

A contested issue

The rise in international opposition to the right to sexual self-determination



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1 | WHY THE STRUGGLE FOR SEXUAL SELF-DETERMINATION CONTINUES

The world's population is growing. By the middle of this century, i.e. in just 30 years, the number of people on earth is expected to grow from 7.7 billion today to 9.7 billion. Based on the year 1950, the human species could have almost quadrupled by 2050 – in only one century.¹ That we would one day be so many and possibly soon exceed the ten billion mark – according to United Nations (UN) forecasts this is likely to happen in 2057 – would hardly have been imagined in the past. After all, as early as the 1960s and 1970s, experts warned against the collapse of the planet in the face of rapid population growth.

In times of the first noticeable effects of climate change, the question of the limits of growth arises again. How many inhabitants can our planet accommodate and under what conditions is this possible? In the industrial nations, where the number of children is low and the population is likely to remain stable or even shrink in the future, this question is closely related to discussions about one's own consumption behaviour. Given the high per capita consumption of fossil raw materials and the release of carbon dioxide, the industrialised countries have an "ecological population problem".²

Growth spurt in poor countries

Population growth, on the other hand, pushes the poorer countries to the limits of their ability to act. In most of the 47 countries that, according to the UN, fall into the category of the least developed countries in the world, the population is expected to double or even triple within the next 30 years. Almost three quarters of these countries are located in sub-Saharan Africa, where women give birth to an average of 4.7 children in the course of their lives – almost twice as many as the global average. In this region alone, the population is expected to double from around one billion today to two billion by 2050.³

A growing population is not a problem, as long as the growing number of people can be well provided for. However, this is precisely the challenge: The greatest growth spurt is expected in those countries that are already experiencing great difficulties in providing their populations with adequate food, sanitation, hospitals and schools. In countries such as Niger, Chad or Burkina Faso, for example, on average half of primary school-age children cannot attend school.⁴ In Zimbabwe, Somalia and the Central African Republic, 47 to 62 percent of people are affected by malnutrition.⁵

In addition, jobs which would enable people to lead a comfortable life and offer them prospects for the future are lacking almost everywhere. The result is persistently high poverty rates. On average, two out of five people in the least developed countries have to live on less than USD 1.90 a day, which is internationally regarded as the threshold to extreme poverty.⁶

The high population growth makes it difficult to solve all these development challenges because more people need more teachers, schools and other service providers. In many places, the expansion of basic infrastructure simply cannot keep pace with the increase in population, which locks affected countries in a cycle of persistently high numbers of children and thus poverty. Wherever people lack access to health and education services and income opportunities, experience shows that the number of children remains high and population growth continues.⁷

Freedom of choice as a way out of poverty

How this vicious cycle can be broken is well known and well documented by experience in countries that have made further progress in their demographic and socio-economic development. In order for people to escape poverty, they need good health, education and a decent income. When their state of health – and especially that of their offspring – improves, they no longer have to live from hand to mouth. Thanks to a better education they have other prospects for the future and therefore usually start to plan their own lives differently. This usually leads to a change of mindset when it comes to family size. Better living conditions thus contribute to a reduction in the number of desired children. This experience was shared in the past by all countries in the course of their demographic change.⁹

However, for the desire for smaller families to have an impact on demographic and socio-economic development, couples and families must also be enabled to determine the number of their offspring themselves. This is especially true for women, who usually have different ideas about the size of their family than men. Enabling women to enforce their preferences on family size is therefore just as central as access to modern contraception methods.¹⁰

The idea that sexual and reproductive self-determination – especially for women – is the best way to achieve progress in development, combat poverty and ultimately slow down population growth is not new. In fact, it has been the guiding principle of international population policy for many years. Still, it has been discussed and fought over at the UN for several decades. The key step, which put

self-determination and the needs of the individual at the centre of population and development policy, was taken at the World Population Conference in Cairo exactly 25 years ago.

A hard-won milestone

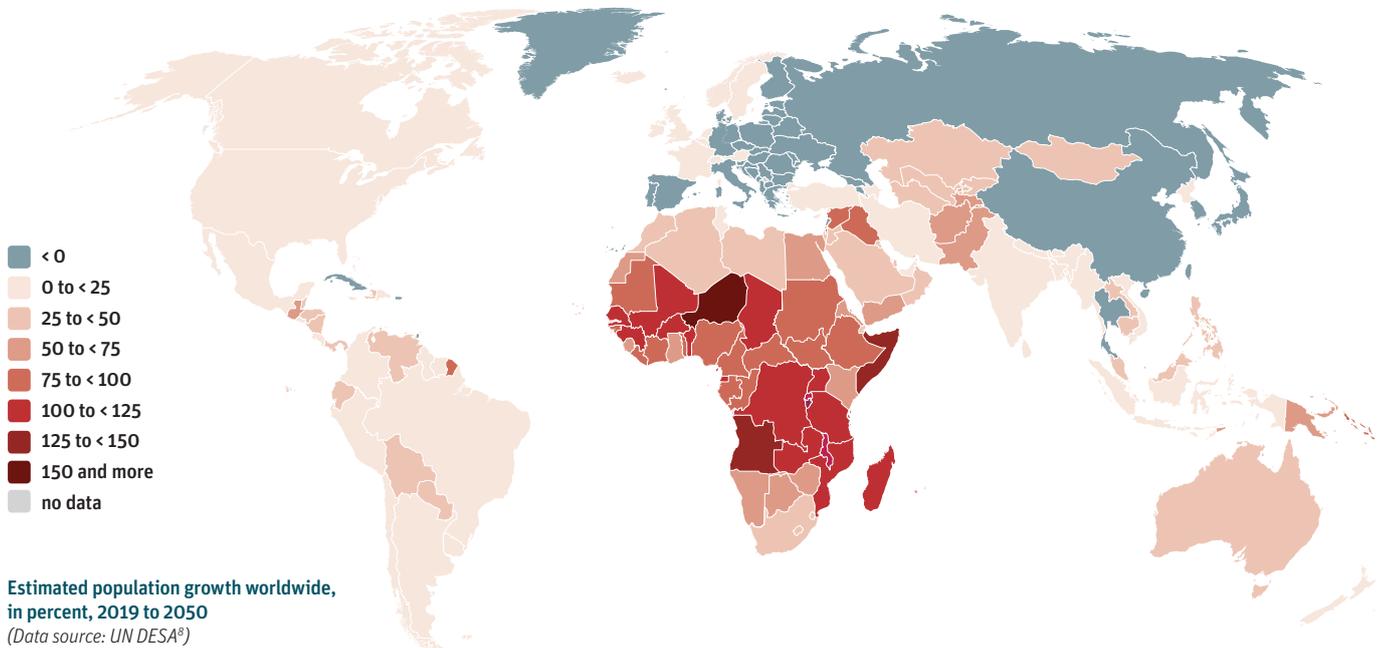
The “International Conference on Population and Development” (*ICPD*), which took place in the Egyptian capital in 1994, was in many respects a milestone for sexual and reproductive self-determination. At earlier UN conferences, such as the Human Rights Conference in Tehran in 1968, representatives of the international community had already agreed that couples have the fundamental right to freely and responsibly determine the number and spacing of their children. But it was only in Cairo that the delegates agreed to grant this right to every individual. They went even

further and declared that everyone’s right to decide freely about one’s body, partnership and family planning needs to be approached holistically.^{11,12}

The right to plan one’s family according to one’s own preferences was embedded in a broad spectrum of necessary health services, to enable sexual and reproductive self-determination. The final document summarised these services as “reproductive health”. From then on, every individual should have a right to these services. They aimed in particular at women and their right to health in all aspects of reproduction: From medical care during pregnancy, safe childbirth and protection against sexually transmitted infections, to the fight against gender-based violence and harmful practices such as female genital mutilation.¹³

Difficult growth

The growth rate of the world population has halved since the mid-1960s from two to one percent. But since there are significantly more people of reproductive age living on earth today than there were 60 years ago, the population is currently still growing by around 80 million a year. The growth trend will continue in the future, especially in the least developed countries, where birth rates are on average more than twice as high as in the industrialised countries. It is precisely there that the basic infrastructure can hardly keep pace with the rapid growth, which has a negative impact on people’s living conditions.



However, producing a final document on these issues that all 179 participating nations could adopt by consensus was far from easy. At the Cairo summit, as at its preparatory meeting, fierce discussions took place on whether to grant this range of rights to every single individual or only to married couples. For in the opinion of many conservative states, marriage was the only framework in which reproduction should take place at all. The debate about access to modern contraceptives and abortion was even more heated. After a tough struggle over the paragraphs on the subject of abortion and after some linguistic grinding, the conference nevertheless produced a document that all those present could agree with, even if only with reservations: the Cairo Programme of Action.^{14,15}

This Programme of Action represented an important change in perspective that women's rights activists and non-governmental organisations (NGOs), among others, had long pushed forward: away from population policy, which was intended to achieve fertility rate targets set by state family planning programmes, towards a policy in which the individual is at the centre. The Cairo Programme of Action even specifically called on states to remove the approach of birth control from national population strategies in order to avoid future human rights abuses from such a policy, such as China's One-Child Policy.¹⁶

Insufficient progress

The Cairo Programme of Action covers a wide range of topics in its 16 chapters. In addition to issues relating to reproductive health, these include education, gender equality and international cooperation. Over the last 25 years, the international community has made great progress in many of these areas. Some of the Cairo decisions were included in the Millennium Development Goals (MDGs) in 2000 and finally – in a much more comprehensive way – in the follow-up agenda adopted in 2015, the Sustainable Development Goals (SDGs ► Box page 10).

However, progress has been limited. Not every woman or couple today has the opportunity to shape their own lives according to their own ideas and to plan their families accordingly. Nor do women have the universal access to education or to health services that, according to the Cairo Programme of Action, they should receive during and after pregnancy and childbirth. The following overview shows where progress has already been made and where implementation is slow:

■ Deficits in child and maternal health

In Cairo, representatives of the international community agreed to significantly reduce the risk of maternal and infant mortality and to improve overall health care so that people around the world can live longer and healthier lives in the future. The fact that great progress has been made since 1994 is demonstrated by increase in life expectancy, which has been especially visible in the poorest countries worldwide. Today, newborns in the least developed countries can expect to live 65 years on average – a gain of almost 15 years since the beginning of the 1990s.²²

The Legacy of Cairo

All aspects that have to do with the well-being of each individual in all matters of reproduction and sexuality are today summarised in literature under the collective term “sexual and reproductive health and rights” (SRHR). Not all subcomponents of this term had already been defined and codified in Cairo.

