

EMPOWERING WOMEN: A CRITICISM OF CONTRACEPTION

RESPONSE TO THE MOTION FOR A RESOLUTION:

"EMPOWERING WOMEN: PROMOTING ACCESS TO
CONTRACEPTION IN EUROPE" (DOC. N°14597)



Empowering Women: A Criticism of Contraception

Response to the motion for a resolution:
“Empowering women: promoting access to contraception in Europe”

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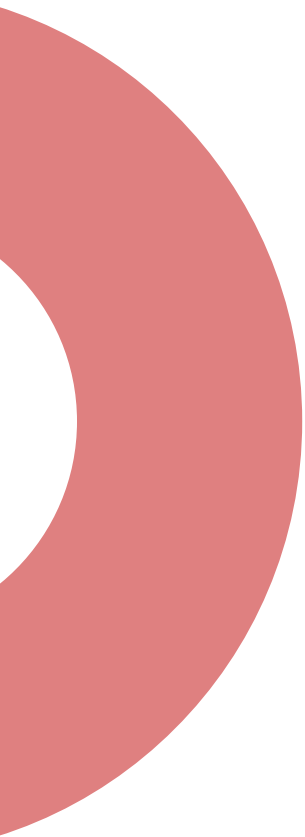


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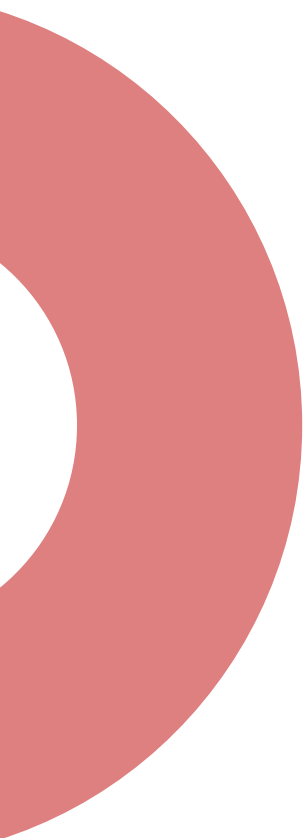
Introduction

Abstract

A recent motion for a resolution, entitled "[Empowering women: promoting access to contraception in Europe](#)", was introduced in the Parliamentary Assembly of the Council of Europe by Petra Bayr, Vice-president of the European Network of International Planned Parenthood Federation. This motion decries unequal access to contraception by women, which according to the authors explains the rather high rate (43%) of "unplanned" pregnancies in Europe. The signatories invite member States to take certain recommended measures in order to "empower" women through complete access to "reproductive health and rights".

Promoting contraception without any critical approach is problematic. It neglects several issues raised by the practice:

1. The promotion of contraception is legally based on the "sexual and reproductive rights" of every person, enshrined by international law. It is thus essential to correctly define the content and scope of these rights in order to understand their applicability (or non-applicability) to the issue of contraception.
2. Contraception has not proven itself successful so far and some of its justifications remain questionable. However, it is still heavily promoted by Planned Parenthood, one of the private entities that helped initiate this motion.
3. Contraception has many flaws. It impacts women's hormonal balance, which can affect their physiological and psychological health. It also releases pollutants into the environment. Finally, it has lasting impacts on gender relationships by changing the meaning of sexuality.
4. Reliable alternatives exist, such as natural methods for regulating fertility, which are more appropriate in their means and their goals. Overall, contraception also needs to be tackled upstream, with a renewed approach to sexual education.



Questioning the Authors of this Motion

The meeting of the Committee on Equality and Non-Discrimination held 11th April 2019 discussed the planning of the report “Empowering women: promoting access to contraception in Europe”. This meeting was attended by Neil Datta, Secretary of the European Parliamentary Forum on Population and Development (EPF), and Camille Butin, Advisor of the International Planned Parenthood Federation (IPPF) European Network.

This motion was put forward by the rapporteur, Petra Bayr, who also happens to be the Vice-President of the EPF since 2018 and Vice-President of IPPF Europe since 2017.¹ She was previously a member of the EPF Executive Committee from 2009 to 2015, which she represented worldwide.² Another signatory of the motion is Petra de Sutter, the President of the EPF.

Founded in 2000, the EPF began as a project of the International Planned Parenthood Federation (IPPF) European Network.³ The EPF is partially funded by the IPPF, the IPPF European Network, and Open Society Foundations.⁴ A significant number of EPF members are also members of the IPPF European Network.⁵ The aim of EPF is to create “a network of members of parliaments from across Europe who are committed to protecting the sexual and reproductive health of the world’s most vulnerable people, both at home and overseas”.⁶ The EPF is thus representing IPPF interests within EU institutions.

This motion is therefore in actuality an initiative of the IPPF. It also raises questions about the neutrality required for a rapporteur under the Rules of Procedure of the Assembly:

“1. Rules of conduct for rapporteurs:

1.1. Principle of neutrality, impartiality and objectivity, including in particular:

¹ PetraBayr.at, “Personal data”, available at <http://petrabayr.at/person/personal-data-english-version/>.

