

Christine McCafferty MP's Presentation

“Childbearing and parenting in low fertility countries – enabling choices”

I have been asked to make a 20 min presentation on:

SLIDE 1

As a Member of Parliament interested in reproductive health, I shall speak on the role and challenges facing **the legislator** in addressing these issues, based on my **own experiences** as the Chair of the UK APPG etc.

However first, I would like to take a few minutes to summarise some of the **key findings** of the two very interesting **background** papers, which should help us in our understanding of the issue:

SLIDE 2 – 5

The first issue, really needs to be answered in two parts.

First of all, the **definition** of '**partnership**' as well as **parenting** and **childbearing** need

to be looked at and **reflected** on.

Traditional definitions are being challenged as society **evolves** and technology **advances**.

Only then, can we turn to the **specific** issue of how **vulnerable** groups may **exercise** their choice, regarding partnership formation, childbearing and parenting.

Notions, concepts and indeed **definitions** of partnership, parenting and childbearing have been subject of **constant** re-assessments in the last ten years.

In many cases, it has been up to the **legislator** to **revise** existing laws, which **codify** these different relations,

although in many cases **the courts** have been the **deciding** factor.

Without going into detail, I would simply like to **draw your attention** to the **evolving** definitions of some of these notions.

First of all, that of 'partnerships'.

In recent years, legislators **and** society in general, have had to consider whether it would extend some form of **recognition**,

sometimes including full recognition **as a marriage**, to unions composed of two persons of the **same sex**.

In some countries, a form of marriage has been **explicitly granted** by parliaments, **Canada** and **Belgium** are two recent examples.

In other cases, this has proven more contentious.

The court case in Massachusetts, which ruled that prohibiting marriage rights to same sex couples, was deemed unconstitutional according to that State's constitution.

Regardless of how we **feel** about same-sex unions, this subject is likely to be discussed in almost **every country** in the ECE region, in the **near future**, and decisions will have to be made, **which take into account**:

- societal developments
- individual choices and rights
- traditional gender roles and values.

These **traditional** notions will impact on, whether **we as a society**, decide that same-sex couples **should** have rights regarding parenting and childbearing.

For example, is there a '**right**' to **assisted procreation** and if so, is it the **duty** of the state, to **fund this**, or simply to **remove** discriminatory **barriers**?

What about **adoption** and **custody**?

Over recent years, we have also seen phenomena such as **single parenthood** and **life-time childlessness** increase and the associated **social stigma** decrease.

However, social measures and **legislation** have yet to 'catch up' with this trend.

Scientific progress has been both **incredible**, and **alarming**.

The development of new forms of **contraceptives, drugs,** stem-cell research and **in-vitro fertilisation** have inflamed debate in many countries.

Usually concerning whether **young people** or **certain groups** should have free access or indeed **any access**.

I think we can expect that scientific development in the **coming years**, will continue to **pose challenges**,

and that we will have to be prepared to **continually reassess** firmly established notions surrounding **partnership, childbearing, parenting** and **access to services**.

Turning to **vulnerable** groups, the situation of many, - youth, indigenous people, migrants - is often characterised by **discrimination** and **oppression**, which is sometimes

institutionalised in national laws and structures of governance.

A **number** of key challenges confront young people, in the ECE region today.

The first, and the one which I find the **most** worrying is

lack of information and services on **sexuality, relationships, reproductive health** and **parenting**.

Indeed, in a number of countries, **including my own**, there is **resurgence** in STIs, with an alarming **increase** in the transmission of HIV infections.

Related to this, is the issue of the **right** of young people, to **access** sexual and reproductive health service, **with or without parental consent** –

This can range from parental consent for sex education in school, or crossing **administrative borders** to access services, **not available locally**,

to new forms of treatment; or deciding whether or not to **continue with a pregnancy**.

Another worrying challenge, and one which has **exploded** in the past ten years, is that of **human trafficking for sexual exploitation**.

The collapse of the Soviet system, combined with the conflict in the Balkans, has caused **widespread poverty** and emergence of **clandestine networks**.

This phenomenon has created one of the most **vulnerable** groups currently residing in Europe and can only be described as modern-day **slavery**.