The Cairo Programme of Action defines **reproductive health** as “the state of complete physical, mental and social well-being” with regard to sexuality and reproduction.¹⁷ This gives rise to the individual **right to be able to decide**, free of discrimination, coercion or violence, on the number and spacing of their children. Firstly, this requires access to safe, effective and affordable contraceptives and the necessary information about them. This also includes the prevention of unintentional pregnancies and access to “safe”, i.e. professionally performed abortions – provided this is legal in the respective country. Secondly, this also covers medical care during pregnancy and during and after birth, including medical care for newborns.¹⁸

In addition, everyone should be able to have a satisfying and safe sex life. The Cairo Programme of Action summarises everything that goes along with this under the term **sexual health**. According to the definition of the World Health Organization (WHO), this refers to “a state of physical, emotional, mental and social well-being in relation to sexuality”. This also includes a positive and respectful approach to sexuality and sexual relations, as well as the opportunity to have enjoyable and safe sexual experiences.¹⁹

Sexual rights are not defined in the Cairo Programme of Action because there was no consensus among the participating States on this issue. To date, there is no international agreement on how these rights should be defined.²⁰ According to the *Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights*, this includes the right to sexual health and the right to make free, informed, and voluntary decisions on sexuality, sexual orientation, and gender identity without having to fear stigma or discrimination.²¹

The gains in average lifetime are mainly due to the lower mortality risk for infants and young children, which has more than halved worldwide since 1990. However, the chances of children surviving their first years of life are still worse in the world's least developed countries than in more developed countries. Sub-Saharan Africa has the highest mortality rate for the youngest children with an average of one in thirteen children dying before the age of five.²³ Whether children have a good start in life also depends on whether their mothers are healthy and receive the most comprehensive medical care possible during and after pregnancy. As health care has improved in many places, the risk of women dying during pregnancy and childbirth has already decreased in the last two decades: From 385 deaths per 100,000 live births in 1990 to 216 in 2015 – a decrease of about 40 percent.²⁴

However, the least developed countries are also lagging behind here, especially in sub-Saharan Africa. In 2015, the maternal mortality ratio was around 550 deaths per 100,000 live births, around 36 times higher than for example in North America or Europe.²⁵ A major reason for this is the lack of medical support: It is estimated that every year over 45 million women in poorer countries lack good medical care during pregnancy.²⁶ But, unsafe abortions also continue to endanger the lives of thousands of women. Worldwide, an estimated eight percent of pregnancy-related deaths can be attributed to it. In sub-Saharan Africa and in South America the figure is as high as ten percent.²⁷

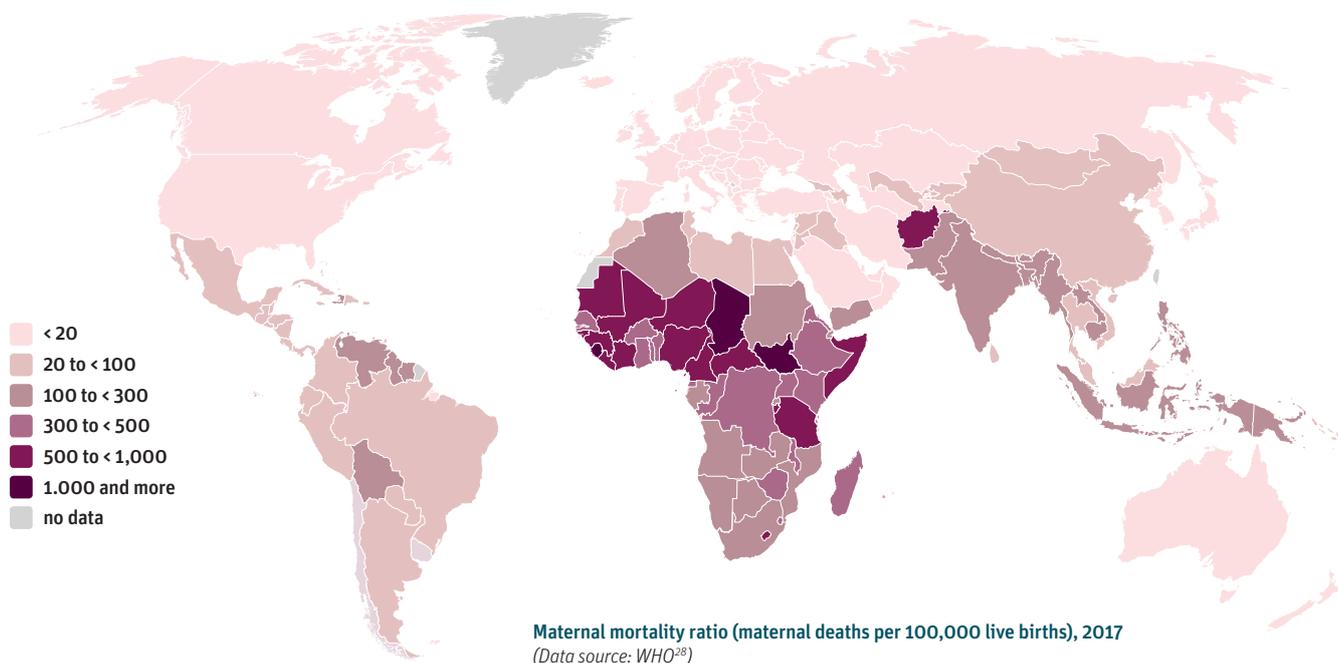
■ Difficult access to education

A central prerequisite for self-determination with regard to one's own life, sexuality and reproduction is education. It has a positive impact on health, income prospects and equality between men and women through various channels. In addition to the advantages for each individual, it also indirectly contributes to improving the development opportunities of entire nations.³⁴

In this respect, it is hardly surprising that the Cairo Programme of Action as well as the MDGs and SDGs gave education a central place. This has already paid off. For example, primary school enrolment in the least developed countries rose from 50 to 80 per cent between 1990 and 2015. Secondary school enrolment increased from 15 to around 40 per cent.³⁵

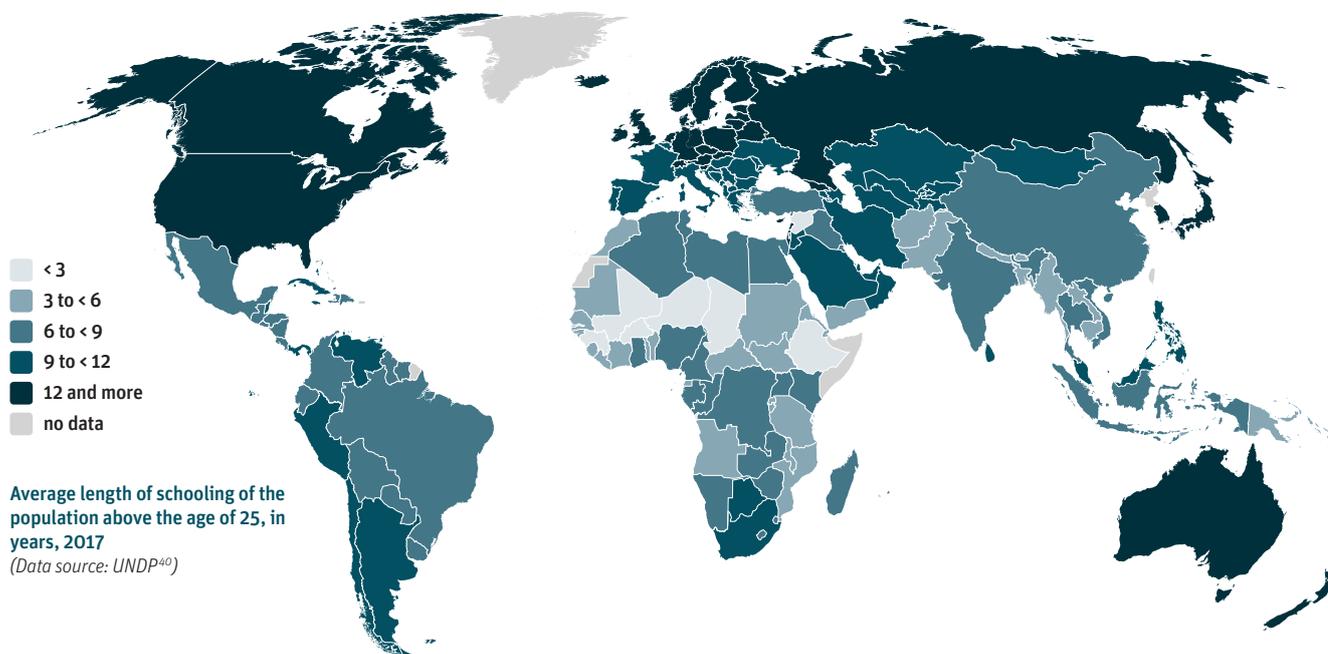
Where childbearing is life-threatening

Despite some progress, the risk of women dying from complications of pregnancy is still significantly higher in the world's least developed countries than in developed countries. In Australia or New Zealand, for example, the probability that a woman will die during pregnancy or childbirth is 1 in 7,800. By contrast, the risk of maternal death for women in sub-Saharan Africa is 1 in 37.



Where school attendance remains a privilege

In countries such as Germany and Switzerland, young people now attend an educational institution for an average of more than 13 years. Children in least developed countries can only dream of this: In Burkina Faso or Chad, boys only attend school for about two to three years, girls on average for only one year. This has a negative impact not only on their own future prospects, but also on those of their home countries.