² EPF, “EPF MP debates with Christine Lagarde in Washington”, available at <https://www.epfweb.org/node/351>.

³ European Parliamentary Forum for sexual and reproductive rights, “About EPF”, available at <https://www.epfweb.org/node/148>.

⁴ EPF, “Donors”, available at <https://www.epfweb.org/node/245>.

⁵ EPF, “Partners”, available at <https://www.epfweb.org/partners>.

⁶ EPF, “About EPF”, available at <https://www.epfweb.org/node/148>.

1.1.1. obligation to declare any economic, commercial, financial or other interests, on a professional, personal or family level, connected with the subject of the report; All candidates for rapporteurship shall declare any interests which might be considered relevant or conflicting with the subject of the report or with the country concerned by the report at the time of appointment in committee. This declaration shall be recorded in the minutes of the meeting.

1.1.2. undertaking not to seek or accept instructions from any government or governmental or non-governmental organisation, or pressure group or individual".⁷

It therefore seems that the relationship of the rapporteur with certain private, non-governmental organizations raises doubts about her ability to exercise the neutrality and impartiality required of rapporteurs in handling these cases.

⁷ Parliamentary Assembly of the Council of Europe, "Follow-up to Resolution 1903 (2012): promoting and strengthening transparency, accountability and integrity of Parliamentary Assembly members", 2017, Resolution 2182.

Recommendations

- Denounce the partiality of this motion proposed by Planned Parenthood and demand a neutral approach reviewing the real consequences of contraception.
- Reject the false argument that contraception reduces the number of “unwanted” pregnancies and the number of abortions.
- Recall that a universal right to access contraception does not exist and cannot be imposed on States or persons. Promote the free decision of couples and the respect of each State’s approach to “family planning services”.
- Reject the Neo-Malthusianism of Planned Parenthood. Promote policies that protect and support life to reverse the European demographic deficit.
- Evaluate the impact of contraception on women’s health, the environment, and gender relations. Promote healthy, eco-friendly, and gender-equal methods of family planning.
- Criticize sexual education that only promotes contraception. Promote an educational program encouraging respectful and responsible sexual behaviors.

1. Legal Issues Raised by Contraception

What are the “sexual and reproductive rights”?

“Sexual and reproductive rights” were officially defined at the International Conference on Population and Development in Cairo (1994):

“reproductive rights can be seen as rights, owned by every person, granting them access to all sexual health services ... They include the right to make their own reproductive decisions”.⁸

These “rights” were confirmed at the Conference on Population in Beijing (1995). It is useful to note that these conferences constitute a political and not a legal commitment by Member States of the United Nations; they are not binding treaties.

Reproductive rights can be divided into two sub-rights: the right to have access to sexual health services and the right to make reproductive decisions.

➤ Access to reproductive health services

Reproductive health is a particularly broad reality, which cannot be reduced to contraception alone:

“Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women’s health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood”.⁹

⁸ Commission on Population and Development, “Follow-up actions to the Recommendations of the International Conference on Population and Development: reproductive rights and reproductive health”, 10 January 1996.

⁹ International Conference on Population and Development Cairo, “Programme of Action”, 5-13 September 1994, p. 61.

Moreover, while contraception is part of “family planning services”, it only occupies a secondary position. Indeed, family planning is primarily aimed, as its name implies, at building a family, and not at preventing one.

➤ **The right to make reproductive decisions**

The free decision of persons is at the core of sexual and reproductive rights:

“These 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 and to have the information and means to do so”.¹⁰

Reproductive decisions must be made freely, in the absence of any outside interference. No institution, organization, or third person is justified to impose a particular framework of sexuality through contraception. This decision is a matter of personal choice, within the limits of legality.

The scope of “sexual and reproductive rights”

“Sexual and reproductive rights” were included among the 17 objectives of United Nations 2030 Agenda for Sustainable Development:

“5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”.¹¹

The application of this objective (5.6) falls within the competence of each State:

“Targets are defined as aspirational and global, with each Government setting its own national targets guided by the global level of ambition but taking into account national circumstances. Each Government will also decide how these aspirational and global

¹⁰ The Fourth World Conference on Women, “Beijing Declaration and Platform for Action”, 4-15 September 1995, p. 39.

¹¹ United Nations General Assembly, “Transforming our world: the 2030 Agenda for Sustainable Development”, 25 September 2015, Resolution 70/1, A/RES/70/1.

targets should be incorporated into national planning processes, policies and strategies".¹²

"Aspirational and global targets" formulated during United Nations International Conferences on Population and Development must be implemented while respecting the "national circumstances" of each State. In the context of "sexual and reproductive rights", this means that each State can decide, in accordance with its culture, what "family planning services" involve. Mention has to be made that there is far from a consensus on the interpretation of this Objective among UN Member States. Many countries such as Afghanistan, Cameroon, Chad, Ghana, the Holy See, Honduras, Iran, Libya, Mauritania, Nigeria, Senegal, and Yemen have expressed reservations about Provision 5.6. Reservations were also made to the Beijing Declaration (1995) by Argentina, Brunei, the Dominican Republic, Egypt, Guatemala, the Holy See, Honduras, Iran, Iraq, and Kuwait.

