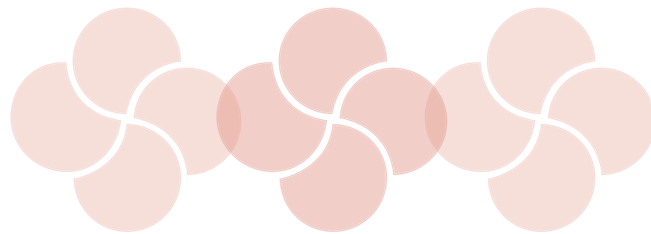


Framework for ensuring human rights in the provision of contraceptive information and services



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Framework for ensuring human rights in the provision of contraceptive information and services



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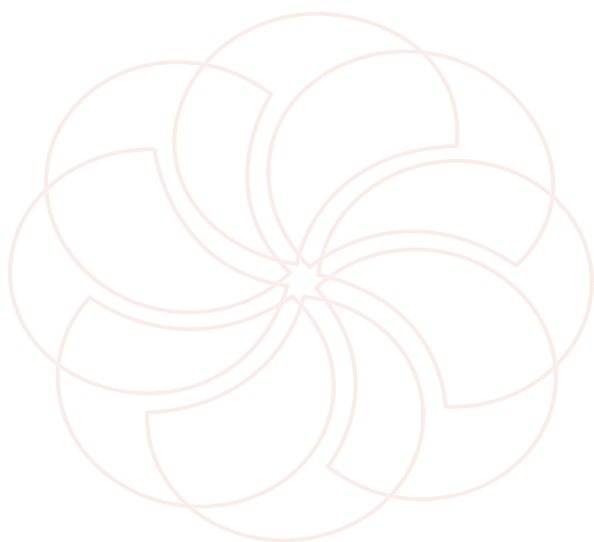
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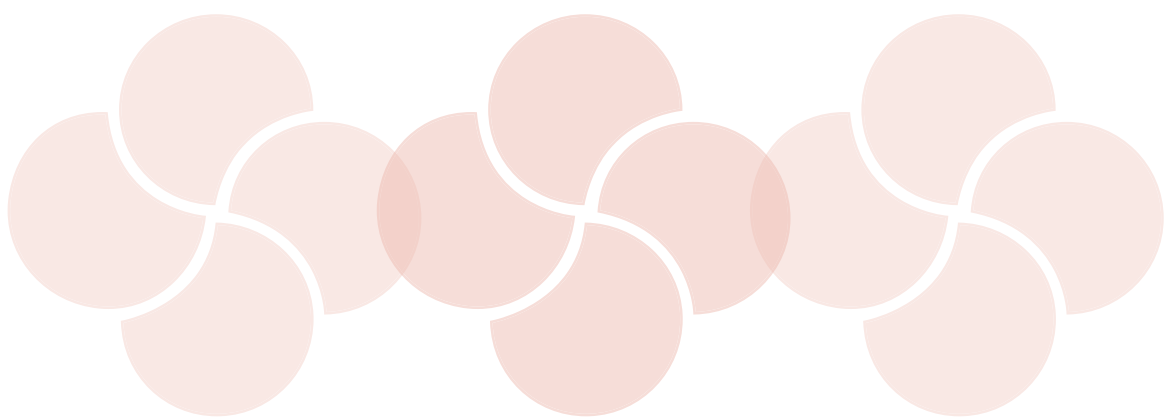
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The following Appendix is included as part of this framework is available online at www.who.int/reproductivehealth/publications/family_planning/hr-contraception-framework/en/
Appendix 1. International human rights relevant to sexual and reproductive health information and services



Framework for ensuring human rights in the provision of contraceptive information and services

The World Health Organization's primary mandate is to provide assistance to its Member States in achieving the goal of the highest attainable standard of health for all, including sexual and reproductive health. Among other interventions, universal access to sexual and reproductive health information and services, is essential for achieving this goal. It has been recognized that this cannot be done without respecting, protecting and fulfilling the human rights of all individuals.

Sexual and reproductive health and human rights

The International Conference on Population and Development, Programme of Action (ICPD), defines reproductive health as: "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" (1, Paragraph 7.2). The Programme of Action also includes sexual health, "the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases." It further defines reproductive rights as:

[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. 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, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (1, Paragraph 7.3).

