HUMAN RIGHTS

The Foundation for a Comprehensive Sexual and Reproductive Health Counseling Service
The International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) is a network of 40 sexual and reproductive health (SRH) organizations across North America, Latin America, and the Caribbean. Our Member Associations provide more than 26 million SRH services each year. These range from sexuality education, contraceptive services, and prenatal care to HIV testing, abortion-related care, and screening for gender-based violence. We also act as advocates for sexual and reproductive rights at the local and international levels.

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Women’s Link Worldwide is an international human rights non-profit organization working to ensure that gender equality is a reality around the world. With this objective in mind, we strive to advance women’s rights through the implementation of international human rights standards and strategic work with the courts, including strategic litigation.

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Iniciativas Sanitarias promotes both the theoretical development and exercise of the sexual and reproductive rights of women and men as a component of basic human rights. Our vision focuses on the development of a professional practice, which defends and promotes human rights in the context of the healthcare relationship. IS promotes the repositioning of health professionals, on the basis of and stemming from professional values, towards a greater and real commitment to change in clinical processes as well as within the legal framework, in order to improve the conditions and exercise of the right to health of women and men and implement social, cultural and political change.

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States acquire specific duties when it comes to providing, guaranteeing and monitoring sexual and reproductive health care services. They have an obligation to achieve the conditions necessary for the provision of comprehensive health services in accordance with the principles that govern international human rights law. This involves offering sexual and reproductive health services that are geared towards prevention and the promotion of individual and social well-being, as well as providing services tailored to the specific problems and conditions of each client and viewing each person as a subject of rights and not as a mere beneficiary of decisions made by third parties.

Despite the international community’s recognition of the need for these types of services, millions of people around the world lack the mechanisms to exercise their sexual and reproductive rights. Many women have little or no control in choosing whether to become pregnant, and to this extent they are denied their status as subjects of rights. They also lack sufficient information about how to access methods of family planning, emergency contraception and/or safe abortion services. As a result, every year nearly 19 million women resort to having an unsafe abortion. Many of these women will die as a result; many more are permanently injured. Nearly all the women who die or are injured are poor and live in poor countries, thus further highlighting that the problem of unsafe abortion is a problem of social justice and human development.

Respect for human rights is essential for ensuring the enjoyment of a full and dignified life and establishing the conditions necessary to promote social progress and better standards of life for all human beings. Human rights encompass, among other rights, the right to freely and responsibly decide matters related to sexuality and reproduction, the right to the enjoyment of the highest standard of physical and mental health, the right to obtain information that permits one to make free and informed decisions, the elimination of all forms of domestic and sexual violence, as well as the right to receive adequate health care services to avoid risks during pregnancy and birth, without discrimination as to sex, race, age, ethnicity, sexual orientation, religion, political opinion, national or social origin, economic position or other status.

The status of sexual and reproductive rights as human rights is rooted in the recognition that equality, gender equity and the liberation of women and girls are essential for society and, therefore, are a direct path for promoting the dignity of all human beings and the progress of humanity in conditions of social justice. In this sense, States’ promotion of sexual and reproductive rights, within a context that is respectful of dignity and free from discrimination and/or violence, guarantees that everyone has access to the conditions that allow for the fulfillment and expression of their sexuality and reproduction as essential manifestations of human and social development.
Studies published by WHO\(^5\) other global expert groups\(^6\) and researchers in many parts of the developing world\(^7\) have consistently shown that most unsafe abortions occur in poor countries, while practically all abortions in wealthier countries are safe.\(^8\) About 70,000 women die each year from the effects of unsafe abortion—an estimate that has barely changed in 10 years.\(^9\) The number of abortions worldwide fell from an estimated 45.5 million in 1995 to 41.6 million in 2003.\(^10\) However, the estimated number of unsafe abortions changed little during this period—from 19.9 million to 19.7 million—and almost all occurred in developing countries.\(^11\) Globally, 40% of women of childbearing age (15–44) live in countries with highly restrictive laws (those that prohibit abortion altogether, or allow the procedure only to save a woman’s life, or protect her physical or mental health).\(^12\) Virtually all countries with highly restrictive laws are developing countries;\(^13\) more than eight in 10 women in developing countries other than China and India live under highly restrictive abortion laws.\(^14\) This situation leads to social exclusion, violating individuals’ dignity and fundamental and human rights. It also limits individuals’ capacity to make informed decisions in the different areas of their lives, including decisions about their physical and mental well-being and sexual and reproductive health.