While contraception can be part of these "family planning services" for some States, it is by no means recognized as a universal right.

¹² *Ibid.*

2. Questioning the Discourse on Contraception

The postulate of an “unmet need” for contraception

It is a common misconception of population programs that every woman of childbearing age has a “need” for contraception. According to the United Nations Population Division, a woman who answers that she would like to avoid becoming pregnant in the near future and is not currently using a method of family planning is said to have a “need” of contraception.¹³ No part of this definition requires that the woman state a desire for it.

A second misconception is that non-use is largely driven by a lack of access. In fact, survey data from developing regions, analyzed by the Guttmacher Institute, found that only about 5% of “unmet need” for family planning was attributed to non-availability of contraception to the women surveyed.¹⁴ Far more women cited a religious objection, concern about health effects, or the absence of need.

Lastly, a third misconception is that women's objections to the use of contraceptives stem from a lack of knowledge. For instance, a woman's religious opposition may be framed as a psychosocial barrier requiring further empowerment to overcome.¹⁵ The fact that women who have voiced strong objections to contraceptive use for clearly articulated reasons are characterized as having a “need” for it should raise concerns among those working to promote women's rights and empowerment.

The contraceptive paradox

According to this motion, full access to contraception would reduce “unplanned” pregnancies and therefore abortions. This theoretical assumption is false in practice.

¹³ Department of Economic and Social Affairs, Population Division, “World Contraceptive Use 2014”, 2014, POP/DB/CP/Rev2014.

¹⁴ R. Hussain et al., “Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method”, *Guttmacher Institute*, 2016.

¹⁵ Y. Choi et al., “Measuring Access to Family Planning: Conceptual Frameworks and DHS Data”, *Studies in Family Planning*, 2016, n°47.

➤ **Contraception does not reduce the number of “unwanted” pregnancies**

The motion for a resolution notes that over 43% of pregnancies in Europe are unplanned, and that contraceptive use is lower in Europe than in North America, Latin America, and the Caribbean.¹⁶ This figure comes from a 2014 paper published by the Guttmacher Institute.¹⁷ Oddly, despite their higher contraceptive use, North America, Latin America, and the Caribbean have higher percentages of unintended pregnancies, 51% and 56%, respectively. According to that same publication, the percentage of unintended pregnancies in Africa was the lowest in the world: 35%. Thus, the argument that the motion attempts to make, which previously appeared in the 2018 Contraception Atlas, fails when the cherry-picked data are put into context.

How can the failure of contraception to reduce “unplanned” pregnancies be explained? The answer is summarized as the “contraceptive paradox”: while contraception indeed reduces the number of “unplanned” pregnancies in proportion to the number of sexual relations, the number of “unplanned” pregnancies remains high due to the increase of sexual relations without the desire for children and the failure of contraception to completely prevent such pregnancies from occurring. This paradox is explained by the “contraceptive mentality” which, by “removing” the capacity of sexuality to create life, leads sexual partners to view an unplanned pregnancy instead as “unwanted”.

➤ **Contraception does not reduce the number of abortions**

Two out of every three women are on contraception when they become pregnant.¹⁸ The use of contraception therefore fails to completely protect from the risk of an “unwanted” pregnancy. Its spread does not seem to reverse the trend: for example, the percentage of women using contraception in Spain in 1997-2007 increased from 49.1% to 79.9%. At the same time, the rate of abortion has doubled, rising from 5.52 ‰ to 11.49 ‰.¹⁹ Similarly, the three European countries with the highest access to contraception - France (90.1 ‰), Belgium

¹⁶ PACE, “Empowering women : Promoting access to contraception in Europe”, 2018, Doc. 14597.

¹⁷ G. Sedgh et al., “Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends”, *Studies in Family Planning*, 2014, n°45, p.301-314.

¹⁸ British Pregnancy Advisory Service, “Women trying hard to avoid unwanted pregnancy, research shows”, 4 February 2014.

¹⁹ J. Dueñas et al., “Trends in the use of contraceptive methods and voluntary interruption of pregnancy in the Spanish population during 1997-2007”, *Contraception*, n° 83, 2011, p. 82-87.