Among the Millennium Development Goals (MDGs) agreed by states in 2001, target 5b calls for universal access to reproductive health by 2015 (2). Evidence

shows that the respect, protection and fulfilment of human rights contributes to positive health outcomes (3, 4-9). Explicitly grounding sexual and reproductive health policies and programmes in a human rights framework improves people's access to information and services. It also guarantees the active participation of people in the processes that affect them, and calls for the elimination of any existing policy or programmatic barriers and for the establishment of clear accountability mechanisms. Evidence shows, however, that in many countries, laws, policies and practices are not always consistent with human rights obligations and this can present barriers to achieving global development goals and the highest attainable standard of sexual and reproductive health (10).

States have an obligation to review and revise any related laws, policies and practices to ensure that they support all human rights obligations and development goals related to sexual and reproductive health. Systematic integration of human rights into law, policy and programme development to facilitate timely provision of good quality services requires addressing the underlying determinants of health, such as gender inequality, and the establishment of participatory, transparent and responsive processes (4, 11). A barrier to the full implementation of human rights laws has been a framework for translating laws and policies into concrete actions in the health sector. This document addresses that gap.

Objective of framework

Ensuring the full implementation of human rights laws and policies through sexual and reproductive health programmes is fundamental to health and rights. This document provides guidance on the different dimensions of human rights that need to be systematically and comprehensively considered in the rights based provision of sexual and reproductive health services, with a particular focus on contraceptive services and information. The framework applies internationally recognized human rights laws to aspects of health care delivery and provides concrete examples of how rights dimensions must be respected, protected and fulfilled. The principles and standards are indivisible, and must be considered as a complete set in assessing services. In this instance, we apply the framework to the contraceptive services as an illustrative example.

Methodology for development of the framework

Human rights are guaranteed in international and regional treaties, as well as in national constitutions and laws. They include the right to non-discrimination, the right to life, survival and development, the right to the highest attainable standard of health, and the rights to education and to information (12). These rights have been applied by international, regional and national authoritative human rights bodies to a wide range

of sexual and reproductive health issues, including the accessibility of contraceptive information and services (Appendix 1). All rights are interdependent and indivisible (13, Article 5). The right to the highest attainable standard of health, for example, which includes access to health services and health-related information, cannot be fulfilled without promotion and protection of the rights to education and information, because people must know about health commodities and services to be able to use them (14).

Consideration was given to human rights standards and principles as they are directly or indirectly applicable to contraceptive information and services. Direct applicability was determined to refer to a standard specifically related to the provision of contraceptive information and services, and indirect applicability to standards related to barriers, such as third-party authorization for sexual and reproductive health services, or the lack of sexuality education – aspects that have an impact on individuals' access to, and use of, contraceptive information and services.

The sources for the human rights standards applied include international and regional human rights treaties, the general comments and recommendations issued by the United Nations human rights treaty-monitoring bodies, international and regional court decisions, and international and regional consensus documents. All of these additional sources were considered in conjunction with already-established health-system-based standards and health-related evidence.

1. Non-discrimination in provision of contraceptive information and services
2. Availability of contraceptive information and services
3. Accessibility of contraceptive information and services
4. Acceptability of contraceptive information and services
5. Quality of contraceptive information and services
6. Informed decision-making in provision of contraceptive information and services
7. Privacy and confidentiality in provision of contraceptive information and services
8. Participation in provision of contraceptive information and services
9. Accountability in provision of contraceptive information and services.

Framework for ensuring human rights in the provision of contraceptive information and services: organizing principles and standards

1. Non-discrimination

The human rights principle of non-discrimination obliges states to guarantee that human rights are exercised without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation (15).

Discrimination poses a serious threat to sexual and reproductive health (SRH) for many people (16). The legal or social restrictions on women's and girls' access to contraceptive information and services affect their ability to take decisions regarding their sexual and reproductive health and lives, are a manifestation of discrimination on the basis of sex, and often contribute to poor physical and mental health. People who live in rural areas may not have access to the same SRH services as people in urban areas, thus being discriminated against on the grounds of place of residence. Discrimination on the grounds of age or other status is manifested through, for instance, the fact that adolescents may be denied services at family planning clinics because of their age, and others may be denied health services because they are HIV-positive. Some individuals suffer discrimination on multiple grounds, e.g. gender, race, socioeconomic status and health status (15).

As part of their human rights commitments, states must strive to eliminate all forms of discrimination and to promote equality by ensuring that vulnerable groups have access to information and services (3). All individuals have the right to decide the number and spacing of children and the right to found a family on an equal basis (17, Article 16[e]; 18). State family planning policies should not be discriminatory or compulsory (18). Laws, regulations and policies, including those related to

contraceptive information and services, should not be discriminatory and should aim at eliminating stereotypes and discriminatory attitudes that lead to forced and coercive practices (3, 15, 17, 19–23).