In addition to poverty, exclusion and inequality, the existence of restrictive legislation further interferes with the exercise of sexual and reproductive rights as human rights. Existing laws placing restrictions on a woman’s right to make decisions regarding an unwanted pregnancy can often lead to punitive provisions for women who seek out voluntary abortions.

Moreover, in many contexts, the health care sector imposes additional moral and administrative restrictions around the provision of these types of sexual and reproductive health services; these restrictions add to the obstacles that individuals (particularly women and adolescents) face when attempting to make autonomous decisions about the exercise of their sexuality and reproduction. For example, in countries that have succeeded in decriminalizing abortion under certain circumstances, access to abortion services is still limited, whether due to a lack of specific guidelines and/or protocols that outline the process for providing these services and delineate the specific responsibilities of health providers or due to the health care system’s tolerance for conduct that is not in compliance with these protocols. These countries, as a result, fail to effectively protect women’s right to access sexual and reproductive health services.

In contrast to this panorama of inequality and discrimination, the Millennium Development Goals, approved in 2000 by the international community, reflect the commitments that States have made to combating poverty and inequality, which include commitments to promoting gender equity and maternal health throughout the world. Goal 5, in particular, highlights the
need to improve maternal health, while Target 5a proposes reducing the rate of maternal mortality by three-fourths by 2015. Given the fact that unsafe abortions have a significant impact on mortality rates, being the first, second or third cause of morbi-mortality in some countries, the question remains whether it is possible for the countries worldwide to achieve this target, if they do not implement the necessary mechanisms for women to terminate their pregnancies under safe and adequate conditions.

In this context, health professionals play a key role in achieving high levels of equality, well-being and effective enjoyment of sexual and reproductive rights among men and women. As moral agents with ethical responsibilities for the lives and health of individuals, their principal role is to provide information and primary health care services. Consequently, health professionals should be prepared to offer the necessary resources to help clients make informed decisions in all areas of their sexuality and fertility. This involves fulfilling their legal duty to provide accurate and impartial information about their client’s sexual and reproductive health; about the full range of available contraceptive methods and emergency contraception; about the risks of an unplanned pregnancy; about any potential collateral and dangerous effects of each option as relates to a client’s reproductive life plan; about the implications for an individual’s health and life when they accept or refuse treatment; about the clinical recommendations of the provider and the medical justifications for those recommendations, among other information. Studies suggest that when family planning patients are able to make informed choices, this leads to improved outcomes and an increase in client satisfaction and method compliance.15

To this end, Iniciativas Sanitarias, an Uruguayan civil society organization comprised of health professionals, has developed, implemented, and evaluated a model of comprehensive counseling in sexual and reproductive health. With the support of the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR), this model has been expanded to other countries throughout the world. The model can be applied under various conditions and guarantees the provision of health care services to women who face an unwanted pregnancy, even where professionals are providing these services within restrictive legal frameworks.

The counseling model is based in a harm-reduction approach for women who consult health professionals when facing an unwanted pregnancy. The harm-reduction model, commonly used in the prevention of HIV/AIDS transmission, involves developing a response that minimizes the negative effects of an action taken by an individual without moral judgment about the determined conduct.16 This response can involve different tactics, including timely access to the health care
system, the creation of educational strategies and the delivery of information about the options women have when faced with an unwanted pregnancy (including adoption, abortion or motherhood, among others).

In the case of an unwanted pregnancy, harm-reduction counseling identifies the health professional as a fundamental figure, who acts according to professional ethics in conformance with the values of her profession and principles of beneficence, nonmaleficence, justice and autonomy of her patients.17

The implementation of this counseling model is based on the understanding of women as rights holders, who as such, are able to make autonomous decisions, without having to put their life, well-being and health at risk. It is a model that stems from the international human rights framework, specifically the right to health, dignity, physical integrity, liberty, autonomy, equality, information, privacy, freedom from cruel, inhuman and degrading treatment and the benefit of scientific progress, as will be presented below. The international human rights framework offers a number of legal tools that support the health care sector’s adoption of a policy for a comprehensive approach to sexual and reproductive health counseling and care, which would not only address maternal morbidity and mortality as a problem of public health, equality and social exclusion of women, but also, adequately ensure respect for and protection of the rights of health care providers.