(90.1 %) and the United Kingdom (87.6 %)²⁰ – are also the ones with the highest abortion rates. And the number of abortions is only increasing:

“Regarding France, 219,000 abortions were performed in 2013, an increase of over 10,000 since 2003 [...]. A similar observation can be made with regard to Belgium, a country where the number of abortions rocked from 13,762 to 19,578 abortions between 2000 and 2011. [...] The last but not least example of the fact that mass distribution of contraception does not necessarily reduce abortion is the case of the United Kingdom. Although it has one of the highest birth rate in the EU (84% in 2008/2009) [...] the abortion rate [is] one of the highest in Western Europe (16,5%)”.²¹

On the contrary, countries with a lower contraceptive rate, such as Italy and Ireland, also have the lowest abortion rates.

➤ **Contraception accentuates the demographic deficit**

The replacement-level of generations is a total fertility rate of about 2.1 children per woman. No country in Europe currently reaches this level: the EU average is 1.6 children per woman.²² In 2016, the most critical situations were in Italy (1.34), Spain (1.34), Portugal (1.36), Greece (1.38) and Poland (1.39).²³ The current demographic deficit faced by European countries is critical and requires a solution. It is urgent to develop policies in favor of life and family, rather than promoting a contraceptive mentality that contributes to the ongoing decrease in the fertility rate.

The stigma of unplanned pregnancies

The use of the expressions “unintended” and “unplanned pregnancies” in the proposed motion remains subjective. It is wrong to equivocate the notions of “unplanned” and “unwanted” pregnancy, as they are not equivalent: an “unintended” pregnancy can be wanted, even if it was not planned. Furthermore, even an “unwanted” pregnancy can evolve during the time of pregnancy and result in a “wanted” birth. To perceive the desire for a child as

²⁰ European Parliamentary Forum for sexual and reproductive rights, “Contraception Atlas”, February 2019.

²¹ Gregor Puppink et al., *Law and Prevention of Abortion in Europe*, 2016, p. 44-46.

²² Toutel'europa.eu, “Le taux de fécondité dans l'Union européenne”, available at <https://www.toutel'europa.eu/actualite/le-taux-de-fecondite-dans-l-union-europeenne.html>.

²³ *Ibid.*

static and only rational is a mistake. Although an “unintended” pregnancy remains unexpected, attitudes towards it can change over time.

This motion postulates that the optimal situation for a country would be the complete absence of unwanted pregnancy. This implies that 43% of people born in Europe are a mistake that should have been avoided. This is a worrying conclusion: assuming that an “unplanned” pregnancy is necessarily an issue implies that the expected behavior is to abort, which is far from being neutral. Yet, it is impossible to assume *a priori* that the fate of an unwanted pregnancy is only negative. In the World Bank’s 2016 revision of its Disease Control Priorities series, the authors admit that *“insufficient data exist to indicate whether unintended pregnancies carried to term are disadvantaged in health or schooling, compared with intended births.”*²⁴ Therefore, it is impossible to state that an “unplanned” pregnancy is by nature a bad thing.

The Neo-Malthusianism of Planned Parenthood

The motion criticizes the higher number of unwanted pregnancies among poorer women. It claims that this difference leads not only to economic inequalities, but also negatively affects “family stability” and “child outcomes”.²⁵ This value judgment assumes a higher number of children implies a loss of family well-being. It omits the non-material enrichment of the birth of a new person in a family and the positive interactions among siblings. Moreover, if equality were the only reason invoked here, the cost of “unwanted” pregnancies could be reduced by policies providing assistance to families in difficulty.

Additionally, instead of urging poor families to have less children, the motion could encourage a larger number of children in wealthier families, in order to reduce economic inequalities. This suggestion to scale down the fertility rate thus demonstrates an underlying ideology, Neo-Malthusianism, which aims at limiting births according to economic resources. This is deeply discriminatory reasoning: every adult has the right to start a family according to Article 12 of the European Convention on Human Rights, regardless of his or her economic situation. Neo-Malthusianism, under its feminist disguise, seeks to regulate

²⁴ R.E. Black et al., “Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities”, *Disease Control Priorities*, 3rd ed., vol. 2, *The International Bank for Reconstruction and Development*, 5 April 2016.

²⁵ PACE, “Empowering women : Promoting access to contraception in Europe”, 2018, Doc. 14597.

“burden” of children to be born by restricting births in poor families. This discourse has been promoted by the IPPF for more than a century.

As a reminder, IPPF was created by Margaret Sanger (1879-1966), an American activist for birth control and eugenics in the 1920s. In 1921, she founded the American Birth Control League, which became the American Family Planning Federation (APPF), which itself founded the International Planned Parenthood Federation (IPPF) in 1952. Margaret Sanger's comments about the promotion of contraception are quite striking:

“Everywhere we see poverty and large families going hand in hand. Those least fit to carry on the race are increasing most rapidly. People who cannot support their own offspring are encouraged by Church and the State to produce large families. Many of children thus begotten are diseased or feeble-minded; many become criminals. The burden of supporting these unwanted types has to be borne by the healthy elements of the nation. Funds that should be used to raise the standard of our civilization are diverted to the maintenance of those who should never have been born”.²⁶

This discourse seems outdated. However, these arguments are similar to those used in the motion. Much like the authors of the motion, Margaret Sanger deplored the higher fertility of poorer women, the economic inequalities that this supposedly produced, and stigmatized these children as “unwanted” due to the costs they caused for the rest of society.