However, many countries are far from achieving the goal of guaranteeing primary education for all children and young people worldwide, as envisaged by the Cairo Programme of Action and the MDGs. In 2018, nearly 60 million children of primary school-age worldwide were unable to attend school. More than half of them live in sub-Saharan Africa. Overall, primary school enrolment rates in the least developed countries are around 80 per cent, almost ten percentage points below the global average. Even more difficult is access to secondary education, which according to the SDGs should be achieved for all by 2030. In the least developed countries, only around 40 per cent of young people of respective age are enrolled in school, while the global average is 66 percent.³⁶

Girls and young women in particular often still have a difficult time accessing education, especially in poorer countries. Although their

chances of schooling are better than ever before, they are often at a disadvantage compared to their male peers. In West and Central Africa, an average of only 76 girls per 100 boys are enrolled in school and only about every third schoolgirl completes lower secondary school.³⁷ On average, girls in the least developed countries attend school for approximately four years, boys almost two years more.³⁸ As long as girls are disadvantaged in their access to education, they are denied the chance to shape their lives in a self-determined way and to take a path that goes beyond a role as mother and wife. If, however, they attend school, this has a positive effect on their future prospects, their income, their health and that of their children. In the medium term, greater access to education for girls will also help to slow down population growth. In developing countries, educated women give birth on average to two to three less children than those who never went to school.³⁹

■ Lack of equal rights

In Cairo, representatives of the international community agreed to strengthen women's rights and to ensure that they are equal to men in all areas of everyday life – in access to health and education services, in society and politics, and also in the labour market. This is not only central to the living conditions of women and the appreciation of their human rights; according to the Cairo Programme of Action, it is also essential for the sustainable development of entire nations.⁴¹

A glance at the *Gender Inequality Index* of the UN, which reports on discrimination against women in health, education, labour market participation and political participation, however, quickly shows that women are still disadvantaged in many areas. Consider political participation, for example. On average, women hold less than a quarter of the seats

in parliaments worldwide. In Arab countries and South Asia, it drops to one in five.⁴²

Violence against women and girls is also still widespread. According to a report by the United Nations Population Fund (UNFPA), one woman in three experiences physical or sexual violence during her lifetime. Moreover, every year, tens of thousands of girls are still affected by harmful practices such as female genital mutilation.⁴³

■ Lack of knowledge and means of contraception

For all people to be able to make free, informed and responsible decisions about the number of their children and the time interval between their births, they need access to modern and safe means of family planning. While it is normal for most residents in indus-

trialised countries to have a choice between a variety of different contraceptives – from condoms to the pill to hormonal implants – in other parts of the world, this is anything but taken for granted. In fact, every year in developing countries over 200 million women who would like to avoid pregnancy do not have access to modern methods of contraception. More than half of the women with an unmet need for contraceptives live in sub-Saharan Africa and Southeast Asia.⁴⁵

In addition to women who do not have access to modern family planning methods, others simply do not know how to limit their family size – as they have never received education or information on it. Comprehensive sexual education is by no means a standard everywhere. In Chad, Mauritania and the Central African Republic, for example, every third woman does not know a single modern method of contraception.⁴⁶ Also, myths around sex

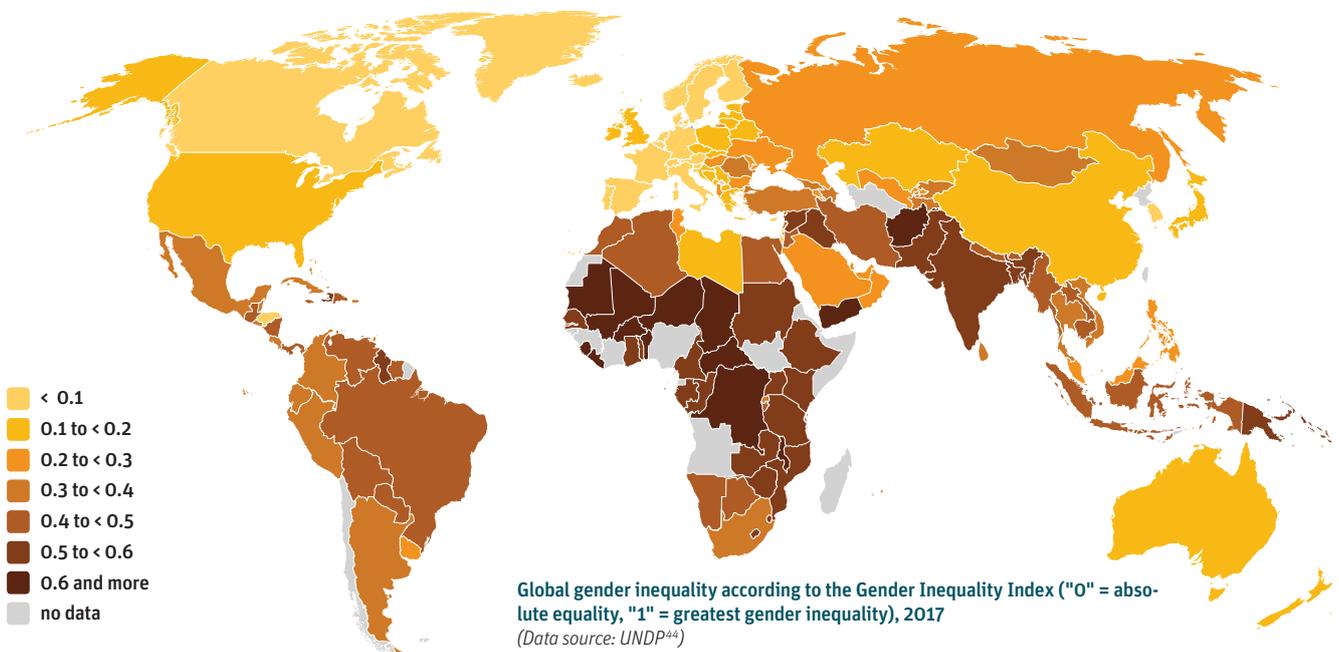
and reproduction are partly still alive due to a lack of information. For example, in some countries young people believe that a woman cannot become pregnant during her first sexual intercourse or that a man who has contracted HIV can be cured if he has sex with a virgin.⁴⁷

Constant opposition slows progress

A look at the overview maps and the prevailing global inequalities naturally raises the question as to why the global community has not yet succeeded in providing all people with access to health services, methods of contraception or education and in ensuring justice between men and women. The underlying causes are complex and also very different depending on each country's context. One main reason for the failure to implement what was already agreed on in Cairo is

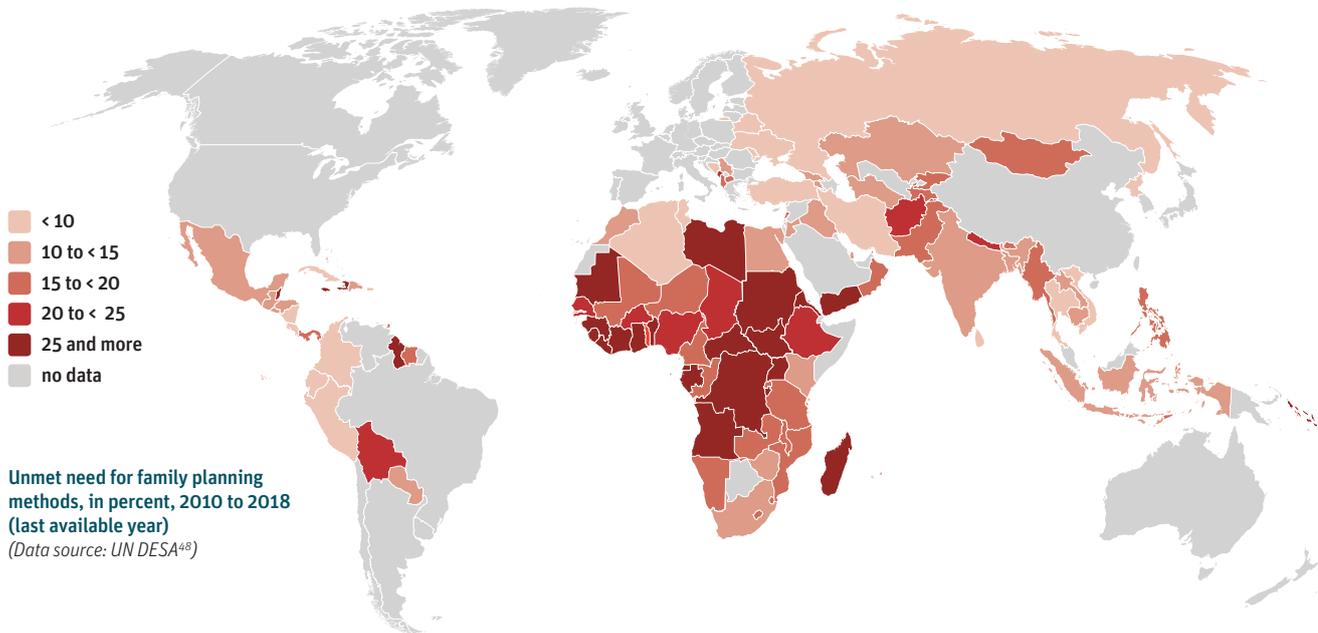
Where women lack a say

To this day, particularly women in poorer countries are at a disadvantage compared to men in many areas of everyday life, such as access to education, the labour market and political participation. According to the Gender Inequality Index, women are most disadvantaged in Yemen and Papua New Guinea, while Swiss and Danish women enjoy the highest levels of equality in the world.



Where the family size cannot be planned

In the least developed countries, access to modern contraceptives often remains difficult. In Africa, for example, more than four out of ten women would like to avoid pregnancy, but about half of them have no access to modern contraceptives. This shows that by no means every woman can fulfil her desire to have a smaller family.



persisting opposition. 25 years after the consensus of Cairo was celebrated as a historic milestone, some disputes about the Programme of Action are still being fought out.

Whether couples are allowed to use contraceptives in order to plan their family, whether unintentionally pregnant women should have access to abortion and whether women should be granted the same rights as men in all areas of life remain questions with no universally accepted answers. Some religious and social groups, rulers and organisations continue to dispute them. As a consequence, they act as opponents of the Programme of Action and its contents. This is slowing down international efforts to implement the goals of the ICPD and the SDGs, which are closely connected.

The following chapter shows where these resistances come from, who stands behind them and with which arguments the objectors oppose the right to sexual and reproductive self-determination.