This framework presents eight rights that are involved in the provision of this counseling service model and explains how each right, individually, is applied in the actual implementation of the harm reduction model against unsafe abortion.
The right to life requires health professionals to take all measures within reach to avoid maternal death due to preventable causes during and after a pregnancy.

Health professionals have an obligation to protect life and physical integrity and, as such, should respect and protect decisions related to their clients’ life plans, such as their decisions concerning sexual and reproductive health, regardless of the personal and moral beliefs of the health care provider.
Adolescents and women may make different life choices when facing an unwanted pregnancy, including continuing the pregnancy, placing the child for adoption or terminating the pregnancy. Accordingly, health professionals should provide clients with complete information about all of the possible routes and options available to them and do so in an accurate, timely and complete manner. Under these conditions, women’s rights to life and physical integrity are protected when they face an unwanted pregnancy.

Restrictive abortion laws threaten women’s lives and physical integrity. Under such circumstances, women frequently turn to unsafe procedures to terminate their pregnancies, using things like plants, sharp objects, drugs or other methods without complete information about the consequences that these methods have for their health and well-being. The medical establishment has identified various methods of abortion that do not endanger the physical integrity and well-being of the patient. Accessing information about these methods during the first trimester of an unplanned or unwanted pregnancy is essential to ensuring protection of the right to life of women who choose not to continue a pregnancy.

Women avoid having to risk their lives, physical integrity and personal security when they are able to access a safe method of abortion to terminate a pregnancy. In this context, the comprehensive sexual and reproductive health counseling model seeks to provide women with complete information about the different options they have when pregnant, including safe abortion methods that avoid all risks to the woman’s health and life. This is especially important in cultural and social contexts where adolescents’ and women’s rights to make decisions regarding their sexuality and reproduction are not recognized.

INTERNATIONAL LEGAL SUPPORT

Universal Declaration of Human Rights
“Article 3. Everyone has the right to life, liberty and security of person.”

American Declaration of the Rights and Duties of Man
“Article I. Every human being has the right to life, liberty and the security of his person.”

International Covenant on Civil and Political Rights
“Article 6. Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.”

European Convention on Human Rights
“Article 2. Everyone’s right to life shall be protected by law. […]”

American Convention on Human Rights
“Article 4.1. Every person has the right to have his life respected.”
“Article 5.1. Every person has the right to have his physical, mental, and moral integrity respected.”
“Article 7.1. Every person has the right to personal liberty and security.”

**Convention on the Rights of the Child**

“Article 6.1. States Parties recognize that every child has the inherent right to life.”

“Article 6.2. States Parties shall ensure to the maximum extent possible the survival and development of the child.”

**International Conference on Population and Development**

“Principle 1. […] Everyone has the right to life, liberty and security of person.”
The recognition and protection of health and sexual and reproductive rights as human rights constitutes a clear and effective strategy for combating maternal mortality as a problem of public health, equity and social exclusion of women.

The highest attainable standard of health refers to (i) the level of health that permits a person to live with dignity, (ii) under social and environmental conditions in which that person can lead a healthy life and (iii) access to comprehensive health services, through States’ provision of all possible resources for the realization the right to health.
Although it is not possible to guarantee an adequate state of health in its entirety, in the sense that people are healthy and free of disease, it is possible to achieve conditions in which individuals have the opportunity to enjoy well-being and good health, which not only include access to adequate health care services but also all of the other factors that contribute to the improvement of health.

For the purposes of providing comprehensive sexual and reproductive health care to a woman who is facing an unwanted pregnancy and has turned to a health professional for counseling, this protection involves the health professional and the patient exploring what options are available to the woman and how each of those options factors into her individual life plan. This allows her to make an autonomous and informed decision without putting at risk her health and well-being. It is important to remember that an unwanted pregnancy can amount to an unsupportable burden for a woman and can have consequences for her life and physical integrity. Health professionals, as a result, must provide women and girls facing unwanted pregnancies with comprehensive care.