Sexual trafficking has **victimised** virtually **entire generations** of young **women** and **some young men** – and, given **the scale** of the problem, **cannot fail** to have a **direct impact** on their reproductive and relationship choices.

As international migration is **increasing**, many European countries now have to **confront** human rights abuses, which until recently **were not present** in our countries –

These include **FGM, Honour Killings and Forced Marriages**.

The UK APPG on PD&RH held Parliamentary Hearings on **FGM** in 2000. As a **direct result** of those Hearings, the law has now been changed to enable people who attempt to **circumvent** UK laws by taking girls **abroad** for FGM, **even** to countries where the practice is lawful, to be **prosecuted**, upon their return to the UK.

The **length** of prosecution has also been **extended** for people that **aid, abet, counsel or procure** FGM. The new FGM law will send a **strong message** to FGM practicing communities both in **the UK** and **abroad** that FGM is **unacceptable** and an **abuse of human rights**.

This is what we have done in the UK. However, I am very aware that the **same issue** has also been looked at, carefully, in many ECE countries.

For example, in France **a specific law** was not seen as necessary, simply a **clarification** of the **existing** penal code, with an **awareness-raising campaign** around the issue of FGM.

FGM has **also** been debated in Spain, Austria, the European Parliament, Portugal and Switzerland.

Turning to an **extremely** vulnerable group throughout Europe.

Earlier this year I was appointed by the Parliamentary Assembly of the Council of Europe to look into the allegations of forced **sterilisation of Roma women in Eastern Slovakia**.

It should be remembered that the Roma are among Europe's largest indigenous minority groups, while present in most European countries the majority live in a handful of Central and East European countries.

My findings were that the Roma population remained subject to institutional racism and populist assumptions.

This, in my view, is unacceptable.

The EU enlargement represents an opportunity to address and improve Roma rights, not only in Slovakia but also in all accession countries and generally throughout Europe.

The mission raised the profile of SRHR challenges in Slovakia and the Slovak Government is now in the process of preparing a 10-year strategy, which will improve the indigenous Roma women's SRHRs.

(My full statement can be found on the APPG on PD&RH website)

My conclusions of the Slovakia visit will be included in my report for the Council of Europe which I expect to be adopted by June this year on a European Sexual and Reproductive Health Strategy.

I would like now to draw attention to a development which I feel we should be **very concerned** about, **not only** because of the **impact** on the young people of that sub-region, but also the potential for **wider implications** on Europe and the world.

This is the increasing **government support** to some **religious groups'** points of view on issues of sexuality and reproduction, particularly on **abstinence-only sexuality education**, which is taking place in the US.

This concerns me for several reasons:

- I am worried that **proven methods** for improving the sexual and reproductive health of young people are being **subordinated** to religion
- I am worried that the health of **a generation** is being placed **in peril** in order to satisfy **electoral allies**

- I am worried that yet another **international agreement** is being **eroded away**, in this case, the ICPD PoA
- I am worried that, given the **weight** of the US in the international community, the “**abstinence-only myth**” will be exported to **developing countries**,

which **urgently need** appropriate sexual and reproductive health information and services, but **depend** on US foreign aid dollars

As European parliamentarians, we have been **very** outspoken on this issue and the recent shifts in **priorities**, concerning the international family planning policies of the current US administration.

The current US opposition to SRHR issues prompted the CoE Committee of Equal Opportunities for Women and Men to address the impact of the “Mexico City Policy” on contraception in Europe.

The CoE Parliamentary Assembly called on governments of its member states **not** to follow the Mexico City Policy but:

- to be guided by the ICPD PoA and the Ottawa Statement of Commitment;
- to **encourage** and **stimulate discussion** and exchange of **experience** between member state, on dealing with **safe abortion** as a public health and reproductive right issue;
- to ensure that abortion remains **safe** and **accessible where it is not against the law.**

(Full information can be found on the CoE website)

In addition, my parliamentary group in the UK, and colleagues from **over 20 countries in Europe** have joined forces,

to **ensure**, that the **rights** of young people in accessing **information, counselling** and **services** regarding sexuality and reproduction **cannot be compromised.**

It is for this reason that we have **openly denounced** the Global Gag Rule, the funding cuts to UNFPA and positions on abstinence-only education.