The Cairo Agreements and the International Development Goals

The difficulties in finding a common approach on SRHR issues at the international level were also evident after Cairo – for example, in the elaboration of international development goals.

The topic was not initially mentioned in the MDGs, which set an agenda for achieving key global development goals between 2000 and 2015.²⁹ According to observers, the UN Secretariat did not want to reopen the heated debates in Cairo in order not to jeopardise broad acceptance of the MDGs. Moreover, it did not want to endanger the consensus reached on the Cairo Programme of Action by initiating new discussions. The withdrawal of the USA as an advocate of sexual and reproductive self-determination under the Bush administration also played a role in this decision.

Only the less controversial goal of improving maternal health was made a MDG. Not until seven years later was it possible to add at least one sub-objective to the MDGs that calls for universal access to reproductive health.^{30,31}

The SDGs, which replaced the MDGs in 2015, took greater account of the Cairo goals: subgoal 3.7 calls for universal access to sexual and reproductive health services, such as family planning, and their embedding in national programmes and strategies; subgoal 5.6 insists on gender equality and, in addition to access to sexual and reproductive health, on reproductive rights specifically for women. Nevertheless, gaps were also left in the SDGs. There is no mention of sexual rights.^{32,33}

2 | THE ORIGIN OF OPPOSITION TO THE CAIRO PROGRAMME OF ACTION

Sexuality and reproduction have always been controversial issues. They have been and are still taboo topics for some and can spark heated debates. This is not least due to the fact that every society, religion, culture and every legal system has its own views on the concerns of human reproduction. When the international community met to discuss these issues at the 1994 ICPD in Cairo, disagreements were inevitable. This applied in particular to SRHR, which lies precisely at the crossroad of ethical, religious and moral issues.¹

Compromise instead of consensus

The Cairo Summit achieved a great success in adopting the Programme of Action as a final document, signed by all 179 countries present – despite their differing views on many of the issues raised by it. This was made possible by negotiating a compromise between progressive and conservative conference participants. The international community thus demonstrated unity to the outside world. But it could hardly be concealed that a tug-of-war over controversial contents and formulations had taken place during the negotiations in Cairo. Some Muslim-majority nations expressed concerns about the compatibility of the final document with Sharia rules, the Islamic legal order based on the Quran. Some states where the Catholic religion is predominant, as well as the Vatican also noted reservations.

In addition to the question of whether modern methods of contraception are morally justifiable and permissible, the main points of contention included the discussion on abortion.² As the lowest common denominator, the delegates in Cairo finally agreed that abortion must not be a means of family planning and that the highest priority must be given to preventing unintentional pregnancies through family planning programmes. In countries where abortions are regulated by law, they should be safe and only take place under appropriate medical supervision.³

Headwind from different sides

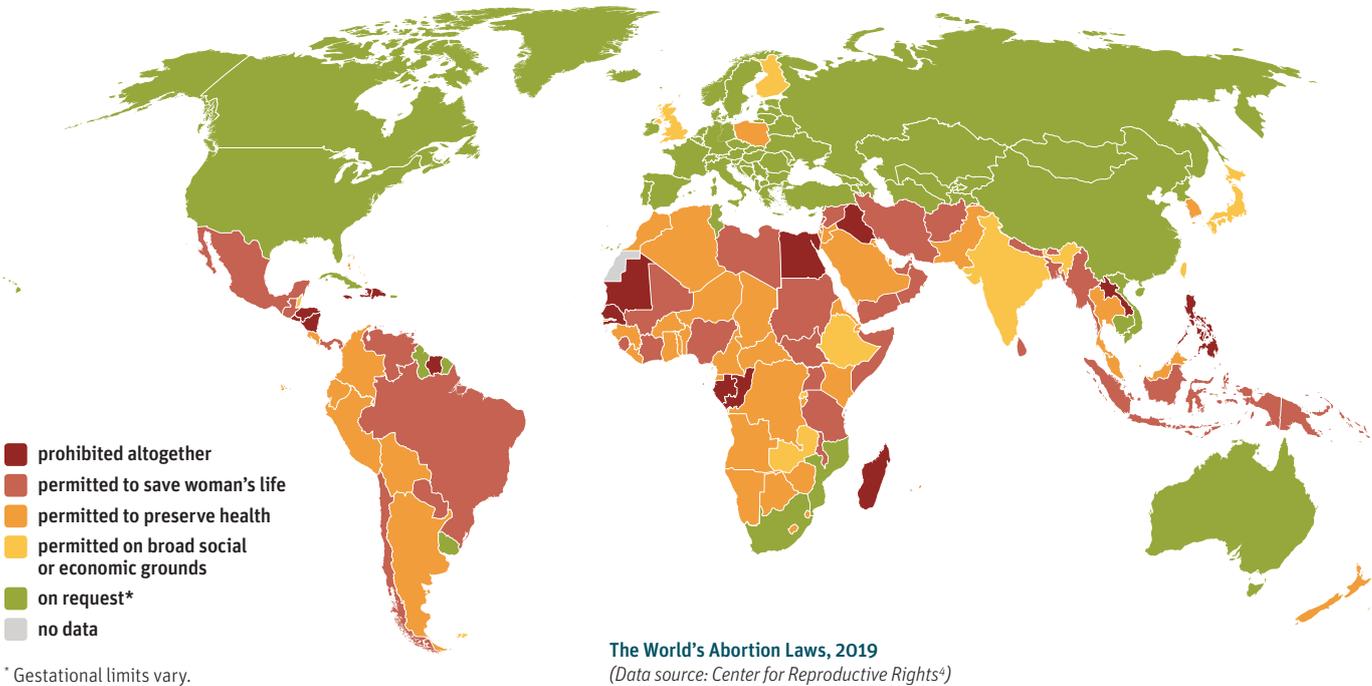
However, the compromise that was reached on paper did not put an end to resistance to sexual and reproductive self-determination. Over the past 25 years, opposition has risen time and time again from different sides. And more recently, resistance has even intensified. With Donald Trump's inauguration, the United States of America has once again gone from being a champion of self-determined sexuality to being its opponent. Under the growing influence of the Christian Right, Trump has reintroduced and even tightened the Mexico City Policy which was lastly activated under his republican predecessors (► Chapter 2.2). In Europe, 'anti-choice' movements and right-wing populist forces are increasing the pressure on advocates for SRHR in Brussels and Strasbourg as they are seeking to promote the 'traditional family' and the right to life (► Chapter 2.3). And even under Pope Francis, who is considered to be progressive, the Catholic Church continues to vehemently reject any form of modern family planning (► Chapter 2.1).

To counteract this development, UNFPA, together with Denmark and Kenya, convened a conference on the occasion of the 25th anniversary of the conference in Cairo. At the Nairobi Summit in November 2019, the goal was to emphasise the importance of the 1994 agreements and again mobilise its supporters. On this occasion, it is important to take stock of the opposition. Who continues to resist the Cairo Programme of Action and why? What arguments do the opponents put forward and how well connected are they? And above all, what impact does their resistance have on the successful implementation of the Cairo agreements?

The following chapters will examine these questions in more detail.

Abortion – a contentious issue

Parties in Cairo were of particularly irreconcilable opinion on whether safe abortion should be accessible to all women. To date, abortions have been banned in 26 countries worldwide under all circumstances. And the topic continues to spark heated debates, even in countries with more liberal laws. Examples for this are the discussions about paragraph 219a in Germany or the tightening of the legal situation in some US states. However, women today have much better access to legal and safe abortion than they did in 1994. Since the ICPD in Cairo, almost 50 countries worldwide have liberalised their abortion laws.⁵



2.1 THE VATICAN AND IT'S ALLIANCES

“Good Catholics don’t have to breed like rabbits”. With these words, Pope Francis caused a sensation in 2015 after a visit to Manila, the capital of the Philippines. Was this the long-awaited sign by the head of the Catholic Church to open up the topic of family planning and to no longer strictly reject it in the future? Rather not. Asked how he felt about the use of contraceptives in view of the high population growth in the Philippines, Francis made it clear that “responsible parenthood” was the guiding principle. In other

words, the only tolerated way of family planning is through abstinence and the restraint of one’s own sexual instincts.^{6,7}

The Catholic Order for the “Transmission of Life”

Like his predecessors, concerning questions of contraception, Francis refers to the encyclical “*Humanae Vitae*”, published by Pope Paul VI in 1968. It summarises the funda-

mental principles of the Catholic Church around the topic of reproduction: sex belongs exclusively in the marriage bond between a man and a woman. In the spirit of the Creator it serves the only purpose of creating new life.⁸ The Catholic Church thereby refers less to biblical writings than to traditional moral concepts derived from natural law. Since nature has endowed man and woman with the ability to procreate life, human beings should not hinder this.⁹

Contraception and of course abortion are thus immoral – and also unnecessary, because in the Catholic world view, as it is represented by the Vatican, there is no place for sexual relations between unmarried people, teenagers or homosexual couples. Thus, unintentional pregnancies or HIV transmission theoretically do not occur at all – which makes condoms, abortion or sexual education for children and adolescents practically redundant. This world view is based on a traditional patriarchal idea of the family. The Vatican, for example, stated on various occasions that the role of women is to be understood mainly through their duties as mothers and wives.¹⁰ The possibility of protecting themselves from unintentional pregnancy “would strip [women] of all dignity and status and reduce [them] to a mere chattel of [their] lord.”, according to Archbishop John Murphy of Cardiff in an article on the appearance of the *Humanae Vitae* in 1968.¹¹

As a consequence, the Vatican acts as a determined opponent of SRHR. For the granting of such rights to all people regardless of gender, sexual orientation and marital status poses a massive threat to the conservative Catholic world view.