Provision of care to pregnant clients should include an investigation and consideration of, among other things, the woman’s acceptance of her pregnancy, the existing networks of support (in the case of adolescents, particular attention should be paid to the support of the family), her desired life plan, any history of domestic violence, genetic and chronic disease and the woman’s economic situation.

When exploring these factors, the health care provider should inform the patient of the different options available to her, including continuing the pregnancy, giving the child up for adoption or terminating the pregnancy. In the first case, information should be provided that indicates which state or national programs are available to provide support to pregnant women and newborns. In the second case, when presenting adoption as an option for women facing an unwanted pregnancy, it is important to mention the existence and appropriateness of the mechanisms and means by which one can facilitate this process, as well as the possible obstacles and barriers to completing an adoption. Finally, in exploring the option of an abortion, the health professional and the woman should consider the individual, legal and social factors that will permit her to make this decision in a way that is safe for her life and health, as well as the available methods in each context.

The comprehensive counseling model also includes provision of information about and access to available contraceptive methods, including emergency contraception, so that a woman can minimize her risk of another unwanted pregnancy in the future.
**INTERNATIONAL LEGAL SUPPORT**

**Universal Declaration of Human Rights**

“Article 25.1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

**American Declaration of the Rights and Duties of Man**

“Article XI. Every person has the right to the preservation of his health through sanitary and social measures relating to food, clothing, housing and medical care, to the extent permitted by public and community resources.”

**International Covenant on Economic, Social and Cultural Rights**

“Article 12.1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

“Article 12.2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: […]

   d) The creation of conditions which would assure access to all medical service and medical attention in the event of sickness.”

**Convention on the Elimination of All Forms of Discrimination against Women**

“Article 12. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”

“Article 14.2. States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: […]

   b) To have access to adequate health care facilities, including information, counseling and services in family planning;

   c) To benefit directly from social security programmes; […].”

**Convention on the Rights of the Child**

“Article 24. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”

**Protocol of San Salvador**

“Article 10.1. Everyone shall have the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being.
Article 10.2. In order to ensure the exercise of the right to health, the States Parties agree to recognize health as a public good and, particularly, to adopt the following measures to ensure that right:

a) Primary health care, that is, essential health care made available to all individuals and families in the community;

b) Extension of the benefits of health services to all individuals subject to the State’s jurisdiction; […]

c) Satisfaction of the health needs of the highest risk groups and of those whose poverty makes them the most vulnerable.”

World Conference on Human Rights

“Paragraph 41. The World Conference on Human Rights recognizes the importance of the enjoyment by women of the highest standard of physical and mental health throughout their life span. […] the World Conference on Human Rights reaffirms, on the basis of equality between women and men, a woman’s right to accessible and adequate health care and the widest range of family planning services, as well as equal access to education at all levels.”

International Conference on Population and Development

“Principle 8. Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.”

“Paragraph 3.19. High priority should be given by Governments, non-governmental organizations and the private sector to meeting the needs, and increasing the opportunities for information, education, jobs, skill development and relevant reproductive health services, of all underserved members of society.”

“Paragraph 7.2. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce […] Implicit in this last condition are the right of men and women to […] family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”

“Paragraph 7.6. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, […] should always be available.”
Paragraph 8.25. [...] In all cases, women should have access to quality services for the management of complications arising from abortion.

Fourth Conference on Women

Paragraph 89. Women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being [...]. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Paragraph 106 [...].

e) Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care [...];

j) Recognize and deal with the health impact of unsafe abortion as a major public health concern, [...];

k) [...] Consider reviewing laws containing punitive measures against women who have undergone illegal abortions.
Respect for difference in the context of sexual and reproductive health services involves adequate, appropriate and differentiated medical management and treatment that supports each client’s well-being and attends to her individual physical, mental and emotional needs.

The recognition of the particular needs of certain populations—such as women of reproductive age—and of each woman as an individual is the first step towards ensuring respect for the right to equality in the area of comprehensive sexual and reproductive health care.
The right to equality requires health professionals to recognize that not all women have equal access to reproductive health services and, as a result, that a comprehensive counseling service can help diminish these inequalities and reduce maternal mortality rates.

In countries with restrictive abortion laws, women facing an unwanted pregnancy who opt for an abortion may turn to either safe or unsafe methods. Women with greater economic and educational resources are more likely to have access to a safe procedure that does not put their life or physical integrity at risk. Poor women, young women and women living in vulnerable situations may be forced to turn to unsafe services and, as a result, face serious consequences for their lives and health.

