rights law has yet to be adequately applied to reproductive health matters.

In this article, we explain how national constitutions and international human rights law can be applied to hold governments accountable for neglecting or violating these rights, how the Cairo Programme and the Beijing Platform can be used to add specific detail to reproductive rights and how programs have been developed to protect and promote reproductive rights beyond Cairo and Beijing.

Holding States Accountable

Most states commit themselves to promote and protect the human rights of women through national constitutions and by membership in regional and international human rights conventions. For example, as of July 1, 1996, 153 states have ratified the Convention on the Elimination of All Forms of Discrimination Against Women (the Women’s Convention) and are thus obligated “...to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men” [Women’s Convention, Article 3].

Ratifying countries are to report regularly on what they have done “...to ensure the full development and advancement of women.” They report to the Committee on the Elimination of Discrimination Against Women (CEDAW), which was established under the Women’s Convention...
Violations of reproductive rights can be categorized into three groups:

1. Category 1 violations result from direct action on the part of a state (such as coercive sterilization); such actions are contrary to freedom from unwarranted state intrusion into reproductive health interests.

2. Category 2 violations relate to a state’s failure to meet the minimum core obligations of reproductive health protection and promotion. These violations result when state action or inaction is contrary to the freedom to receive essential health services and the means of protecting one’s reproductive health. For such violations to be demonstrated, standards showing that states are meeting their minimum core obligation of reproductive health protection and promotion have to have been formulated.

3. Category 3 violations result from a state’s failure to monitor its implementation. Countries that have ratified other human rights conventions (see Table 1) also accept reporting obligations. Mechanisms existing under some conventions (such as the European Convention on Human Rights and the International Covenant on Civil and Political Rights) enable individuals from consenting countries to bring complaints against them for violations of their rights.

**Table 1. Provisions of international human rights documents concerning rights related to reproductive health and self-determination**

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Note: Numbers show the relevant provisions of the international documents that relate to each named right.
Applying Human Rights
Reproductive rights may be protected through specific legal rights. Which rights are invoked and how they are shown to have been violated depend on the particular facts of an alleged violation and on the underlying causes of reproductive ill-health. The rights addressed here are not exhaustive, but only suggest some of the approaches that may be developed to advance reproductive interests. Table 1 shows the relevant provisions of the respective international instruments that relate to each right. Moreover, we indicate only certain ways in which specific rights may be applied to reproductive interests and how the Cairo Programme and Beijing Platform can be used to add meaning to them. As human rights laws are applied more vigorously to reproductive interests, a variety of ways of applying them will emerge to serve reproductive interests.

Life and Survival
The Cairo Programme reaffirms that “everyone has the right to life” [Principle 1]. A strong case can be made to apply this right to the lives of the estimated 500,000 women each year who die of pregnancy-related causes, in order to hold governments accountable for their failure to achieve significant reductions in national rates of maternal mortality. Governments have agreed through the Cairo Programme [para. 8.21] and the Beijing Platform [para. 106(i)] to reduce maternal mortality by one-half of their 1990 levels by the year 2000 and to cut levels by a further one-half between 2000 and 2015.

The root causes of maternal mortality are complex, ranging from a lack of contraception or of trained birth attendants to women’s unequal status in society, which results in poor schooling and early marriage. In order to use human rights effectively to hold a government accountable for neglecting the high rate of maternal mortality in a community, the causes of maternal mortality in that community must be understood. If the causes are multifaceted (which is often the case), then the right to life may be invoked in addition to the rights discussed below. If, for instance, the predominant cause is a lack of trained birth attendants, the right to the highest attainable standard of health might be more appropriately invoked to require governments to provide services. This is so in developing countries, where WHO data indicate that only about 55% of women are attended at delivery by a health worker who has received at least the minimum of necessary training.

A lack of effective means of birth spacing and fertility control endangers women’s survival and health. All pregnancies and births carry some health risks, but these are higher when pregnancies are too early, too late, too closely spaced or unwanted. Without obstetric care, women who give birth before age 18 are three times as likely to die in childbirth as are women aged 20–29 under similar circumstances; among women aged 35 and older, the risk of maternal mortality is five times as high as among 20–29-year-olds. Comprehensive reproductive health care, including contraceptive services and requested terminations of ill-timed or high-risk pregnancies, would build toward safe motherhood. Further, evidence shows that if births could be spaced so that they came when women wanted them, overall child mortality in many countries might be reduced by more than 20%.