Conservative power broker in New York

To advance its positions, the Vatican uses its special position at the UN. Although it is not a member state, its status as a permanent observer means that it can participate in all meetings and submit agenda items to the UN General Assembly. However, it does not have the right to vote.¹² Originally, the purpose of this special role was to serve the representation of Vatican City state, rather than that of the Catholic Church – after all, other churches or denominations have no such presence at UN level. However, this does not prevent the Vatican delegation from acting as the moral representative of all Catholics and influencing the language and political line of the UN in this spirit.¹³

The Vatican already tried to influence the negotiations back at the ICPD in 1994 for its own benefit. Pope John Paul II addressed several letters directly to the participating state representatives condemning the granting of sexual and reproductive rights to persons outside traditional marriage and the mentioning of abortion, sterilisation and modern contraception.¹⁴ Before the conference started, John Paul II described its agenda as the “work of the devil”.¹⁵ In the end however, the delegates from Rome agreed to the final document of Cairo, albeit with reservations. Still, the Vatican continues its attempts to influence UN policy on issues concerning reproduction, sexuality and marriage to this day. In recent years observers have even noticed an intensification of its activities at the UN. For example, the number of petitions submitted by the UN representation of the Holy See in debates on SRHR increased from about two per year between 2003 and 2009 to nine per year between 2010 and 2013.¹⁶

The Vatican’s strategy has meanwhile modernised in style and argumentation. It avoids an obviously religious, conservative colouring in its comments, but increasingly uses a technical and allegedly scientific language that resembles UN publications.¹⁷ These include, for example, the warning of population decline and its negative impact on pension systems as an argument for “family-friendly” policies.¹⁸ In addition, while Catholic moral concepts appear less in its argumentation, family-supportive UN conventions are increasingly cited as apparently refuting sexual rights. For instance, in order to object universal access to sex education for children and adolescents, the Vatican previously referred to the prerogative of parents to determine the religious and moral education of their children, as defined in previous UN conventions.¹⁹

The Holy See thereby frequently interprets human rights in terms of its own interests. For example, instead of the rights of the individual the “rights of the family” are promoted as defining the centre of society. Furthermore, the right to life, one of the guiding principles of human rights, in the Vatican’s view applies from the moment of conception and thus renders abortion a crime. At the same time, homophobic expressions, religious discrimination or the refusal of doctors to carry out abortions on religious grounds are legitimised by the rights to religious freedom and freedom of expression.²⁰

Family planning and reproductive rights in Islam

The predominantly Muslim countries represent a broad spectrum from secular and liberal to fundamentalist positions on sexual and reproductive self-determination. Unlike the Roman Catholicism, Islam does not know a central authority like the Vatican which defines a uniform doctrine on the issue of reproduction. The Quran does not contain a direct ban on family planning. Contraceptive methods acting as “barrier” to conception, such as condoms and diaphragms are widely accepted by Muslim leaders. However, hormonal contraception is often seen as an inadmissible intervention in the natural cycle. Sterilisation is also widely rejected.²³ In abortion, conflicting laws exist. While many Muslim countries prohibit it completely or limit its use to cases of danger to the woman’s life, it is nevertheless permitted in Tunisia, Turkey and some former Soviet republics.²⁴

Interreligious alliances

Cooperation with other conservative states proved to be an effective tool for the Vatican to advance its positions in the past. Through such alliances, the Vatican's UN representation tries to weaken consensus at international conferences and thereby limit the possibilities of the UN to effectively support self-determination in all aspects of sexuality and reproduction.²¹ Paradoxically, cooperation goes beyond all religious and cultural divides. Before the ICPD in 1994, for example, Vatican envoys travelled to Iran and Libya to seek support for resistance to universal sexual and reproductive self-determination. A joint declaration with the Islamic World League and other Islamic NGOs condemned the "moral decadence" and "extreme individualism" of the conference.²²

In the recent past, the Vatican and its conservative allies continued to torpedo UN conferences on the subject. In 2012 for instance, an alliance of the Holy See with states such as Syria and Egypt prevented the mentioning of reproductive rights in the final document of the Rio +20 conference, which initiated the SDGs.²⁵ In 2019, the Vatican again attempted to influence the choice of language in UN documents. For instance, at the meeting of the UN Commission on the Status of Women it demanded to remove references to lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) individuals' rights from the outcome document. Instead, the Holy See called to emphasise the importance of the "traditional family" – a man, a woman and their children.²⁶

Great influence in developing countries

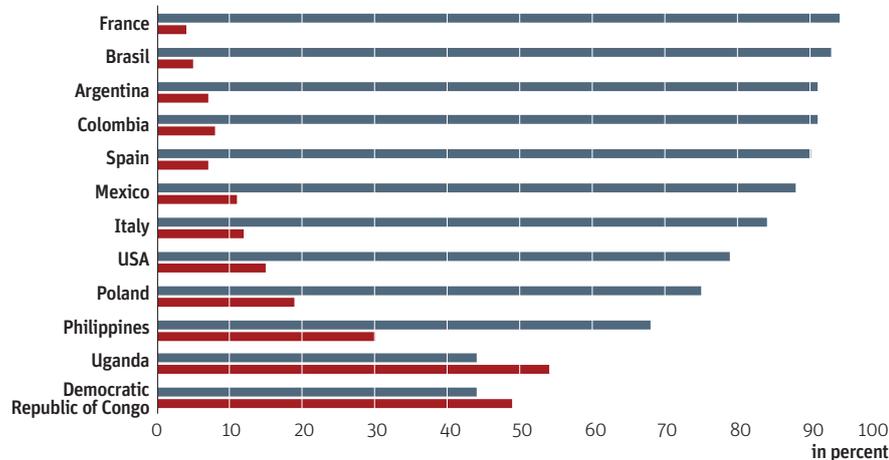
The Vatican's positions are not only effective at the political level of the UN, but also influence the daily lives of thousands of believers in less developed countries, where the doctrine of the Holy See carries more weight. The influence is particularly strong in African countries, where a large part of the population is Catholic – for example in Angola, Kenya, Nigeria or Uganda. When local bishops deny the benefits of family planning methods or even call them "unholy", such as the Kenyan Archbishop Zacchaeus Okoth in 2017, this has an effect on many people.²⁸

At least, it contributes to the fact that African Catholics' approval of contraceptives is still lower than in other parts of the world. While a survey of 12,000 Catholics in twelve countries showed that 78 per cent of those interviewed were in favour of modern contraceptives, support among believers in Africa was significantly lower. Only 44 per cent of respondents in the Democratic Republic of Congo and Uganda were in favour of the use of contraceptives, while the majority rejected them.²⁹ The Pew Research Centre, an American think-tank, came to similar conclusions in 2013. In surveys in 40 countries, the populations of Nigeria and Ghana were among the most hostile to contraceptives. Only in Pakistan were moral concerns about family planning even greater.³⁰

However, there are also Catholics in African countries who take the doctrine of the Holy See in Rome less seriously in everyday life. Some even work to improve access to contraceptives. In Zambia, for example, the efforts of the *Churches Health Association*, a union of Catholic and Protestant health workers, and its partners have led the Zambian Ministry of Health to improve access to injectable contraceptives such as hormonal implants.³¹

Alien doctrine

Despite the Vatican ban, the majority of Catholics in many countries worldwide use modern contraceptive methods. Even in predominantly Catholic states such as Brazil and Argentina, nine out of ten believers interviewed are in favour of contraceptives. In sub-Saharan African countries, however, the Catholic doctrine is still popular and the rejection of modern contraceptives correspondingly higher.



Percentage of Catholics surveyed who advocate or reject modern contraceptives, 2014

(Data basis: Bendixen & Amandi for Univision²⁷)

■ in favour
■ rejecting

2.2 THE USA UNDER TRUMP – MORE HOSTILE THAN EVER

No other country in the world has taken such a zigzag course on SRHR in the past 35 years as the United States of America. In Cairo – during Bill Clinton’s presidency – the USA was one of the pacemakers on the agenda for more sexual self-determination.³² This changed when George W. Bush moved into the White House in 2001. Immediately after his inauguration, the new president enacted a regulation that had previously been valid under the presidency of his father George Bush and his predecessor Ronald Reagan – the “Mexico City Policy” (MCP), which critics call the “Global Gag Rule”. According to this regulation, foreign NGOs are not allowed to receive US development funds if they have anything to do with

abortion – i.e. if they offer information and counselling to affected women, carry out abortions or work for their legalisation.³³

Restrictions for international NGOs

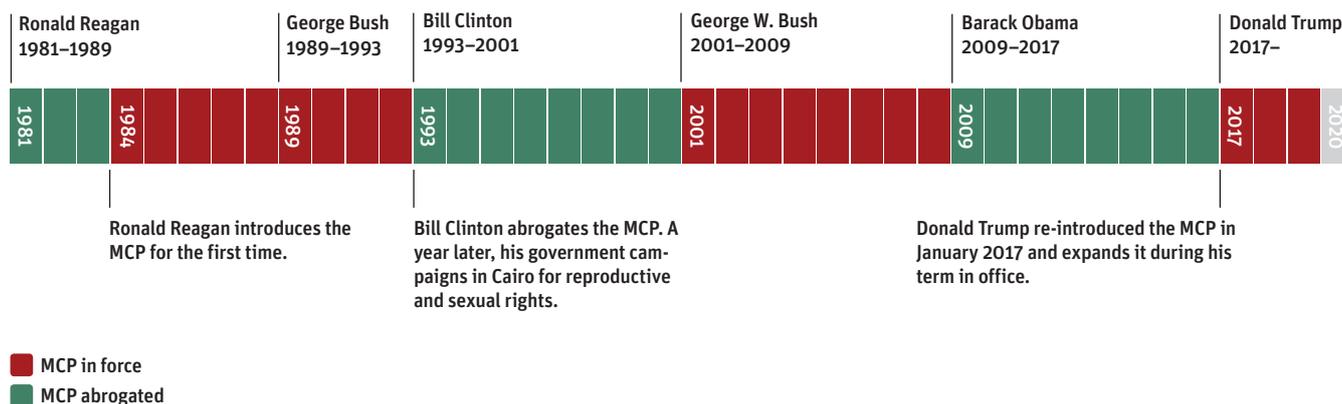
The MCP was introduced by Ronald Reagan during the 1984 World Population Conference in the Mexican capital. There, the US emphasised their rejection of abortions and also questioned the need for family planning programmes. In addition, the representatives of the United States vehemently criticised UNFPA, which in their eyes supported abortions within its programmes in China and thus supported the country’s one-child policy. Shortly after the introduction of the

MCP, the USA therefore also discontinued its support for UNFPA.³⁴ This practice was continued in the following decades by all Republican presidents, while all Democratic leaders repeatedly lifted the MCP and the suspension of payments to UNFPA.³⁵

Donald Trump also follows this tradition. In one of his first official acts as US President in January 2017, he signed a Memorandum of Understanding that reinstated and even extended the MCP. Four months later this declaration was followed by action. With the implementation of the Protecting Life in Global Health Assistance (PLGHA) plan in May 2017, the MCP now applies not only to US family planning funds, but to all US

From supporter to opponent, to supporter, to opponent ...