Because not all women will be able to access safe abortion services, a comprehensive sexual and reproductive health counseling model guarantees that all women facing an unwanted pregnancy that approach the health care system receive complete and appropriate information from a qualified health professional who has received training on how to understand and approach the particular needs of the woman or adolescent. Providing this information ensures that all clients are aware of available safe and unsafe methods of abortion and are able to access those services in a timely manner, regardless of their particular circumstances or ultimate decision regarding their pregnancy.

Moreover, the provision of these services, as well as the human rights of the client, should not be affected by the personal and moral beliefs of the health professional.

INTERNATIONAL LEGAL SUPPORT

Universal Declaration of Human Rights

“Article 2. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

“Article 7. All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.”

American Declaration of the Rights and Duties of Man

“Article II. All persons are equal before the law and have the rights and duties established in this Declaration, without distinction as to race, sex, language, creed or any other factor.”

International Covenant on Civil and Political Rights

“Article 3. The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.”

“Article 26. All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection
against discrimination on any ground such as race, color, sex,
language, religion, political or other opinion, national or social
origin, property, birth or other status.”

International Covenant on Economic, Social and Cultural Rights

“Article 2.2. The States Parties to the present Covenant undertake
to guarantee that the rights enunciated in the present Covenant
will be exercised without discrimination of any kind as to race,
color, sex, language, religion, political or other opinion, national
or social origin, property, birth or other status.”

“Article 3. The States Parties to the present Covenant
undertake to ensure the equal right of men and women to
the enjoyment of all economic, social and cultural rights set
forth in the present Covenant.”

European Convention on Human Rights

”Article 14. The enjoyment of the rights and freedoms set forth
in this Convention shall be secured without discrimination on
any ground such as sex, race, color, language, religion, political
or other opinion, national or social origin, association with a
national minority, property, birth or other status.”

Convention on the Elimination of All Forms of Discrimination
against Women

”Article 2. States Parties condemn discrimination against women
in all its forms, agree to pursue by all appropriate means and
without delay a policy of eliminating discrimination against
women and, to this end, undertake:

- a) To embody the principle of the equality of men and
  women in their national constitutions or other appropriate
  legislation if not yet incorporated therein and to ensure,
  through law and other appropriate means, the practical
  realization of this principle;

- b) To adopt appropriate legislative and other measures,
   including sanctions where appropriate, prohibiting all
discrimination against women;

- c) To establish legal protection of the rights of women on
   an equal basis with men and to ensure through competent
   national tribunals and other public institutions the effective
   protection of women against any act of discrimination;

- d) To refrain from engaging in any act or practice of
discrimination against women and to ensure that public
authorities and institutions shall act in conformity with this
obligation;

- e) To take all appropriate measures to eliminate
discrimination against women by any person, organization
or enterprise;

- f) To take all appropriate measures, including legislation,
to modify or abolish existing laws, regulations, customs
and practices which constitute discrimination against
women;

- g) To repeal all national penal provisions which constitute
discrimination against women.”

“Article 15.1. States Parties shall accord to women equality with
men before the law [...]”
World Conference on Human Rights

“Paragraph 18. The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex are priority objectives of the international community.”

“Paragraph 36. The World Conference on Human Rights urges the full and equal enjoyment by women of all human rights and that this be a priority for Governments and for the United Nations. […]”

“Paragraph 38. In particular, the World Conference on Human Rights stresses the importance of working towards the elimination of violence against women in public and private life […] and the eradication of any conflicts which may arise between the rights of women and the harmful effects of certain traditional or customary practices, cultural prejudices and religious extremism. […]”

International Conference on Population and Development

“Principle 1. All human beings are born free and equal in dignity and rights. […] without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

“Principle 4. Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development-related programs.”

“Paragraph 4.4.

c). [Eliminate] all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health.”

“Paragraph 4.20. Countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women […]”
Women’s right to reproductive self-determination is violated when they face obstacles in their attempts to exercise the right to control their fertility.

Violations of reproductive self-determination, such as forced pregnancy or forced sterilization, rise to the level of the most atrocious international crimes, according to international criminal law.
The comprehensive sexual and reproductive counseling model represents an open and safe space where women can find the information and support they need to reflect and make autonomous, free and informed decisions about their options as they relate to their reproductive life, health and well-being.