²⁶ Margaret Sanger, *The Pivot of Civilisation*, 1922, Appendix.

3. Questioning the Impact of Contraception

Functioning of a menstrual cycle

A woman's menstrual cycle is controlled by hormones. During a normal cycle, the pituitary hormones FSH and LH are released to make the ovaries produce estradiol and progesterone. This in turn causes the maturation of ovum in the ovaries and the growth of the uterine mucosa (endometrium) in preparation for the implantation of a fertilized ovum. Every month, about two weeks after menstruation, one ovum is fully matured and moves into one of the fallopian tubes. If the ovum is fertilized by sperm, it will implement into the endometrium in the uterus. If no ovum is fertilized, no implantation takes place and the thick endometrium is expunged from the body through the process of menstruation. After few days, the cycle will start over.

Functioning of the hormonal pill

The mechanism of the hormonal pill is based on the same principles that direct the normal cycle, but in the opposite direction. The hormones in the pill weaken the signal that the brain emits. As a result, the body itself no longer produces natural estradiol and progesterone, which means the inhibition of the maturation of the ovum and the endometrium. Without ovulation, the fertilization cannot occur and without a thick endometrium, the conditions for implantation of the fertilized ovum deteriorate.

The hormonal pill is not the only mean of contraception. Artificial methods of contraception include short-term contraceptives (pill, patch, vaginal ring and injections), barrier methods (female and male condom), long-acting reversible contraceptives (implants and intrauterine devices) and more permanent methods (female and male sterilization).

Abortifacient effect of some methods of contraception

To reduce side effects, the dosage of estrogens and progestogens in hormonal pills is constantly reduced. This ever-decreasing dosage weakens the hormonal inhibition and an ovulation becomes possible.²⁷ If the ovum is fertilized, a pregnancy can occur, despite the use of contraception. However,

²⁷ Angela R. Baewald, et al., "Growth rates ovarian follicles during natural menstrual cycles, oral contraception cycles, and ovarian stimulation cycles", *Fertility and Sterility*, t. 91, 2009, p. 443-444.

implantation in the endometrium remains difficult, which often leads to an early abortion of the fertilized egg.²⁸ The pill thus works as an abortifacient. Furthermore, the main mechanism of IUDs is to work as an abortifacient, and not as a contraceptive : it prevents the implementation of the fertilized ovum, not its fertilization by sperm.²⁹ This mechanism is rarely mentioned to women, even though they might have objections to using contraception after fertilization has occurred.

Impact of contraception on women's health

Contraception is a chemical intrusion into a woman's hormonal balance. Its impact is therefore not of a neutral character.

➤ Physiological impact of contraception

The synthetic hormones used in hormonal contraception are not identical to natural hormones. Therefore, they can cause significant side effects such as headaches, cramps, nausea, vomiting,³⁰ diarrhea, weight gain, breast tenderness,³¹ vaginitis, genital infection and breakthrough bleeding.³² In the case of IUDs, almost all women experience painful insertions³³ and a uterine perforation is possible.³⁴ Further, the copper IUD increases the risk of vaginitis, bleeding and cramping during menstruation.³⁵

Contraception has also long-term impacts on women's health. A major side effect of hormonal contraceptives, in particular implants and injections, is decreased bone mineral density, which particularly affects adolescents.³⁶ The hormones can also have negative effects on carbohydrate metabolism, lipid and lipoprotein metabolism, and cause hypertension and deep vein

²⁸ Walter J. Larimore, "The abortifacient effect of the birth control pill and the principle of the double effect. Ethics and Medicine", n°16, vol. 1, 2000.

²⁹ "Norlevo", *Dictionnaire Vidal*, ed. 2018.

³⁰ Jürgen Dinger et al., "Effectiveness of Oral Contraceptive Pills in a Large U.S. Cohort Comparing Progestogen and Regimen", *Obstetrics & Gynecology*, vol. 117, 2011, p.33-40.

³¹ Amy Stoddard et al., "Efficacy and Safety of Long-Acting Reversible Contraception", *Drugs*, n°71, vol. 8, 2011, p. 969-976.

³² *Ibid.*

³³ Ana Raquel Gouvea Santos et al., "Pain at insertion of the levonorgestrel-releasing intrauterine system in nulligravida and parous women with and without cesarean section", *Contraception*, vol. 88, 2013, p. 164.