Although US policy on reproductive health and sexual and reproductive self-determination has been a constant back and forth since 1984, it is at least consistent in one respect. Under a Democratic president, the United States is usually among the proponents of SRHR. However, while Republicans are at the head of the country, the pro-life activists who are trying to undermine these very rights are the ones who set the tone. This has been reflected in the last 35 years by the enactment and abrogation of the MCP.



Enactment and abrogation of the Mexico City Policy (MCP) by US presidents since 1981

(Data source: own representation according to Barot and Cohen³⁸)

development funds in the health sector.³⁶ While under the original version of the MCP approximately 600 million US dollars in family planning funds would have been affected annually between 2017 and 2019, the new regulation applies to the entire international health budget of ten to eleven billion US dollars – a multiplication by a factor of 18.³⁷

US-American politics with worldwide consequences

Whenever a Republican president brings the MCP into force, it primarily affects the less developed countries, where a large part of health care is provided by international NGOs. Since the USA is the world's largest donor of development funds in the health sector, the regulation carries particular weight.⁴⁰ For all those NGOs that did not want to be “gaged”, the rule – even in its softened form before Trump – always meant enormous financial losses. As a result, they were repeatedly forced to cut back on personnel, reduce services and in some cases even close clinics.⁴¹

Since Trump's extended MCP came into effect, more organisations have met the same fate. It is not yet possible to fully assess the extent of the consequences for health systems in less developed countries. However, they can already be felt clearly. For example, *Marie Stopes International* (MSI), Uganda's largest organisation for sexual and reproductive health services, had to close 27 mobile clinics. An Ethiopian NGO had to completely shut down its voluntary sterilisation programmes in rural areas in the wake of the enactment of Trump's MCP.⁴² For the *International Planned Parenthood Federation* (IPPF), the world's largest private provider of family planning programmes, the MCP could mean a loss of over \$100 million in funding. According to the NGO's own estimates, this loss of funds are equivalent to the prevention of around 4.8 million unintentional pregnancies, 1.7 million unsafe abortions and 20,000 deaths among

Who the Global Gag Rule gags

The Global Gag Rule (officially *Mexico City Policy, MCP*) which was introduced by Ronald Reagan in 1984, prohibits foreign NGOs from receiving U.S. funding for family planning programmes if they perform, counsel, refer or advocate on abortion. The rule restricts organisations in the range of services they provide if they wish to continue to receive US funds. So those NGOs who do cooperate are being gagged in the figurative sense. Meanwhile, the funds are cancelled for those organisations who do not bow to it.

The aim of the regulation is supposedly to prevent US taxpayers' money from being used for abortions abroad. But actually, this has been forbidden since 1973 by the so-called *Helms Amendment*. However, the MCP tightened this regulation. While NGOs were previously only prohibited

from using US funds for abortion-related services, they have been prohibited from using their own funds or those of other donors since the enactment of the MCP.

Donald Trump has exacerbated the MCP even more. Since 2017 it is applied not only to funds for family planning programmes, but to the entire health budget of US development cooperation. This means that organisations working in other programmes on topics such as child and maternal health, HIV & AIDS or infectious diseases like malaria or tuberculosis are no longer allowed to inform about or carry out abortions. Since March 2019, NGOs receiving US funding have even been prohibited from providing financial support to other organisations providing any abortion services.³⁹

pregnant women and mothers worldwide.⁴³ The victims are always the people on the ground, especially women and girls, who can no longer access the health services of the NGOs and thus often no longer have access to modern contraceptive methods. For them, this increases the risk of getting pregnant unintentionally, which makes an – in this case usually unsafe and in the worst case deathly – abortion more likely.⁴⁴

It is precisely for this reason that the MCP has in the past often had the opposite effect of what it is supposed to achieve. A large number of studies show that abortion rates in the affected developing countries did not fall, but rose when the regulation was in force.⁴⁵ For instance, during George W. Bush's term of office between 2001 and 2008, in 26 sub-Saharan African countries, the abortion rate increased by an estimated 40 per cent during this period of time, while the use of contraceptives decreased at the same time.

Researchers at Stanford University also showed that the abortion rate dropped again after the MCP was abolished, as women were able to access contraceptives again and thus prevent unintentional pregnancies.⁴⁶

In addition to the enforced intensification of the MCP, the US government is also trying to further undermine the right to sexual and reproductive self-determination on the international stage. This was demonstrated, for example, at the high-level meeting of the UN General Assembly on universal health care in September 2019. US Secretary of Health Alex Azar, along with representatives of 18 other conservative states, called on the UN to renounce the term “sexual and reproductive rights” in its documents. The reason being that the terms would undermine the “rights of the family” and promote harmful practices such as abortions.^{47, 48}

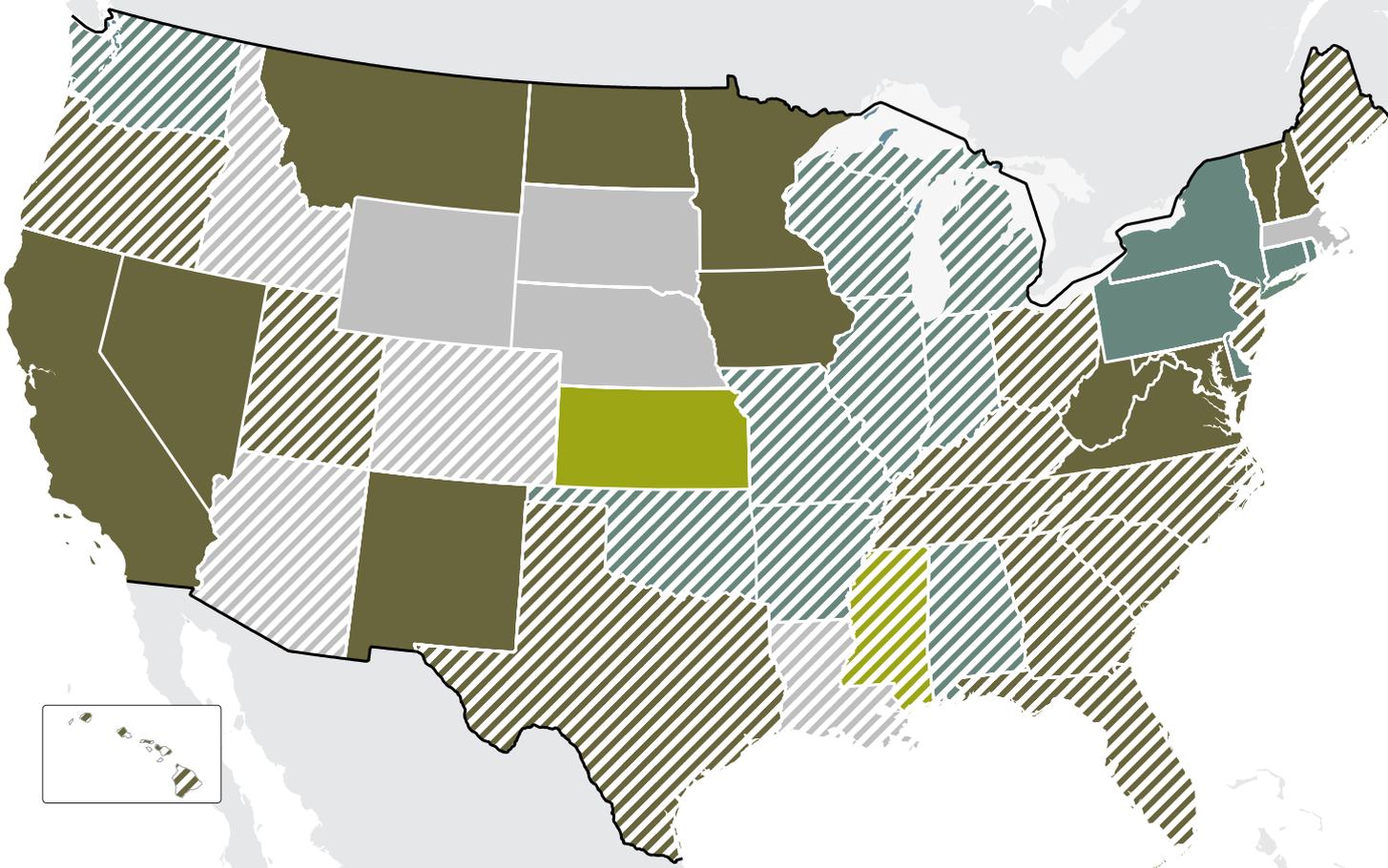
Sex education versus abstinence

As old as the debate about access to family planning and abortion in the USA is the question of how to educate young people about contraception and sexually transmitted diseases such as HIV. What young people learn at school depends on where they live. While in California or Vermont for instance, children receive comprehensive sex education, in predominantly conservative states such as Texas or Kentucky the “abstinence only” approach dominates. This approach, which encourages students to abstain from sexual interaction until marriage as the best remedy against unintentional pregnancies or sexually transmitted infectious diseases, is now used in more than half of the US states.



