

The International Survey on Laws and Policies Affecting Women's Reproductive Health was released recently by the Center for Reproductive Law and Policy, New York. This report by the Center's International Program analyzes 128 responses to a worldwide survey carried out in January 1994. Flor Caagusan summarised the findings.

The individuals and organizations who responded include grass roots women's health activists, lawyers, physicians, researchers, social workers, journalists, members of parliament, staff from Health ministries and midwives. They represent 64 countries in Africa, Asia and the Pacific Islands, Latin America and the Carribean, Australia and New Zealand, the Middle East, Europe and Canada. The Report observes that, '[The] respondents not only expressed a diversity of opinions, but they also provided us with different levels of information.' Some sent discussion papers, others provided copies of relevant national laws, and the rest answered each question only briefly.

The report attempts to 'highlight global trends in women's reproductive health and identify relevant areas of advocacy.'

Range of relevant laws and policies

'Responses to the questions in this subsection evidence the spectrum of laws and policies that influence women's reproductive health and realization of reproductive self-determination,' affirms the report. This broad range of laws/policies is categorized into three main areas:

- * Abortion, Contraception and Sterilization
- * Reproductive Health: affordable reproductive health care, domestic violence, female genital mutilation, health, infertility treatment, population, rape, sex education, and sexually transmitted diseases

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- * General Women's Rights: education, employment, inheritance laws, maternity leave, and minimum age of first marriage.

'A vast majority of respondents focused on laws which criminalize abortion and sterilization and which limit contraceptive usage. Moreover, many such responses highlighted the prevalence of illegal abortion and sterilization services.' From a total of 90 responses regarding laws and policies interfering with women's reproductive health and choice, the highest number came from Africa (33), followed by Europe and Canada (21), Latin America and the Carribean (15) and Asia and Pacific Islands (12).

'There were a diversity of issues raised in the responses categorized as Reproductive Health and General Women's Rights.'

For example, a development worker in Nepal said,

"Nepal's population policy is obsessed with the fertility aspect of women's health, so that other health aspects i.e. nutritional deficiencies, arthritis and gynecological diseases are ignored."

Most responses regarding Reproductive Health (total, 66) came from Africa (23), Asia & Pacific Islands (20), Europe & Canada (11).

Particularly in Canada and Europe (24), '[l]iberal laws relating to abortion and contraception were most often regarded as



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protecting women's reproductive health.' But in other countries, 'laws which sought to protect women's health often had the effect of limiting choice,' as in Korea's national maternal health care law, which 'discourages women's reproductive choice'; and Zimbabwe's national policy regarding prenatal care, which requires that all pregnant women attend a clinic and pay for its services. If a woman has neither done this nor booked an appointment, she is charged a penalty on the day of delivery.

Enforcement of laws

On the question of enforcement of laws and/or policies addressing women's reproductive health and choice, the majority of responses were negative (73). Laws not enforced were noted most in Africa (25), Asia and Pacific Islands (16), Europe and Canada (13), and Latin America and the Caribbean (12).

'The vast majority of laws that respondents regarded as being never or occasionally enforced related to abortion and to the legal protection afforded women who are coerced into using contraception and sterilization....Some respondents also referred to the general problem of legal enforcement of all laws.' In Brazil, for instance,

"[W]e do not put much faith in our laws, since in our country there are plenty of laws that are never enforced."

Other responses (33) said that the laws are enforced or 'that legal enforcement was not an issue in their country.'

Suggestions for legal reform

Respondents suggested innumerable legal and policy reforms in the following areas:

Abortion, with the highest total number of responses (52), mostly from Africa, Europe and Canada, and Asia and Pacific Islands; Health and Reproductive Health Policy (42); Contraception (24); Women's Rights (23); Reproductive Rights (20); Population Policy (16); Sexual Education (15); Funding for Services (14); Maternity Leave (10); Sterilization (9); Rape (8); Child Marriage (5); Divorce (4); Female Education (4); and Female Genital Mutilation (3).

'A respondent from Australia called for

"A Bill of Rights to be enacted in Australia that, among other things, would directly guarantee women's rights to bodily integrity and autonomy' and for 'the repeal of [abortion-related] sections of each State's criminal code' to make 'abortion like any other legal medical procedure."

An activist in Chile wrote,

"Legalize divorce and abortion and ... make sterilization legal, extend or establish mechanisms protecting both the maternity rights of working mothers and equality for all working women...."

Respondents called for the elimination of the following laws and policies:

Spousal consent, Gender discriminatory inheritance laws, Gender discriminatory labor laws, Parental consent, Dowries and bride prices, Adultery, and Discrimination against lesbians.

'Responses in a number of countries called for the elimination of laws that constitute *de jure* (directly intended and approved by law) discrimination against women. For example, responses from Pakistan called for the repeal of the *Hudood Ordinances*, which make it very difficult for victims of rape and sexual violence to prove the offense committed. A response from Tanzania urged for a reversal of the policy that requires women to obtain their husband's consent for tubal ligations.'

Advocacy and activism

Women's groups lead most efforts to change laws and policies relating to women's reproductive health and choice, according to 105 responses from all global regions. Most responses in this category came from Africa (35), Canada and Europe (24), Asia and Pacific Islands (19), and Latin America and the Caribbean (17). Others are medical groups (total responses, 27) and, in Israel, women members of the Knesset [Parliament].

Another question on Advocacy and Activism was, 'Are concerns about women's reproductive health and choice viewed as 'reproductive rights' issues by women in your country?'

From a total of 75 responses to this question, 44 'indicated that concerns about women's reproductive health and choice were viewed as reproductive rights by at least some women in their country; 31 asserted that reproductive health and choice were not considered reproductive rights issues by women in their country.' Most respondents elaborated upon their initial responses in the second portion of this question which focused upon the activities of the women's movement.

'Although not always regarded as 'reproductive rights' issues, reproductive health and choice are being addressed worldwide,' the report concludes. It cites responses from Uganda, Poland, Turkey, Japan, and Pakistan, showing various viewpoints and struggles that women name in their own terms.

'In Poland, women's groups have been organizing against the attack on many of the basic rights, including the right to legal abortion services, that women were guaranteed under Communism. A human rights advocate from that country wrote,

"The term 'reproductive rights' is not used in my country and almost no one would know what it means. It is more common to speak simply of women's rights in general."

On the other hand, responses from Japan and Pakistan showed the increasing, overt concern of women's groups with concepts of reproductive rights, as they anticipated the ICPD (International Conference on Population and Development) in Cairo and the 1995 Women's Conference in Beijing.

'Many responses indicated that there was strong religious opposition to addressing women's reproductive health and choice as reproductive rights,' says the report. 'For example, in Argentina

"[h]uman rights organizations do not consider Reproductive Rights basic human rights due to the opposition of several sectors, one of which is the Catholic Church. Women's groups and other progressive groups do consider them basic human rights, but the political parties that enforce laws and policies do not include them as such to avoid a loss of votes for opposing the Catholic Church."

In concluding, the report recognizes some responses which state that 'although concerns for women's reproductive health were not currently being addressed, there was a need for activism, advocacy and information on these issues.'

Source: The International Survey on Laws and Policies Affecting Women's Reproductive Health, International Program of the Center for Reproductive Law and Policy, 120 Wall Street, New York, NY 10005, USA, August 1994.