The model of comprehensive counseling recognizes that women, including young women, have the right to access counseling without the presence or consent of third persons, such as a partner, parents or guardian. At the same time, the counseling service offers resources and encourages women to involve their support networks to help them act on their decisions regarding the unwanted pregnancy, without exposing their lives or health to preventable risks.

The comprehensive counseling model also recognizes that no woman can be forced to carry out an unwanted pregnancy or an abortion. For that reason, during the consultation, the provider should explore whether the woman is being exposed to any type of violence (psychological, physical, sexual or economic) and if or how that violence may be affecting her decision regarding the pregnancy, as well as regarding her use of contraceptive methods in the future.

**INTERNATIONAL LEGAL SUPPORT**

**Universal Declaration of Human Rights**

“Article 19. Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.”

**American Declaration of the Rights and Duties of Man**

“Article IV. Every person has the right to freedom of investigation, of opinion, and of the expression and dissemination of ideas, by any medium whatsoever.”

“Article XXII. Every person has the right to associate with others to promote, exercise and protect his legitimate interests of a political, economic, religious, social, cultural, professional, labor union or other nature.”

**International Covenant on Civil and Political Rights**

“Article 19.1. Everyone shall have the right to hold opinions without interference.”

“Article 19.2. Everyone shall have the right to freedom of expression [...]”

**European Convention on Human Rights**

“Article 10. Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers.”

**American Convention on Human Rights**

“Article 13.1. Everyone has the right to freedom of thought and expression. This right includes freedom to seek, receive,
and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing, in print, in the form of art, or through any other medium of one’s choice.”

**International Conference on Population and Development**

“Paragraph 4.1. […] In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction.”

“Paragraph 7.2. Reproductive health therefore implies […] the capability to reproduce and the freedom to decide if, when and how often to do so.”

“Paragraph 7.3. Reproductive health eludes many of the world’s people because of such factors as: […] discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives.”

**Fourth Conference on Women**

“Paragraph 95. Reproductive rights […] rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, […]It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence […].”
Freedom of information is a fundamental human right and is the “touchstone” of all freedoms and human rights. The full exercise of rights is only possible when human beings have access to the information they need to make free choices and live an autonomous life.

Protecting the right to information as a human right involves, on the one hand, negative obligations that prohibit any arbitrary interventions with the access to information and, on the other hand, positive obligations to ensure access to clear, accurate and timely information.
Complete and comprehensive counseling in sexual and reproductive health is rooted in the right to information. Health professionals should ensure that women know and understand their rights, as well as the risks, options and therapeutic and legal alternatives that relate to the unique circumstances that caused them to approach the health care system.

Women should receive all relevant information during an initial consultation of the counseling service, providing them the freedom to make a fully informed decision that takes into account all of the possible alternatives and how those alternatives relate to their sexuality and reproduction.

The comprehensive counseling model should be prepared, on the one hand, to inform women about the different options they have when facing an unwanted pregnancy and, on the other hand, to indicate which methods have the greatest and least risks. This information should be based on the best scientific evidence available at the international and national levels. The counseling model, moreover, recognizes the importance of providing information using language that is understandable to the woman who is seeking care, given her age, educational level, ethnicity, primary language and capacity, among other factors.

INTERNATIONAL LEGAL SUPPORT

Universal Declaration of Human Rights

“Article 19. Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.”

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“Article IV. Every person has the right to freedom of investigation, of opinion, and of the expression and dissemination of ideas, by any medium whatsoever.”

American Convention on Human Rights

“Article 13.1. Everyone has the right to freedom of thought and expression. This right includes freedom to seek, receive, and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing, in print, in the form of art, or through any other medium of one’s choice.”

European Convention on Human Rights

“Article 10. Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers.”
International Covenant on Civil and Political Rights

“Article 19.1. Everyone shall have the right to hold opinions without interference.”

“Article 19.2. Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice [...].”

Covenant on the Elimination of All Forms of Discrimination against Women

“Article 10. States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: [...] h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.”

“Article 14.2. States Parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular, shall ensure to such women the right: [...] b) To have access to adequate health care facilities, including information, counseling and services in family planning.”