³⁴ Ana Raquel Gouvea Santos et al., *op. cit.*

³⁵ Amy Stoddard et al., *op. cit.*

³⁶ M. Kathleen Clark et al., "Bone mineral density changes over two years in first-time users of depot medroxyprogesterone acetate", *Fertility & Sterility*, vol. 82, 2004, p.1580-1584.

thrombosis.³⁷ Lastly, current use of the pill has been found to increase the risk of cervical cancer.³⁸

According to a survey done on Italian women in 2016, one out of every four women using hormonal contraceptives eventually stops taking them because of the strong side effects.³⁹

➤ **Psychological impact of contraception**

Women using contraception also experience side effects on their emotional and psychological well-being: nervousness, mood changes, loss of libido,⁴⁰ less pleasure and satisfaction during intercourse,⁴¹ unstable relationships, depression, and aggravation of existing psychological disorders. A recent study carried out by Danish researchers, published in the journal *JAMA Psychiatry*, noted that the use of contraceptive pills increases the risk of depression by 40%, with an even higher risk among adolescents.⁴² In 2018, the European Medicines Agency recommended adding a special warning about the risk of suicidal tendencies linked to the use of hormonal contraceptives.⁴³

Environmental impact

Pollution generated by pharmaceuticals is a growing problem. In a recent report entitled "Strategic approach to pharmaceuticals in the environment", the European Commission raised the alarm concerning the detection of residues of pharmaceuticals in the environment:

Residues of several pharmaceuticals have been found in surface and ground waters, soils and animal tissues across the Union at

³⁷ Diana E. Ramos et al., "Metabolic and Endocrinologic Effects of Steroidal Contraception", *Global Library Women's Med*, 2009.

³⁸ International Collaboration of Epidemiological Studies of Cervical Cancer, "Cervical cancer and hormonal contraceptives: collaborative reanalysis of individual data for 16 573 women with cervical cancer and 35 509 women without cervical cancer from 24 epidemiological studies", *Lancet*, vol. 370, 2007, p. 1609-1616.

³⁹ F. Fruzzetti, et al., "Discontinuation of modern hormonal contraceptives: an Italian survey", *The European Journal of Contraception & Reproduction Health*, vol. 21, 2016, p. 449-454.

⁴⁰ Agota Malmberg et al., "Hormonal contraception and sexual desire: A questionnaire-based study of young Swedish women", *European journal of contraception & reproductive health care*, 2015, p. 1-10.

⁴¹ Hanna Klaus and Manuel E. Cortés, "Psychological, social, and spiritual effects of contraceptive steroid hormones", *Linacre Q*, août 2015, n°82, vol. 3, p. 283-300.

⁴² CW Skovlund et al. "Association of Hormonal Contraception With Depression", *JAMA Psychiatry*, 2016, vol. 73, n°11, p. 1154-1162.

⁴³ Europe Medicine Agency, "PRAC recommendations on signals", 29 October 2018.

concentrations depending upon the pharmaceutical and the nature and proximity of sources. Certain painkillers, antimicrobials, antidepressants, contraceptives and antiparasitics are commonly found. Traces of some pharmaceuticals have also been found in drinking water.⁴⁴

Contraception is explicitly cited as a polluting pharmaceutical. Indeed, hormonal contraception leads to the discharge of artificial female hormones in nature, which affects the sexual functions and the sustainability of many aquatic species:

For example, male fish exposed to such concentrations of the main ingredient in the contraceptive pill may become feminised as a result of its effects on the endocrine system, thus affecting the capacity of the population to reproduce.⁴⁵

If these endocrine disruptors have negative effects on animal health, even at a very low level of concentration, they should raise serious questions about their impact on human health.

Impact of contraception on gender relations

The contraception mentality not only impacts personal approaches to sexuality, but also gender relations. First, women are made fully responsible for reproductive issues: they must bear the physical, mental, and emotional stress of preventing a pregnancy and assume the consequences if a pregnancy does occur. Further, women often face alone the decision to keep their child or to have an abortion, the latter of which causes grave psychological consequences.

On the flip side, contraception encourages the sexual irresponsibility of men. Without having to assume the consequences of their sexuality, they are led to view sexual relations as simply the satisfaction of an emotional and physiological need. It denies their role in the reproductive process and the need to act as a reasonable person responsible for his actions. This irresponsible mindset is reinforced by the proclaimed "right" of women to decide alone whether to have an abortion, without requiring men to share the burden of this potential decision.

⁴⁴ European Commission, "European Union Strategic Approach to Pharmaceuticals in the Environment", 11 March 2019, COM(2019) 128.

⁴⁵ *Ibid.*

Finally, contraception alters the primary purpose of sexuality: to create life. Contraception, when used to prevent a pregnancy, promotes a notion of sexuality disconnected from any reproductive consequences. Without acknowledging and respecting its life-giving capacity, human sexuality is incomplete. Reduced to a physical activity aimed toward personal satisfaction, sexuality loses its nature as a mutual act of love between a man and a woman aimed toward giving life.

4. Suggesting an Alternative Path

Safer alternatives to contraception exist that are respectful of women's health and gender relations, such as knowledge-based methods. These alternatives require us to drastically rethink sexual education, however, in order to promote a concept of sexuality defined by shared responsibility and respect for life.