- Sex education mandatory
- HIV education mandatory
- Sexual and HIV education mandatory
- No regulation or no clear curriculum
- Abstinence approach emphasised in curriculum

US State policies on sex education, 2019
(Data source: Guttmacher Institute⁵⁶)



Office holder thanks to evangelical support

For Trump, the global political campaign against the right to sexual and reproductive self-determination pays out strategically. Resistance to SRHR is helping to maintain the confidence of one particular group of voters, who enabled Trump's election in 2016 and will likely play a major role for his re-election prospects in 2020 – white evangelical Christians. They accounted for around one quarter of the total electorate in the 2016 election and predominantly supported Trump – around 80 percent voted for him.^{49,50}

The term “evangelical” unites a wide range of different religious denominations that share their strict interpretation of the Bible and faith in a personal relationship with Jesus Christ. It is out of this diverse group that a movement arose, which tried for many years to influence US-American politics in the direction of its own conservative agenda, the so called Christian Right.⁵¹ Since the 1970s, they have been fighting for the “traditional family” and the restoration of morality in an – in the group's own view – increasingly decadent American society. It therefore opposes sex outside marriage, homosexuality and all life plans that deviate from the classical nuclear family. In addition, the Christian Right advocates, among other things, for restricting access to contraceptives, abortion and comprehensive sexuality education.⁵²

Abortion clinics under attack in the US

That conservative Christians out of all people support Donald Trump, who is not Christian, who already divorced twice and who is accused again and again of sexist statements and accusations of abuse, seems more than unusual at first sight. But conservative Evangelicals and the Christian Right also profit from the alliance with their “unchristian” president. Trump has not only reintroduced their values – especially

its rejection of abortion – into politics by enforcing an intensified MCP, his national policy in matters of family planning and sexual and reproductive self-determination corresponds completely to the ideas of his Christian-conservative supporters.

Since his inauguration, President Trump, together with his cabinet of partly confessing Evangelicals, has made several attempts to restrict access to reproductive health services and abortions – albeit not always successfully. In January 2019, for example, a US federal judge blocked a regulation issued in 2017 that was intended to make access to free contraceptives for persons with health insurance more difficult.⁵⁷ Since January 2018 however, a different regulation has been put in place, which allows doctors and medical staff to refuse to carry out interventions such as abortions or gender reassignment based on moral or religious grounds.⁵⁸

In addition, since 2017, the Trump government has been making efforts to deprive NGOs such as the *Planned Parenthood Federation of America*, the largest provider of reproductive health services in the United States, of government funding. The “Domestic Gag Rule”, like its international name partner, is intended to cut off organisations that perform abortions or refer patients to other clinics from funds of the *Title X* state family planning program. Organisations such as the *American Medical Association* and *Planned Parenthood* as well as some federal states have so far repeatedly blocked the implementation of the regulation with legal steps. However, after the last injunction was lifted, the regulation entered into force in the summer of 2019. In August 2019, the operators of the 4,000 clinics throughout the country that operate with *Title X* funds therefore had to decide whether to forego state funding in the future or to discontinue their abortion services.⁵⁹

Increasing polarisation

At the state level, too, access to abortion is increasingly curtailed by stricter laws.

The restrictions in all matters of reproductive self-determination are thus expanding steadily even within US borders, under the growing influence of the Evangelicals and the Christian Right. The abortion debate is increasingly perceived as a “culture war” that splits the US population into pro- and anti-abortion activists, and which is likely to have a say in the presidential elections of 2020.^{60,61} Whether the proponents of SRHR can turn the tide and reverse the national and international regressions on this issue made during the Trump presidency remains to be seen.

The Christian Right in the US: more than abortion opponents

The term “Christian Right” is usually used to describe a network of religious actors, organisations and interest groups in the US, which is composed primarily of Evangelical Protestants and, to a lesser extent, members of the Roman Catholic Church. According to their own founding myth, their coalition emerged as an opposition to the Supreme Court ruling that legalised abortions in the US in 1973 – therefore, forming a union in the struggle for the “protection of the unborn life”.⁵³

In reality, the “Roe v. Wade” ruling which legalised abortions was not the only reason for the rise of the Christian Right from the 1970s onwards. Fundamentalists such as the pastor and TV preacher Jerry Falwell, however, used the court decision to mobilise previously unpolitical Evangelical Christians.⁵⁴ Since then, the Christian Right has tried to influence US politics in line with its right-wing conservative agenda. Their resistance goes not only against abortions, but against everything that contradicts their world view in which the white Christian nuclear family dominates – from feminism and homosexuality to immigration and a multicultural society.⁵⁵

2.3 EUROPE – BETWEEN CONTINUED SUPPORT AND GROWING RESISTANCE

The European Union (EU) has always seen itself as a defender of human rights. After all, their community is based on values such as respect for human dignity, freedom, democracy and equality. In this respect, it is only logical that the EU has stood behind the Cairo Programme of Action and the right to sexual self-determination since 1994. The European Parliament last confirmed this in March 2019 in a vote on the EU budget for global development financing until 2027. The majority of parliamentarians voted in favour of giving priority to the issues of sexual and reproductive self-determination, gender equality and the empowerment of women and youth.⁶²

The EU has long been an important advocate and donor of official development funds in the field of SRHR. In 2017, it contributed a total of 216 million euros for projects worldwide through various channels – a total of two and a half times more than in the period after 2014.⁶³ With the contributions of the ten largest donors among the EU member states, another 600 million euros were added in 2017.⁶⁴ Some European member states sent a special signal for their support after Donald Trump put the exacerbated MCP into effect. Belgium, Sweden, Denmark and the Netherlands initiated the *SheDecides movement* in response to the US policy in order to strengthen financial and political support for SRHR worldwide.⁶⁵

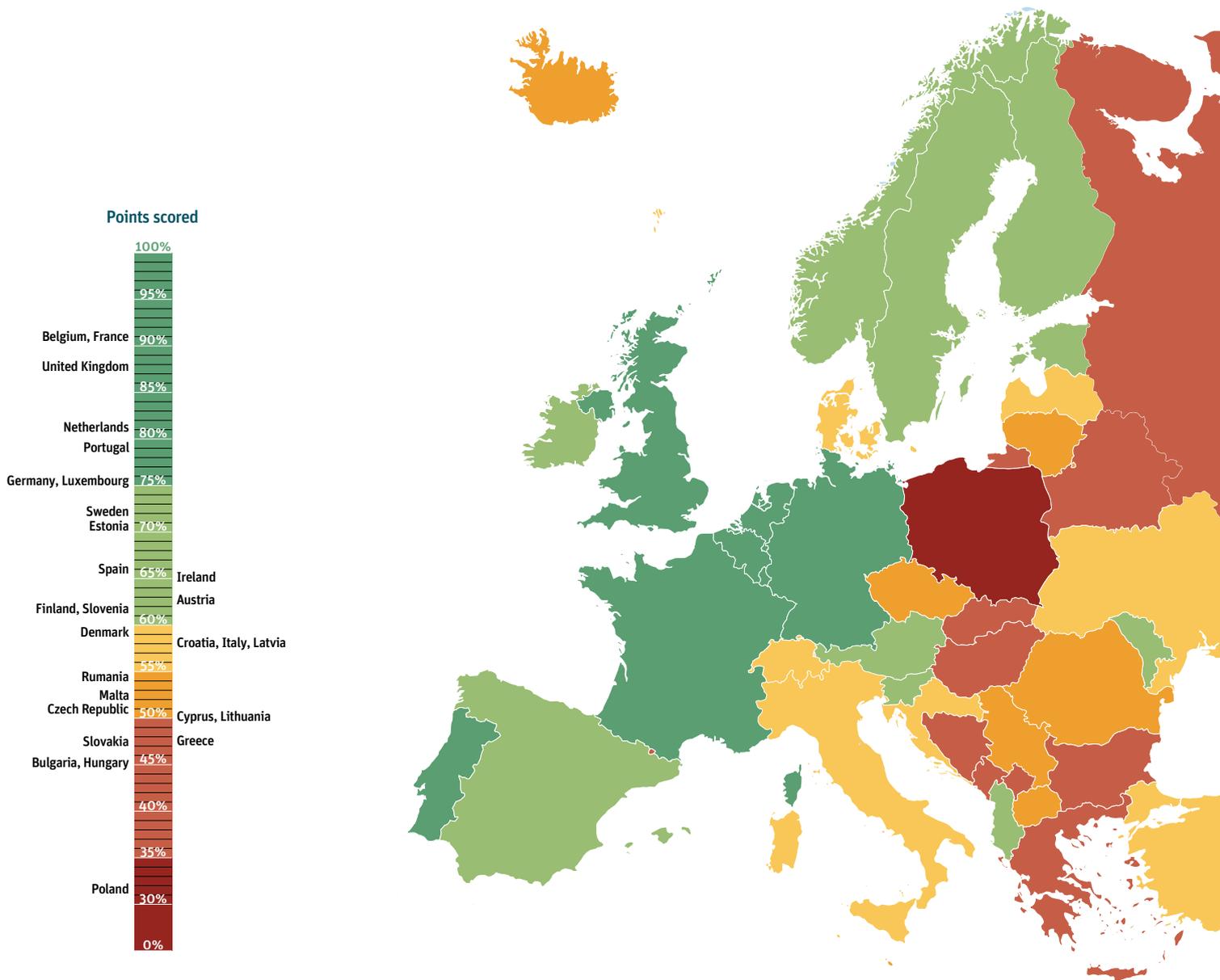
Fear for the “traditional family”

Advocates in the EU bodies and within the member states not only face opposition from outside the EU though. Some countries within the union are upholding their resistance against the goals adopted in Cairo as well. Malta already expressed reservations about the concepts of SRHR at the ICPD in 1994 and clarified that abortion is incompatible with the national law of the island state.⁶⁶ In other countries too, such as Poland and Hungary, some politicians and parts of the population see sexual and reproductive self-determination as a threat to the “traditional family” and thus also to their own cultural values. Poland’s right-wing conservative governing party Law and Justice (PiS) has already used this to gather voters’ support. During the 2019 election campaign, they repeatedly questioned the rights of the LGBTIQ community. Jaroslaw Kaczynski, head of the PiS party, called it an “attack on the family”.⁶⁷ In 2017, resistance to reproductive self-determination converted into concrete policies. The PiS party not only made access to the morning-after pill more difficult, but also presented a draft to further tighten the already restrictive Polish abortion law. Governments in Lithuania, Slovakia, Romania and Spain have also recently attempted to make access to abortion more difficult.⁶⁸

In fact, parties and NGOs advocating for a more conservative agenda in their own countries or at the European level, trying to counter the liberal forces, are gaining popularity across Europe. Even in countries such as France, Germany and Italy, more and more conservative organisations are trying to mobilise supporters for their political ideas. While issues such as access to family planning or abortion were previously among the core issues, new aspects have been added in recent years. Their resistance is now increasingly directed against “fashionable concepts” such as same-sex marriage, equality between women and men and the free expression of sexuality in general. In their eyes these are the excrescences of a Western “gender ideology” which endanger the traditional Christian values of Europe. These organisations usually call themselves “pro-life” or “pro-family” because they consider the protection of the family and the unborn child to be their core issues. Critics, on the other hand, describe them as “anti-choice” organisations because their activities are intended to restrict the freedom of choice, especially for women and members of the LGBTIQ community.^{69,70}

European imbalances

The EU is seen as an advocate for freedom of choice in all matters of reproduction and sexuality. In fact, Europe has made great progress in this area since 1994. Nevertheless, the possibilities for Europeans to plan their own family and determine their own reproduction vary greatly from one country to another. This is illustrated by the *Contraception Atlas*, which assesses access to information, counselling and family planning resources in the EU and other European countries using a total of 15 indicators.