With regards to **gender equality**, the EU has been very active.

In 1992 the Council adopted Recommendations on childcare,

in 1996 the Council prepared a Directive on parental leave,

1998 employment guidelines were published on 'reconciling work and family life',

in 2000 a Resolution on health and family planning services was prepared,

and an **education** strategy was in place regarding relationship, sex and responsible parenthood.

In 2000 ILO adopted the maternity protection convention (C183) setting minimum standards,

that maternity leave should be no less than 14 weeks and encouraged cash benefit that provide a suitable standard of living.

In 1993 1/3 of UNECE member states had paternity leave programmes in place and in 2002 this increased to ½.

In 2002 Ann Van Lancker presented the “**Resolution on Sexual and Reproductive Health and Rights in Europe**”.

This landmark resolution is a political success for the affirmation of sexual and reproductive rights in Europe.

The resolution calls for **easier access to emergency** contraception, **comprehensive sexuality** education, **improved access to affordable** health services for young people, minorities and the poor,

and legal, safe and **accessible abortion**.

Turning to a few national examples;

- In Armenia and Latvia, laws on reproductive health and reproductive rights were adopted in 2002
- Poland: IPPF tried to get a change in abortion law which is very restricted. The Ministry of Health has now accepted hormonal pill to the list of contraceptives which can be refunded
- Switzerland: In 2002 legalisation of abortion on request < 12 weeks
- In France, reform of the abortion law and access of emergency contraception – 2002
- In the UK – Emergency Contraception can be obtained over the counter – 2001 and The Government launched a sexual health and HIV strategy – 2002
- In Portugal, adoption of a law of sexuality education

At national, regional and international level various meetings and conferences have taken place in the 1990's, with participation from **vulnerable groups**, which have increased the **profile** and **recognition of challenges** experienced by those groups.

At the WSSD conference in 2002 in Johannesburg and at the Children's Summit in NY 2002, **Indigenous People, Youth, and Women's working groups** were actively involved in ensuring **recommitment** to both general and specific **SRHR** in **outcome documents**.

Conclusion

A great deal **has** been accomplished in the past ten years to improve choices, regarding partnership formation, childbearing and parenting.

However, it is clear that much **remains to be done**.

Moreover, given the **complex nature** of these subjects, it is likely, they will feature **prominently** on the **political agenda** in the coming years.

Evolutions in societal **trends** and scientific progress mean that **parliamentarians** in the ECE region must **continue** to address sexual and reproductive health and rights, **proactively**.

Member states have faced **very different economic** contexts in the past ten years.

Contexts that have constrained the ability of **some** governments to **support** families and **contexts** that have called for a **reordering** of governmental **priorities**.

There has been **competing** demands for **public money** with **declining revenues**, partly due to the fertility decline and the aging population.

Most UNECE countries have policies and infrastructure **in place** to support families, but in **most** cases, these policies are **not** part of **comprehensive family policies**.

Parliamentary commissions are often established to study families; to adapt **new** policies on **gender** equality, **children's** rights and education, and adoption of **family** policy.

Most countries have **prioritised** family policies that deal with **gender equality** and **work-family reconciliation**.

Some countries such as **Italy, Malta, Slovakia and Spain** have prioritised **families** and **people in greatest need**,

there is however, **still** a **conflict** between **budget** and **policies**.

We will need to continue to promote individuals **and** members of vulnerable groups, to **realise their choices** in matters of partnership formation, childbearing and parenting.

The **ultimate aim** is for vulnerable groups to have **universal** and **equal** access to quality primary education and health, **including** reproductive health and family planning services.