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Sexual abstinence is an obvious way to prevent unwanted pregnancy. However, sex is a natural part of life; furthermore, many women lack the power to determine when they will have intercourse. Thus, contraception is a necessary alternative.

Contraception is not proof against failure, however. For women who wish to terminate a pregnancy after contraceptive failure, safe abortion and contraceptive after-care are necessary to reduce their risk of death. Global estimates of maternal deaths arising from unsafe abortion number as many as 200,000 per year. The Cairo Programme (for the first time at a UN Population Conference) calls on governments to recognize unsafe abortion as a leading cause of maternal mortality and as a “major public health concern” [para. 8.25]. The call for safe abortion was underscored in the Beijing Platform [paras. 97, 106(j) and 106(k)].

The Cairo Programme recognizes that increasing women’s ability to survive pregnancy is an issue of their being “equal in dignity and rights” [Principle 1]. If women are to be equal, governments have at least the same obligation to prevent maternal death as to prevent death from disease. In fact, given that motherhood, the sole means of natural human propagation, is not a disease, equity requires more protection against the risk of maternal mortality than against death from disease.

Disparities between rich and poor countries are greater for rates of maternal mortality than for any other public health indicator. Almost 99% of maternal deaths occur in developing countries, and the lifetime risk of maternal death is as high as one in 20 for women in parts of Africa
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International Family Planning Perspectives

including those of Austria,17 France,18 Italy19 or, at the other
size may violate the liberty and security
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that liberal abortion laws are consistent
and the Netherlands, 20 have also found
North America).15 The magnitude of this

differential is a challenge to the univers-
ality of human rights, even though the
Cairo Programme and the Beijing Platform
emphasize that “the human rights of
women ... are an inalienable, integral
and indivisible part of universal human rights”
[Cairo, Principle 4; and Beijing, para. 10].

Liberty and Security of Person

States apply the right to liberty and security
to reproductive self-determination in
a variety of ways. Through the Beijing Plat-
form, governments recognize women’s lib-
erty interest by agreeing, for instance, to
to consider “reviewing laws containing puni-
tive measures against women who have
undergone illegal abortions” [para. 106(k)].
Courts have addressed abortion by find-
ing restrictive criminal abortion provisions
unconstitutional for violating women’s
right to liberty and security. For example,
the Supreme Court of Canada declared a
restrictive criminal abortion provision to
violate women’s right to security of the
person.16 Several Constitutional Courts, in-
cluding those of Austria,17 France,18 Italy19
and the Netherlands,20 have also found
that liberal abortion laws are consistent
with women’s right to liberty.

Government regulation of population
size may violate the liberty and security of
the person if it results in compelled ster-
ilization and abortion21—or, at the other
extreme, in criminal sanctions against con-
traception, voluntary sterilization and abor-
tion.22 The potential for abuse of rights is
often greater among women from
minority and low-income communities,
indicating that great care must be applied
delivering family planning services in
such communities. In the United States,
for example, some attempts have been
made to exert subtle means of control over
the reproduction of poor and minority
women, such as when courts have offered
low-income female offenders release on
probation if they will use long-acting con-
traceptive implants.23

In other places, barriers to the removal
of hormonal implants that were originally
inserted without coercion or induc-
ment have been reported. One study in
Bangladesh, for example, reported that
15% of women with contraceptive im-
plants had had to make at least three re-
quests for removal.24 The Cairo Pro-
gramme affirms that “the principle of
informed free choice is essential to the
long-term success of family planning pro-
grammes [and that] any form of coercion
has no part to play” [para. 712], a prin-
ciple reaffirmed in the Beijing Platform
[paras. 106(g) and (h), and 107(e)].

The right to liberty and security of the
person has not yet been effectively applied
to hold governments accountable over
their failure to enforce existing laws
against female genital mutilation. This
practice, also known as “female circum-
cision,” is supposed to attenuate sexual
desire, thus “saving” young girls from
temptation and preserving chastity and
marital fidelity.25 Female genital mutilation
occurs in one form or another in about 40
countries, mostly in East and West Africa
and in areas of the Arabian Peninsula.
However, as emigration from these regions has
increased, the practice is
now reported occasionally in Europe and
North America. The prevalence of female
genital mutilation ranges by country from
5% to almost 98%;26 worldwide, about
6,000 girls are circumcised every day.