Contraception Atlas 2019

(Source: contraceptioninfo.eu⁷¹)

Europe-wide mobilisation

In the last ten years, pan-European networks have formed from a broad spectrum of Christian-conservative organisations, individuals and also members of right-wing populist parties, which try to influence policy making in Brussels and in the EU member states. One example is *Agenda Europe*, a network of conservative politicians and NGOs launched in 2013. According to a report by the *European Parliamentary Forum on Sexual and Reproductive Rights* (EPF), it now comprises some 100 to 150 people and organisations who campaign against sexual and reproductive rights across Europe. The common motivation of the members is to “restore the natural order” – i.e. to protect the family of father, mother and child as the only accepted (and legally defined) form of cohabitation. For *Agenda Europe* this includes, among other things, abolishing laws on gender equality, making divorce more difficult and prohibiting abortions or artificial inseminations.⁷² The network maintains close contact with the Vatican, who shares many of its views.

In order to achieve its goals, the network tries to build pressure on political decision-making in the member states and at EU level. After all, some of its members are themselves parliamentarians in the EU states or work for the EU institutions. To this end, *Agenda Europe* members write petitions, press ahead with legal proceedings against existing rights or initiate citizens’ initiatives – and to some extent successfully. In Croatia, Slovenia, Slovakia and Romania, member organisations of *Agenda Europe* thus succeeded in initiating referenda on same-sex marriage. The majority of Croats and Slovenes voted against “gay marriage” in 2013 and 2015 respectively. In Slovakia and Romania, however, the referenda failed because the turnout was too low.⁷³

At the European level, some members of *Agenda Europe*, such as the *Alliance Defending Freedom* (ADF), the *One of Us* citizens’ initiative and *European Dignity Watch*, launched a campaign in 2015 against the *International Planned Parenthood Federation* (IPPF), the world’s largest association of family planning NGOs. The accusations against *Planned Parenthood*, the US member organisation of IPPF, of trading with organs of aborted fetuses provided an incentive for this. In a wide-ranging media campaign using the Hashtag #DefundIPPF, ADF and its partners called on members of the European Parliament to support a payment freeze of European development funds to IPPF and to ban the association from future events in the EU Parliament. Although more than 80 members of parliament supported the initiative with their signatures, the request was finally disregarded.⁷⁴

Transatlantic relations

So far, the actual outcomes of SRHR opponents remain containable both in the EU member states and at EU level itself. But the fact that “pro-family” or “anti-choice” organisations intensified their networks since the turn of the millennium and are jointly trying to turn their agenda into a political mainstream is a growing concern for advocates of sexual and reproductive self-determination. They fear that the situation could polarise in the future similarly to the USA, where opponents and supporters are ir-reconcilably opposed (► Chapter 2.2).

Another reason for concern is the increasing support of US-American organisations and individuals for European opponents to SRHR. According to the British website *Open-Democracy*, for instance, members of the Christian Right have supported campaigns against homosexual rights, sex education and abortion with more than 50 million US dollars throughout Europe between 2008 and 2017.⁷⁵ Also at the meeting of the World Congress of Families (WCF), a network of conservative Christians from the US, which took place in March 2019 in Verona, European and US-American opponents of SRHR worked hand in hand. Matteo Salvini, party secretary of the Italian Lega Nord and then deputy prime minister of Italy, gave a speech in front of an international audience. Meanwhile, 30,000 demonstrators took to the streets in Verona to protest against the event and speak out for the rights of women and members of the LGBTIQ community.⁷⁶

Uncertain outlook

The impetus of right-wing populist parties in Europe and the growing influence of “anti-choice” organisations could prospectively have a stronger influence on national policy in the EU member states. And the balance of power in the EU institutions could change as a result. In the parliamentary elections in May 2019, the progressive forces in favour of sexual and reproductive self-determination gained supporters – against all fears.⁷⁷ But if opponents continue to gain influence, parts of the centre-right alliances in the EU Parliament may be forced to adopt more conservative attitudes on these issues.⁷⁸ It therefore remains to be seen whether the EU can continue to play its role as the central advocate and promoter of SRHR beyond the 2024 legislative period.

3 | WHAT NEXT?

Since the ICPD in Cairo, the international community has achieved many successes. The mortality risk of mothers and infants has fallen significantly, people live longer and healthier lives almost everywhere in the world, and the chances of boys and girls getting an education are much better today than they were in 1994. Yet millions of people – especially women – around the world are still not free to decide when, who and whether to marry, how many children they have and how they want to live their lives. A quarter of a century after the summit in Cairo, the right to self-determination in all matters of sexuality and reproduction is by no means universal.

Right to sexual and reproductive self-determination – a contested issue

Why has the implementation of the Cairo Programme of Action been repeatedly slowed down? The different opponents described in the previous chapters certainly played a sizeable role in this. For example, the cuts of US-funding for family planning programmes, implemented each time a Republican moved into the White House. Or the Vatican, who still bans the use of modern family planning methods and together with other conservative states puts a curb on decision-making at the UN, which could otherwise drive the right to self-determination forward. The momentum that the opponents of the Cairo Programme of Action are currently experiencing worldwide could not only block further progress in the future, but in the worst case scenario, successes already achieved in terms of SRHR could even be reversed.

With the intensification of the MCP by US President Trump, access to central health services has already become significantly more difficult for many people in less developed countries. And for many Americans too, the growing influence of conservative Christians on national politics impedes access to contraceptives or abortions. Should Donald Trump, with the support of the conservative white Christians, manage to win the elections in 2020, his government is likely to continue its political campaign against the right to sexual and reproductive self-determination.

Europe has always been the antithesis to the US under Republican leadership in regards to SRHR. Over the last two years, the EU institutions and some member states have continued to strengthen their commitment to SRHR, sending a clear signal of their continued support. The fact that right-wing populist forces and opponents of sexual and reproductive self-determination were in some cases able to gain less ground in the European elections than expected is a reason for optimism. However, in Brussels the fear remains that the previous gains in influence of the “anti-choice”-movement could only be the beginning.¹ Polarisation on the subject of sexual and reproductive self-determination could grow far worse both within the EU institutions and the member states.

Accelerate progress

It is therefore all the more important that the champions of Cairo’s goals join forces globally and find common answers to their opponents’ attacks. It is in the hands of the numerous international institutions, civil society organisations and governments, who for decades have been working for greater freedom of choice in regards to sexuality and reproduction, to mobilise new strength to perpetuate and even accelerate the progress made so far. This was precisely the aim of the conference to mark the 25th anniversary of the Cairo Summit, which took place in Nairobi in November 2019.

The conference, convened jointly by the governments of Kenya, Denmark and UNFPA, aimed to bring together government representatives, civil society organisations, academics and other advocates for SRHR. Together, they did not only want to look back and evaluate the progress made so far, the goal above all was to reaffirm and further strengthen the previous commitments made to achieve the Cairo objectives. Only if everyone gets the chance to autonomously decide about their own family and their own lives, will further development progress and the achievement of the SDGs be possible. Also, only then population growth in the least developed countries will slow down.

In Nairobi more than 9,500 participants confirmed their commitment to the Cairo goals. At the same time, their opponents also made their voices heard during the conference. It is therefore crucial to continue efforts after the summit. In doing so, the following objectives should be pursued:

■ **Expand the coalition of advocates on the international stage.**

At UN level, like-minded governments should strengthen dialogue among themselves and intensify their supra-regional cooperation to promote decision-making that underscores the right to sexual and reproductive self-determination. Progress in implementing the goals of Cairo will only happen if its supporters pull together.

■ **Continue and further strengthen the support of existing initiatives.**

Many states, NGOs, international organisations, foundations and private companies have already made commitments within the framework of initiatives such as *FP2020* or *SheDecides* to contribute to the implementation of the Cairo goals. This commitment must be continued, strengthened and sustained on an ongoing basis.

■ **Further expand financing for family planning and other programmes.**

Providing sufficient financial resources for health infrastructure and family planning programmes is central to the implementation of the Cairo Programme of Action and the achievement of the SDGs. According to the report of the *Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights*, about \$9 per person would be needed annually in developing countries to provide all women with access to family planning methods and medical care during and after pregnancy.² The states concerned and international donors of development funds should work together to make these funds available.

■ **Highlight the positive effects of sexual and reproductive self-determination.**

If women and men, thanks to good health care, education, income opportunities and access to contraception methods, could decide for themselves about their family size and life prospects, it would not only have positive effects for them, but also for the development opportunities of their countries. This positive narrative must be spread further in order to win over more advocates for sexual and reproductive self-determination and to motivate states to take the necessary measures.

■ **Emphasise the importance of sexual and reproductive self-determination for achieving the SDGs.**

Wherever women can plan their lives and thus their families thanks to education, better income opportunities and access to modern contraceptives, they will eventually opt for smaller families. This is central to achieving the SDGs, such as eradicating hunger and poverty. In many developing countries this has so far been hampered by high population growth.

■ **Improve the reach of key arguments and facts by using new media channels.**

New technologies and social media provide important channels to disseminate key facts, arguments and information about the benefits of sexual and reproductive self-determination. On the one hand, these can be used to win more supporters for issues relating to self-determined reproduction and sexuality. On the other hand, they can also help to strengthen the acceptance of reproductive health services, such as family planning or education programmes.

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