Protocol of San Salvador

“Article 10.1. Everyone shall have the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being.”

“Article 10.2. In order to ensure the exercise of the right to health, the States Parties agree to recognize health as a public good and, particularly, to adopt the following measures to ensure that right: [...] e) Education of the population on the prevention and treatment of health problems [...].”

International Conference on Population and Development

“Paragraph 6.15. Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive
are still inadequate or lacking completely. […] Lack of information and services, increases the risk of unwanted and too early pregnancy, […] as well as unsafe abortions.”

“Paragraph 106.
   h) […] Ensure that all women are fully informed of their options, including likely benefits and potential side-effects, by properly trained personnel;
   m) Ensure that girls have continuing access to necessary health and nutrition information and services as they mature.”

Fourth Conference on Women

“Paragraph 93. […] Counseling and access to sexual and reproductive health information and services for adolescents
The right to privacy encompasses the right to confidentiality of all information provided to physicians through the doctor-patient relationship.

A lack of respect for patients’ confidential information deters women from accessing sexual and reproductive health services and, as a result, prevents them from receiving adequate counseling and treatment, which can be dangerous for their life and well-being.
The duty of confidentiality within the doctor-patient relationship is derived from the human right to privacy. Confidentiality and trust are ethical principles fundamental to the provision of medical services and respect for these principles is particularly important with regard to information about reproductive health and the decisions of women and adolescents. The protection of the right to privacy is closely related to health professionals’ duty to protect doctor-patient privilege with regards to all things they have seen, heard, understood or suspected in the context of their work. This is particularly important since the fear that certain information about a client might be made public will likely discourage her from seeking medical attention that she needs.

The protection of patients’ privacy and the effectiveness of the doctor-patient privilege are particularly important for young people who, when fearful that information will be provided to their parents, guardians or others, may delay making timely decisions about their sexual and reproductive health or may decide not to access health services entirely. These untimely decisions or those made without adequate information, particularly in this context, can have grave consequences for a client’s well-being.

Within the human rights framework, people, including young people, have a right to confidentiality regarding health services, medical records and, in general, any information concerning their health status, including their HIV status, or any decisions they make with regard to their sexual and reproductive health.

The comprehensive sexual and reproductive health counseling model not only protects confidentiality within the context of these consultations, but also promotes confidentiality more generally, by ensuring that clients know that they have this right and that they can exercise it in all areas of health care, and not only with regard to their reason for accessing the service.

**INTERNATIONAL LEGAL SUPPORT**

**Universal Declaration of Human Rights**

“Article 12. No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.”

**American Declaration of the Rights and Duties of Man**

“Article V. Every person has the right to the protection of the law against abusive attacks upon his honor, his reputation, and his private and family life.”

**International Covenant on Civil and Political Rights**

“Article 17. No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.”
European Convention on Human Rights

“Article 8. Everyone has the right to respect for his private and family life, his home and his correspondence [...]”

American Convention on Human Rights

“Article 11.2. No one may be the object of arbitrary or abusive interference with his private life, his family, his home, or his correspondence, or of unlawful attacks on his honor or reputation.”

“Article 11.3. Everyone has the right to the protection of the law against such interference or attacks.”

Fourth Conference on Women

“Paragraph 93. [...] a young woman’s right to privacy, confidentiality, respect and informed consent is often not considered.”

“Paragraph 106.

f) Redesign health information, services and training for health workers so that they are gender-sensitive and reflect the user’s perspectives with regard to interpersonal and communications skills and the user’s right to privacy and confidentiality.”
Providing the medical resources necessary to improve sexual and reproductive health means making all methods of family planning, as well as the newest and safest abortion technologies and methods, available to clients, so that individuals can freely choose their sexual and reproductive life plans, without any type of discrimination.
Health professionals should be aware of scientific advances and new technologies in the area of reproductive health, and they should provide that information to women in a complete, objective and understandable manner so that women can make autonomous decisions regarding their reproductive lives.

Information about scientific advances is an essential component of a comprehensive sexual and reproductive health counseling service. The woman should be informed of the different options and the new medical and therapeutic technologies she can access to improve her well-being and quality of life, thus permitting her to make informed decisions in this area of her life.

