Health and rights concerning sexuality and reproduction

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The committee adopted the own-initiative report by Anne VAN LANCKER (PES, B) on sexual and reproductive health and rights. The report highlighted the inequalities existing within the Union and each of its Member States in attitudes towards family planning and contraception, sex education, abortion and pregnancy. While noting that legislation on reproductive health was a matter for the Member States, the committee believed the EU could help by facilitating exchanges of information on best practice. It also drew attention to the higher abortion rates and lower contraceptive use in the accession countries. As regards contraception, the report urged the governments of the Member States and the accession countries to develop national policies ensuring equal access for all to a range of high quality contraceptive and fertility awareness methods. Contraception as well as sexual and reproductive health services should be available free of charge, or at low cost, for disadvantaged groups such as young people, ethnic minorities and the socially excluded. On the highly contentious issue of abortion, the report stressed that abortion should not be promoted as a family planning method. Governments should aim to implement policies resulting in a lower incidence of abortion, through family planning and counselling services and material and financial support for pregnant women in difficulties. Advice and counselling should be confidential and non-judgmental. The committee said that, where advice on abortion was provided, attention should be drawn to the physical and psychological health risks involved and alternative solutions (such as adoption) should be discussed. The report recommended, however, that in order to safeguard women's reproductive health and rights, abortion should be made legal, safe and accessible to all. The governments of the Member States and the accession countries were asked not to prosecute women who had undergone illegal abortions. The committee also emphasised that adolescent sexual and reproductive health needs differed from those of adults. Gender-sensitive sex education should be provided from early in life, continuing to adulthood, focusing on different stages of life and taking into account different lifestyles. This would entail raising awareness about sexually transmitted diseases such as HIV/Aids. Governments in both the Member States and the accession countries were urged to make use of various methods in reaching young people (e.g. publicity campaigns, telephone helplines, etc.), to improve and extend young people's access to family planning services (for example in schools and colleges) and to provide support for pregnant adolescents whether they wished to terminate their pregnancy or carry it to full term. As regards EU sexual and reproductive health policy in general, the committee called for a Europe-wide database to be compiled on sexual and reproductive health statistics (including the accession countries) and for a vademecum on best practices in this field. The governments of both the Member States and the accession countries were urged to provide access to sexual and reproductive health services without any discrimination on the grounds of sexual orientation, gender identity or marital status. Lastly, the report called on the Council and the Commission in their pre-accession strategy to provide more technical and financial support for developing and improving sexual and reproductive health programmes and services in the applicant countries.