As a member of parliament, I have **four very simple recommendations** to conclude my remarks,

and they are:

- parliamentarians **must** recognise that sexual and reproductive health and rights are **priority issues** and will **continue to be** for the future
- parliamentarians can **address** these issues by creating **parliamentary groups**, such as the one which exists in my country, and which exist in a **number** of countries in the ECE region
- parliamentarians **must** maintain **close** and in **regular contact** with the specific **vulnerable** groups whose sexual and reproductive rights are not always **recognised**
- parliamentarians **must** fight **ideologically** driven **obstacles** to sexual and reproductive health and rights and **actively promote**:
 - Health
 - Choice
 - And Rights

THANK YOU

OVERHEAD 1:

- Policies developed and implemented in the UNECE region to enable young couples, and individuals and members of vulnerable groups (indigenous people, migrants etc.) to realise their choices in matters of partnership formation, childbearing and parenting.
- On the challenges young people and adolescents face in the different sub-regions with regard to their sexuality and reproductive rights.
- Whether relevant global and regional instruments based on international conferences that were organised since 1990 have inspired these policies.

OVERHEAD 2:

Concerning overall fertility rates:

- Fertility below replacement in nearly all UNECE member states

- In most transition economies, fertility declined very steeply during the 1990s and in some cases just after the fall of the Socialist regimes
- Lowest fertility rates in 2000: Armenia, Czech Republic, Germany and Russia - 1.11 to 1.22
- If total fertility stabilises at 1.3, the population will halve in 44.3 years, if total fertility rate stabilises at 1.5, the population will halve in 64.7 years

OVERHEAD 3:

Trends and data on partnership formation and parenting:

- Later marriage and parenting and the divorce rate is increasing (with few exceptions)
- Cohabiting unions are less likely to survive including those who experienced pre-marital cohabitation. Cohabiting is somehow discouraging fertility

- 55.3 % of births are non marital births in Sweden, 39.5% in UK, 10.7% in Switzerland, 9.7% in Italy and 2.3% in Cyprus
- 1/5 women remain childless in UK, 1/10 women remain childless in Spain and Denmark

OVERHEAD 4/5:

Attempts to reverse declining fertility rates – family policies:

- While few countries have explicit or comprehensive family policy, all countries have policies and infrastructure in place to support families
- Since 1994, most Governments have launched initiatives related to family issues including gender equality and work-family reconciliation. Parliamentary and ministerial commissions have been established to study families to adapt new policies
- Research show that state support for families can have an impact of fertility. However policies on

female employment, economic context and social norms regarding gender equality need to be considered. In 22 industrialised countries findings were that a 23 percent increase in family allowances would result in an increase of 0.07 children per woman

- Policies that support working parents can have an effect on fertility – although contrary evidence is also reported in the literature. A 1% increase in maternity benefits would result in a 0.26 percent increase in fertility
- A 20 percent increase in childcare enrolment rate would result in an increase in cohort fertility of 0.05 children per woman
- Housing transaction cost, access to mortgages and other financial issues are important factors for deciding to experience a family or household event. Also important are possibilities for part time work and child care

Annex:

Childbearing and parenting in low fertility countries: Enabling choices

Provide an overview of:

- **Policies developed and implemented in United Nations Economic Commission for Europe (UNECE) region to enable young couples, and individuals and members of vulnerable groups (indigenous people, migrants etc.) to realise their choices in matters of partnership formation, childbearing and parenting.**
- **Challenges young people and adolescents face in the different sub-regions with regard to their sexuality and reproductive rights.**
- **Whether relevant global and regional instruments based on international conferences that were organised since 1990 have inspired these policies.**

1st background paper summary:

Choice, opportunities and constraints on partnership, childbearing and parenting: the policy responses.

- **Competing demands for public money in the context of declining revenues and population ageing (pension, family policies, unemployment, health, education, and social assistance).**
- **Different countries different priorities....some countries prioritised families and people in greatest need (Italy 1988, Malta 1996, Slovakia 1994, Spain 1994). A conflict between budget and policies.**
- **Fertility below replacement in nearly all UNECE member states, no active pronatalist policies have been pursued in recent years. Key priorities have been to combat child poverty and reconciling work and family responsibilities.**