Promoting a safer contraception for women's health

➤ Promoting access to hormonal health education

Women desiring to avoid pregnancy deserve more than just an offering of artificial contraceptive methods that interrupt the healthy functioning of the body and may cause side effects.

To make informed and empowered decisions about their health, women need first to understand how their bodies work. Thus, there is today a clear need for hormonal health education. Most women lack knowledge about their fertility, their hormones, and their reproductive biomarkers, all of which are crucial signals of sexual health. This lack of knowledge is reinforced by the use of contraception, which masks natural signals sent by the body. By contrast, hormonal health education allows women to better manage their health by observing and understanding the biomarkers of their own menstrual cycles:

“First, familiarity with her cycle allows a woman to identify when a possible underlying health problem exists, which can allow her to get necessary treatment in a timely manner; unfamiliarity with her cycle means health problems can go unrecognized and worsen over time.

Second, knowledge about fertility can help reduce unintended pregnancies, especially among young adults, because it empowers women and men to understand when not to have sex in order to avoid pregnancy. On the other hand, education can prevent the heartache of women who fear they are infertile but in reality do not understand when to time intercourse”.⁴⁶

⁴⁶ Meghan Grizzle Fischer, “The Case for FEMM. White Paper”, *FEMM Foundation*, October 2013, p. 50.

With this knowledge and information, a woman can become an active participant in her health care and health decisions, rather than just a passive spectator.

➤ **Promoting knowledge-based methods**

Knowledge-based methods consist in abstaining from intercourse during the fertile period of the menstrual cycle, based on personal observation of internal hormonal patterns and other biomarkers. Even though this method implies a good knowledge of the body and discipline in the observance of periodical abstinence, it has a near-perfect pregnancy avoidance rate on par with the most “successful” contraceptives, as pointed out by the American Center for Disease Control and Prevention early this month.⁴⁷

Based exclusively on the observation of internal hormone cycles, knowledge-based methods are free and completely natural. They require no oral intake or surgical intervention, and thus do not disrupt hormonal processes nor generate side effects. On the contrary, knowledge-based methods help reflect real-life bodily processes and assist in pinpointing health problems. Further, choosing to use these methods fosters sexual responsibility among men, as they require cooperation between the two partners. This collaboration strengthens communication and the union between couples. Lastly, knowledge-based methods have the advantage of working both ways: they allow couples to easily switch between behaviors that favor pregnancy and those that will help avoid it, and vice versa. In short, it enables both men and women to consciously manage their fertility, rather than denying it through chemical alienation.

⁴⁷ Peragallo Urrutia et al, “Effectiveness of fertility awareness-based methods for pregnancy prevention: A systematic review”, *Obstet Gynecol*, 2018, n°132, p. 591-604.

Promoting a shared responsibility in sexuality

➤ Sensitizing men to a renewed sexual responsibility

Sexuality is intrinsically dual and for that reason responsibilities must be shared. It cannot be the burden of women only. It is necessary to incorporate male responsibility into the procreation process. This imperative was repeated in the Cairo Programme of Action in 1994:

“Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behavior”.⁴⁸

This shared responsibility not only concerns contraception but also all reproductive issues. Men are as legitimate to express themselves and act, as a 2004 resolution of the APCE pointed it out:

“issues of reproductive health should no longer be considered “women’s issues”. Men should be encouraged to get more involved in family planning and in looking after their own sexual and reproductive health”.⁴⁹

It is time to think about family planning as an equal partnership, based on communication between the two partners. As such, it is crucial to educate and sensitize men to the significance of sexual responsibility early on, beginning in the adolescent years.

➤ Educating youth about sexual responsibility

Even though sexuality is a natural aspect of being human, it nevertheless requires proper education. This education is becoming even more necessary with its banalization in our societies and its misrepresentation in pornography. Sexual education must on the contrary enhance sexuality as an act of mutual giving, both acknowledging and contemplating the possibility of creating life.

⁴⁸ International Conference on Population and Development Cairo, “Programme of Action”, *op cit.*

⁴⁹ PACE, “The involvement of men, especially young men, in reproductive health”, 2004, Resolution 1394.

This education must particularly target young people, as was pointed out in the 2004 resolution of the APCE:

“In many societies, adolescents face pressures to engage in sexual activity”.⁵⁰

“This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction”.⁵¹

A sexual education based on personal responsibility, and not only on contraception, has real positive impacts, as illustrated by the example of the United States, “which recorded a dramatic decrease of 51% in the rate of teenage pregnancy between 1990 and 2010. Such a reduction originates, to a large extent, in the abstinence campaign that was launched by the government since 1996. . . .”⁵² Indeed, the promotion of juvenile sexuality tends to increase irresponsible and risky sexual behaviors. An effective sexual education is therefore necessary to promote sexuality as a precious and responsible act among young people.