Governments agreed to enforce the
prohibition of female genital mutilation
under the Cairo Programme [paras. 4.22, 5.5
and 740] and the Beijing Platform [paras. 124(i)
and 283(d)]. The Cairo Programme urges
governments “to prohibit [female genital
mutilation] wherever it exists and to give
vigorous support to efforts among non-
governmental and community organiza-
tions and religious organizations to elim-
inate such practices” [para. 4.22]. The
Beijing Platform underscores the
importance of education, particularly of parents,
to aid understanding of the health conse-
quences of the practice [para. 277(d)].

Related to the right to liberty and secu-
ritv is the right to freedom from torture
and from inhuman and degrading treat-
ment. The Beijing Platform recognizes that
women are tortured, sexually and other-
wise, because of their low status in soci-
ety and their sexual vulnerability [para.
135] and calls on governments to prevent
it [para. 107(q)]. Globally, the physical con-
sequences of rape and sexual violence ac-
count for about 5% of disease burden
among women.27

The Beijing Platform condemns “torture,
involuntary disappearance, sexual slav-
ery, rape, sexual abuse and forced preg-
nancy”24 [para. 135]. The Cairo Programme
urges governments “to identify and con-
demn 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”
[para. 4.10]. The Inter-American Com-
mission on Human Rights' Report on the
Situation of Human Rights in Haiti under
the Raoul Cedras Administration deter-
mined that the rape and abuse of Haitian
women were violations of their right to be
free from torture and inhuman and de-
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Footnotes:
1Forced pregnancy occurs when abortion following rape
is legally denied, practically obstructed or unacceptable
to women themselves on religious or cultural grounds.
steps to meet 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 [para. 716].

The unmet need for family planning services is immense. In developing countries, an estimated 350 million of the 747 million married women of reproductive age are not using contraceptives. Of these, 100 million would prefer to space their next birth not using contraceptives. Worldwide, women would prefer to delay or avoid about 25% of all pregnancies that occur.29

In addition, through the Cairo Programme and the Beijing Platform, governments have committed themselves to act on the prevention of sexually transmitted diseases (STDs)—including the human immunodeficiency virus (HIV) and AIDS—and to provide services to treat and counsel those who are infected [Cairo, paras. 727–733 and 8.28–8.33; and Beijing, paras. 98 and 108].

Treaty-monitoring bodies will build on commitments made in consequence of the Cairo and Beijing texts to develop performance standards to determine whether states have met their minimum core obligations to respect individuals’ right to the highest attainable standard of reproductive health throughout the life cycle.30

The Benefits of Scientific Progress

The Cairo Programme and Beijing Platform require governments to promote women’s health research to ensure that women enjoy the benefits of scientific progress [Cairo, paras. 12.10–12.26; and Beijing, paras. 104 and 108(o) and (p)]. For example, the Beijing Platform calls on governments to “support and initiate research which addresses women’s needs and situations, including research on HIV infection and other sexually transmitted diseases in women, on women-controlled methods of protection, such as non-spermicidal microbicides, and on male and female attitudes and practices” [para. 108(p)]. It similarly requires “action-oriented research on affordable methods, controlled by women, to prevent HIV and other sexually transmitted diseases, on strategies empowering women to protect themselves from sexually transmitted diseases, including HIV/AIDS, and on methods of care, support and treatment of women, ensuring their involvement in all aspects of such research” [para. 108(o)].

This right is to the benefits of scientific progress. As a result, the Cairo and Beijing texts recognize that any compromise of women’s liberty and security through the inappropriate use or the abuse of medical research or technology frustrates scientific progress [Cairo, para. 2.10; Beijing, paras. 106(g) and (h)].

The right to enjoy the benefits of scientific progress has yet to be effectively applied to requiring governments to give a high priority to reproductive health research. This right could be applied, for instance, where women are denied access to antiprogestins for nonsurgical abortion or to emergency contraception, and where women are denied oral contraceptives (as is the case in Japan31). Both women and men are entitled to this human right. Thus, the Cairo Programme specifically notes that men too should enjoy the right to the benefits of scientific progress, by calling on governments to give high priority to developing new male contraceptives to serve as alternatives to such methods as condoms, withdrawal and vasectomy [para. 12.14].

Receiving and Imparting Information

The texts from Cairo and Beijing call on governments to remove legal, medical, clinical and regulatory barriers to reproductive health information [Cairo, paras. 73 and 720; Beijing, paras. 95, 103, 106(m), 107(e), 108(i) and 223] and to improve its quality [Cairo, para. 723; Beijing, para. 103]. The significance of information to reproductive health is reinforced by the Women’s Convention, which requires that women have “specific educational information to help to ensure the health and well-being of families, including information and advice on family planning” [Women’s Convention, Article 10(h)].