- Few countries have explicit family policy. All countries have policies and infrastructure in place to support families, but in most cases these policies are not part of a comprehensive family policy.
- Since 1994 most Governments have launched initiatives related to family....parliamentary and ministerial commission to study families to adapt new policies (gender equality, children's rights and early education and adoption of family policy).
- Family policy in 3 countries (Slovakia, Spain and Norway) – tax, housing, family law, balancing work and family life, social and cultural participation as low fertility in countries to support working mothers.
- Spain also covers human right, parents' rights to decide on the number of children and spacing of their birth, children's education and support for young people.
- Many initiatives on gender equality and work-family reconciliation. UK now improved provision regarding maternity leave, paternity leave and parental leave schemes.
- More emphasis on children's rights..especially childhood education.
- EU and EC active in the field of gender equality policies: 1992 council recommendation on childcare, 1996 council directive on parental leave, 1998 employment guidelines 'reconciling work and family life', 2000 resolution of the council and the Ministers for Employment and Social Policy on balanced participation of women and men in family and working life.
- In 2000 ILO adopted the maternity protection convention (C183) maternity leave no less than 14 weeks and cash benefit that provide a suitable standard of living.
- In 1993 1/3 UNECE member states have in place paternity leave programmes in 2002 ½ in place.
- Research show that state support for families can have an impact of fertility, however policies, female employment, economic context and social norms regarding gender equality need to consider. In 22 industrialised countries findings were that 23 percent increasing family allowances would result in an increase of 0.07 children per woman.
- Policies that support working parents can have an effect on fertility – although contrary evidence is also reported in the literature. 1% increase in maternity benefits would result in 0.26 percent increase in fertility.
- 20 percent increase in childcare enrolment rate would result in an increase in cohort fertility of 0.05 children per woman.

2nd background paper summary:

- Later marriage and parenting
- Divorce rate increasing apart from some exceptions from central and Eastern Europe, former USSR and Switzerland.
- Cohabiting unions are less likely to survive including those who experienced pre-marital cohabitation.

- If total fertility stabilises at 1.3, the population will half in 44.3 years, if total fertility rate is 1.5, the population will half in 64.7 years.
- Lowest low fertility was recorded in Spain and Italy in 1992/93. In most transition economies, fertility declined very steeply during the 1990s and in some cases just after the fall of Socialist regimes.
- A US child on average will live more than 1/3 of his/her first 15 years without both biological parents.
- Cohabiting is somehow discouraging fertility.
- 4 families: Maternalistic (Nordic countries) high level of female participation in labour market, high level of childcare facilities and females value cooperation and relatively low level of individualism and conservatism; pragmatic cluster (Austria, France, Germany, Ireland, Netherlands and Switzerland and UK) emphasis on economic performance, not extreme scores on equality of gender roles and conservatism; paternalistic cluster (Southern European Countries) prevalence of traditional family values, lack of female emancipation and low level of childcare facilities and high scores on conservatism and low on gender equality.; intermediate culture (central Europe).....
- Housing transaction cost, access to mortgages and other financial issues are important factors for deciding to experience a family or household event. Also important are possibility of part time work and child care.
- 1/5 women remain childless in UK, 1/10 women remain childless in DK.
- 39.5% of births are non marital births in UK, 44.6% of births are non marital births in DK – Cyprus 2.3%, Italy 9.7%, Switzerland 10.7%

European policies:

- Armenia/Latvia: 'law on reproductive health and reproductive rights of human being' was adopted by the national Parliament in December 2002.
- Lithuania: IPPF presented a draft Reproductive Health law to the Lithuanian Parliament in July 2002. The draft law included articles on reproductive rights, abortion, contraception, sterilisation, safe motherhood, prevention of sexual infections and HIV/AIDS and sexuality education.
- Poland: IPPF trying to get a change in abortion law as very restricted. Ministry of Health has now accepted hormonal pill to the list of contraceptives which can be refunded.
- Switzerland: In 2002 legalisation of abortion on request < 12 weeks
- UK: SPUC tries to stop emergency contraception over the counter but was not successful – the High Court rejected SPUCs claim that emergency contraception causes abortion.
- CoE: In 2002 Christine McCafferty launched a motion in the Parliamentary Assembly of the CoE to establish a European Sexual and Reproductive Health Strategy.

- European Parliament: In 2002 Ane Van Lancker presented the 'Resolution on Sexual and Reproductive Health and Rights in Europe'. This landmark resolution is a political success for the affirmation of sexual and reproductive rights in Europe. The resolution calls for easier access to emergency contraception, comprehensive sexuality education, improved access to affordable health services for young people, minorities and the poor, and legal and safe and accessible abortion