**INTERNATIONAL LEGAL SUPPORT**

**American Declaration of the Rights and Duties of Man**

“Article XIII. Every person has the right to take part in the cultural life of the community, to enjoy the arts, and to participate in the benefits that result from intellectual progress, especially scientific discoveries.”

**International Covenant on Economic, Social and Cultural Rights**

“Article 15.1. The States Parties to the present Covenant recognize the right of everyone: […]

b) To enjoy the benefits of scientific progress and its applications;

c) To benefit from the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author […].”

“Article 15.3. The States Parties to the present Covenant undertake to respect the freedom indispensable for scientific research and creative activity.”

**Protocol of San Salvador**

“Article 14.1. The States Parties to this Protocol recognize the right of everyone: […]

b) To enjoy the benefits of scientific and technological progress […].”
The continuation of a situation that causes profound psychological and emotional suffering, whether because it is a circumstance that is forced upon a woman or because it is not part of her life plan, is considered cruel, inhuman and degrading treatment under international human rights law.
The information and guidance that health professionals can provide women to inform their reproductive decisions can help prevent easily avoidable inhuman and degrading practices, such as the continuation of pregnancies that have resulted from rape, where there has been a diagnosis of fetal abnormalities incompatible with life or pregnancies that affect the life and/or physical or mental health of the woman, among other practices. Accordingly, comprehensive sexual and reproductive health counseling should include informing patients about both safe and unsafe abortion practices, so that they can make decisions that permit them to fully exercise their sexuality and reproduction and at the same time, protect their physical and mental integrity.

Limiting the exercise of reproductive autonomy by forcing the continuation of undesired or unwanted situations can place a disproportionate burden on the life and physical and emotional well-being of women. In this context, health professionals serve as agents of change, with the power to end cruel, inhuman and degrading circumstances by fulfilling their obligation to provide a patient with complete information, including the medical and therapeutic options available to her, thereby minimizing the risks to her life and health that can arise during the continuation of an unwanted pregnancy.

**INTERNATIONAL LEGAL SUPPORT**

**Universal Declaration of Human Rights**

“Article 5. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

**International Covenant on Civil and Political Rights**

“Article 7. No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”

**European Convention on Human Rights**

“Article 3. No one shall be subjected to torture or to inhuman or degrading treatment or punishment.”

**American Convention on Human Rights**

“Article 5.2. No one shall be subjected to torture or to cruel, inhuman, or degrading punishment or treatment […].”
Comprehensive sexual and reproductive health counseling that is based in a harm-reduction approach allows for the realization of women’s human rights and likewise provides an effective public health strategy for reducing maternal morbidity and mortality. It also enables advancements in social and human development, insofar as it contributes to the achievement of the Millennium Development Goals. The counseling model, moreover, “supports the role of health professionals as guarantors of rights and agents of social change, exercising a public voice in the debate around unsafe abortion and mobilizing the community with the aim of expanding the foundation of support for changing restrictive abortion laws.”

Given the fact that this counseling model is rooted in the internationally-recognized human rights framework, it can be applied in all public or private health care institutions and in various legal contexts. As a result, it is important for health care providers to be actively aware of their professional and ethical responsibility to provide an adequate, humanitarian and timely response to women who face unwanted pregnancies, so as to minimize the risks to their lives, physical integrity, health and well-being.


IPPF (INTERNATIONAL PLANNED PARENTHOOD) (1996)

IPPF (INTERNATIONAL PLANNED PARENTHOOD) (2006)

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NOTES

2 Constitutional Court of Colombia, ruling C-355 of 2006.
7 M. PURI, Situational Analysis on Unsafe Abortion in Nepal, unpublished report, Kathmandu: Centre for Research on Environment Health and


9 Ibid., p. 5.

10 Ibid., p. 4.

11 Ibid.

12 Ibid., p. 4.

13 Ibid. Excluding those in China and India (populous countries with liberal abortion laws), 86% of reproductive-age women in the developing world live under highly restrictive abortion law.

14 Ibid., p. 11.


18 For the purposes of the present Convention, a child means every human being under the age of eighteen, unless under the law applicable to the child majority is attained earlier (Art. 1 of the Convention on the Rights of the Child).

19 VV. AA., Causal Saluda: interrupción legal del embarazo, ética y derechos humanos, Cotidiano Mujer, 2008.