Nonetheless, in a number of countries it remains a criminal offense, sometimes described as a crime against morality, to spread information about contraceptive methods or to publicize where women can get pregnancy termination services.32 The European Court of Human Rights recently held Ireland in violation of individuals’ right to receive and impart information because the government tried to prevent the circulation of information about abortion services legally available in Britain.33

Education

The right to education is particularly important for the promotion and protection of health. Research has consistently shown that women’s education strongly influences improved reproductive health, including infant survival and healthy growth of children.34 Despite broad progress toward literacy, a huge gap still exists worldwide between men and women. According to UN estimates, illiterate girls and women in the world in 1985 numbered 597 million, an increase from 543 million in 1970. Illiteracy in men increased from 348 million to 352 million in the same period,35 showing that women are still disproportionately disadvantaged. The Cairo Programme and the Beijing Platform call for instituting universal primary education by the year 2015 and for closing the gender gap in levels of secondary, vocational and higher education [Cairo, para. 4.18; Beijing, paras. 80–81].

The Cairo and Beijing documents encourage an educational setting designed to eliminate all barriers that impede the schooling of married or pregnant young women and young mothers [Cairo, para. 11.8; Beijing, para. 277(a)]. Such a barrier was removed in 1995, for instance, when the Botswana Court of Appeal ruled as unconstitutional a college regulation that discriminated against female students by requiring that they inform the college director of their pregnancy, and thus become liable to suspension or expulsion.36

These documents also urge governments to address adolescent sexuality through educational programs in sexual and reproductive health made available to and understandable by the young and through the provision of contraceptive counseling and services, including services related to STDs [Cairo, para. 747; Beijing, paras. 74, 83(k), 83(l) and 267]. The inclusion of reproductive health information in school curricula can be controversial, because sexual biology and behavior may be explained in ways that parents oppose, at a time they consider premature, or with the effect of causing children to ask questions at home with which parents are uncomfortable. The European Court of Human Rights has respected sensitivity to parents’ views, but has upheld a compulsory sex education course in a state’s schools because “the curriculum is conveyed in an objective, critical and pluralistic manner [and does not] pursue an aim of indoctrination that might be considered as not respecting parents’ religious and philosophical convictions.”37

Family and Private Life

In some regions, infertility due to reproductive tract infection jeopardizes the right to form a family and the right to the highest attainable standard of health. In some parts of Africa, this is the cause of up to 50% of infertility.38 Because such in-
fections are generally identifiable, curable and preventable, governments appear to have a positive obligation to provide relevant information, education and services to protect the formation of families.

At times, rights may be in conflict. Laws concerning the minimum age at marriage prevent early family formation, but they might well be justified as a way of promoting maternal survival and the formation of families later in the reproductive life span. Both the Cairo and Beijing texts require that governments and non-governmental organizations generate social support for compliance with laws on the minimum age of marriage, in particular by providing women with educational and employment alternatives to entering marriage prematurely [Cairo, para. 4.21; Beijing, paras. 93, 274(e) and 275(b)].

To ensure women’s autonomous and confidential choice in reproductive matters, the Cairo Programme and the Beijing Platform invoke the right to private life against public officials’ intrusions [Cairo, paras. 73, 712 and 717–720; Beijing, paras. 103, 107(e), 108(m) and 267]. Claims by women to autonomous choices against their partners’ attempted vetoes have been consistently upheld by courts in countries of all regions of the world and by the European Commission of Human Rights. Moreover, national laws allowing resort to abortion on privacy grounds, including U.S. law, have been approved under international human rights instruments.

**Nondiscrimination**

- **Sex.** The Women’s Convention identifies the need to confront the social causes of women’s inequality by addressing “all forms” of discrimination that women suffer, including discrimination on grounds both of biological characteristics and of social, cultural and psychological constructs. The need to eliminate all forms of discrimination against women is a unifying and pervasive theme in the Cairo and Beijing texts. A particular contribution of these texts to sexual equality is that they urge states “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” [Cairo, para. 4.16; Beijing, para. 277(c)] and “to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles” [Cairo, para. 4.25; Beijing, para. 97].

- **Age.** Discrimination on the grounds of young age is comprehensively addressed through the Convention on the Rights of the Child, whereby states agree “to ensure that no child is deprived of his or her right of access to...health care services” [Article 24(1)]. However, the Cairo Programme recognizes that the “reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services” [para. 741]. In many countries, high rates of adolescent unmarried pregnancy are epidemic, and in others appear endemic.