The role of parents in sexual education is primordial. It was enshrined in the United Nations Convention on the Rights of the Child (1989)⁵³ and repeated in the Cairo Programme of Action:

“Governments and non-governmental organizations should promote programs directed to the education of parents, with the objective of improving the interaction of parents and children to enable parents to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behaviour and reproductive health”.⁵⁴

The family sphere constitutes the relevant place for sexual education, because it is the visible example of the creation of life through the parents’ own sexuality. The child can therefore learn, to the degree of appropriate for his or her age, the importance and the beauty of sexuality.

⁵⁰ PACE, “The involvement of men, especially young men, in reproductive health”, *op. cit.*

⁵¹ *Ibid.*

⁵² Grégor Puppink et al., *op. cit.*, 2016, p. 38.

⁵³ United Nations General Assembly, “Convention on the right of the Child”, 20 November 1989, Resolution 44/25.

⁵⁴ International Conference on Population and Development Cairo, “Programme of Action”, *op cit.*

Conclusion

It is regretted that this motion for a resolution does not take into account the ecological impacts of contraceptives and the practice of shared responsibility that is currently renewing sexuality. On the contrary, this motion only promotes artificial contraception methods, for which women alone bear the physical, mental, and emotional burden and numerous side effects on health. This is particularly astonishing as this proposition emanates from the Committee on Equality and Non-Discrimination. This discourse echoes an outdated vision of sexuality that is completely women-centered and imposes upon them a particular view of "good sexual conduct": the idea that responsible sexuality is only possible through the use of artificial contraception. These century-old assumptions must be replaced by a healthier, eco-friendly and collaborative approach to sexuality.

To achieve this, it is necessary to reestablish the dignity of human sexuality affirming its mutuality and respecting its life-giving capacity. Knowledge-based methods are a relevant, safer solution to the issue of birth control, and as such they deserve to be promoted by international organizations whose stated mission is to encourage and improve women's health.

Motion for the Resolution (Doc. 14597)



Parliamentary Assembly
Assemblée parlementaire

<http://assembly.coe.int>

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

Doc. 14597

28 June 2018

Empowering women: promoting access to contraception in Europe

Motion for a resolution

tabled by Ms Petra BAYR and other members of the Assembly

This motion has not been discussed in the Assembly and commits only those who have signed it

European women face severe inequalities in the area of reproductive rights. Low-income women are about five times as likely as affluent ones to have an unintended birth. Studies show that women with higher incomes are much more successful in avoiding unintended pregnancies, also thanks to easier access to contraception and information on it. This further deepens the divides in income, family stability, and child outcomes. There is a pressing need for policies to help close this inequality gap.

According to the Contraception Atlas published by the European Parliamentary Forum on Population and Development (EPF) in 2018, the usage of contraception in Europe is lower than in both North America and the Latin America/Caribbean region. Over 43% of pregnancies in Europe are unplanned.

Only three European countries, namely Belgium, France and the United Kingdom offer general reimbursement schemes for contraception and provide information which is widely-available thanks to government-supported websites. Considering the burden that unintended pregnancies place on States and the relatively small cost of contraception reimbursement schemes, it is surprising that just a handful of States provide these services.

This also means that most Council of Europe member States are far from reaching United Nations Sustainable Development Goal 5 "Achieve gender equality and empower all women and girls" and its specific target 5.6 "Ensure universal access to sexual and reproductive health and reproductive rights".

Ensuring the respect of reproductive rights should be a key concern of governments as it is instrumental in empowering women and therefore in countering gender-based discrimination and promoting equality of all citizens. It is time for the Parliamentary Assembly to analyse the policies and good practices to define and promote the necessary measures to ensure access to reproductive health and rights for all women, irrespective of their income, education or social status.

Signed (see overleaf)



Signed¹:

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1. ALDE: Alliance of Liberals and Democrats for Europe
EC: European Conservatives Group
EPP/CD: Group of the European People's Party
FDG: Free Democrats Group
SOC: Socialists, Democrats and Greens Group
UEL: Group of the Unified European Left
NR: Representatives not belonging to a Political Group

The European Centre for Law and Justice is an international, Non-Governmental Organization dedicated to the promotion and protection of human rights in Europe and worldwide. The ECLJ has held special Consultative Status before the United Nations/ECOSOC since 2007.

The ECLJ engages legal, legislative, and cultural issues by implementing an effective strategy of advocacy, education, and litigation. The ECLJ advocates in particular for the protection of religious freedoms and the dignity of the person with the European Court of Human Rights and other mechanisms afforded by the United Nations, the Council of Europe, the European Parliament, the Organization for Security and Cooperation in Europe (OSCE), and others.

The ECLJ bases its action on "the spiritual and moral values which are the common heritage of European peoples and the true source of individual freedom, political liberty and the rule of law, principles which form the basis of all genuine democracy" (Preamble of the Statute of the Council of Europe).

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