The Cairo and Beijing texts call for the removal of regulatory and social barriers to reproductive health information and care for adolescents [Cairo, para. 745; Beijing, paras. 106–108 and 281]. These documents urge countries to ensure that the programs and attitudes of health care providers do not restrict adolescents’ access to appropriate services [Cairo, para. 745; Beijing, paras. 106–108], and that to reduce the number of adolescent pregnancies, they protect and promote the rights of adolescents to reproductive health education, information and care [Cairo, para. 746; Beijing, paras. 83(k) and (l), 107(g) and 281].

Adolescents suffer unjust discrimination when they are not free to seek reproductive health counseling and services with the same confidentiality as adults. Courts have rejected laws and interpretations of laws that, on the grounds of age, deny competent adolescents reproductive health services without parental consent. When minors are intellectually mature or emancipated, many courts will recognize their equal rights with adults to health care and to confidentiality. A sign of maturity in minors is their understanding of the need to protect their reproductive health, and their requesting contraceptive services when they are or are about to be sexually active.

- **Disability.** Human rights conventions prohibit discrimination not only on specified grounds, such as sex and age, but also on general grounds. The general prohibition includes discrimination on grounds of disability (such as HIV infection). The Cairo and Beijing texts require governments to eliminate discrimination against persons infected with HIV and their families; strengthen services to detect HIV infection, making sure that they ensure confidentiality; and devise special programs to provide care and the necessary emotional support to men and women affected by AIDS and to counsel their families and near relations [Cairo, para. 8.34; Beijing, para. 108].

The Cairo and Beijing texts also recognize that HIV infection in women often reflects women’s “preconditioning disability” that, as women, they lack social and legal power to control whether, when and with what protections they have sexual relations [Cairo, paras. 734–740; Beijing, para. 99].

**Moving Beyond Cairo and Beijing**

The Cairo and Beijing texts suggest a variety of strategies for effectively protecting and promoting reproductive rights at every government level, from local government to international agencies. The Beijing Platform recognizes that legal literacy and legal service programs are required to ensure that women understand their human rights, how to use them and how to gain access to courts to enforce their rights [paras. 232–233]. Moreover, the Beijing text recommends support of those who try to uphold human rights, sometimes against great odds [para. 232].

Important efforts toward this end include hearings held at the Cairo and Beijing nongovernmental forums, where women testified about violations of their reproductive rights. At the national level, for instance, Profamilia, the largest provider of reproductive health services in Colombia, has integrated legal programs into its organization. Women who come for reproductive health services thereby have access to advocates who can educate them about their rights and counsel them if these have been violated. Legal services advocates can recommend individual and collective remedies for such violations, as well as preventive actions that governments can take in anticipation of rights violations.

The Cairo and Beijing texts also indicate a variety of mechanisms with which to determine whether states are in compliance or violation. The Beijing Platform recommends creating independent ombudspersons, rights advocates or defenders with the power to investigate alleged violations of reproductive rights, issue periodic reports, advise governmental and other agencies and make recommendations for reforms [para. 232(e)].

An alliance of the health and legal professions could encourage governments, for instance, to enact reproductive health laws that give force to the human rights that serve reproductive health and self-determination. A law could require that social, economic, political or other relevant policies, developed by either public or private agencies, be accompanied by reproductive rights impact assessments. Since the Cairo Conference, Argentina is con-
sidering enactment of a reproductive health law and Guyana has enacted components of one. State policies that protect and promote reproductive health within a wider program of women's health have been enacted in Colombia and Brazil.

The Cairo and Beijing documents recommend that the health professions develop, disseminate and implement ethics codes to ensure practitioners' conformity with human rights, ethical and professional standards [Cairo, para. 217; Beijing, para. 106(g)]. Promising signs are the development of ethical guidance by medical associations such as the International Federation of Gynecology and Obstetrics and the Commonwealth Medical Association.

Overall, the Cairo and Beijing documents develop the content and meaning of reproductive rights. These rights will mean very little to the well-being of women and men, however, if national, regional and international human rights instruments are not used to ensure governments' compliance with their Cairo and Beijing commitments. Moreover, where violations exist, these instruments have to be used to hold governments accountable, legally and politically, for such violations if reproductive rights are to be advanced beyond Cairo and Beijing.

References


13. Ibid., p. 84.
14. Ibid., p. 84.
26. Ibid.
34. La Ley de Procreación Responsable (Law of Responsible Parenthood), 251-D-948, Buenos Aires, Argentina, July 1995.