2. Availability of contraceptive information and services

A core state obligation in connection with the right to health is to ensure the availability, accessibility, acceptability and quality of services. Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the state. The characteristics of the facilities, goods and services will vary depending on numerous factors, including the state's developmental level. They must, however, address the underlying determinants of health, such as provision of safe and potable drinking water, adequate sanitation facilities, hospitals, clinics and other health-related buildings, and trained medical and professional personnel receiving domestically competitive salaries. As part of this core obligation, states should ensure that the commodities listed in national formularies are based on the *WHO model list of essential medicines*, which guides the procurement and supply of medicines in the public sector (11, 24). A wide range of contraceptive methods, including emergency contraception, is included in the core list of essential medicines (24).

3. Accessibility of contraceptive information and services

International human rights law requires health-care facilities, commodities and services to be accessible to everyone without discrimination. This includes physical and economic accessibility, as well as access to information (11, Paragraph 12[b]). Human rights bodies have called on states to eliminate the barriers people face in accessing health services, such as high fees for services, the requirement for preliminary authorization by spouse, parent/guardian or hospital authorities, distance from health-care facilities, and the absence of convenient and affordable public transport (3, Paragraph 21).

In order to make informed decisions about sexuality and reproduction, all individuals –without discrimination – need access to good quality, evidence-based and comprehensive information on sexuality and sexual and reproductive health, including effective contraceptive methods (11, Paragraph 11). This requires counselling on SRH by trained personnel (3) and the provision of comprehensive sexuality education, which should be provided both within and outside of schools and must be evidence-based, scientifically accurate, gender sensitive, free of prejudice and discrimination, and adapted to young people's level of maturity, to enable them to deal with their sexuality in a positive and a responsible way (11, 25–26). In schools, such education should be mandatory and provided routinely at various ages and levels of education (27–30). Inadequate counselling tools and services, limited or no sexuality education within or outside of schools, and no or incorrect information about the safety and effectiveness of contraceptives (25) all hinder individuals' ability to make informed decisions.

The fulfilment of human rights obligations requires that health commodities, including contraceptives, be physically accessible and affordable for all (11). The goal of universal health coverage is to ensure that all people can obtain the health services they need without suffering financial hardship caused by paying for them (31). Services must be within safe physical reach for everyone, including for marginalized populations (11). They should be affordable, whether they are privately or publicly provided, and poorer households should not be burdened disproportionately with health expenses, including with the cost of contraceptives, in comparison to richer households. This applies to both low- as well as high-income countries where some sectors of the population do not have access to these services and information (32). Programmes therefore need to be established to address these financial barriers, including health insurance schemes, and other budgetary and economic

measures to make contraceptives and other health services affordable (11, 3). Free or affordable sexual and reproductive health care – including contraceptive information and services – must be provided to persons with disabilities (19).

Adolescents in many countries lack adequate access to contraceptive information and services that are necessary to protect their sexual and reproductive health (3, 33). Human rights bodies have called on states to strictly respect adolescents' rights to privacy and confidentiality, including with respect to advice and counselling on health matters (21, 34, 35) and to ensure youth-friendly, confidential reproductive health care, including contraceptive services, for adolescents from different socioeconomic backgrounds (11, 3, 36). Adolescents' best interests¹ and their evolving capacities² need to be systematically considered, and appropriate SRH services should be available and accessible to them without necessarily requiring parental or guardian authorization by law, policy or practice (3, 34, 35, 37, 38).

In crisis settings there is often a lack of access to SRH services, meanwhile affected populations have a particular need for these services because of increased exposure to sexual violence. Access to contraceptive methods, particularly emergency contraception, and also to safe abortion, is of paramount importance to safeguard women's health (39).

1 Best interests of the child: According to the Committee on the Rights of the Child, "in all actions concerning children whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration" (38, Article 3).

2 Evolving capacities of the child: "In accordance with their evolving capacities, children should have access to confidential counselling and advice without parental or legal guardian consent, where this is assessed by the professionals working with the child to be in the child's best interests. ... States should review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion" (35, Paragraph 31).

Women's access to contraceptive information and services may be jeopardized by health-care providers' refusal to provide services due to conscientious objection. In the context of contraceptive services, this is usually manifested in a provider's refusal to issue a prescription for contraceptives, or a pharmacist's refusal to dispense or sell contraceptives, especially emergency contraceptives. While international human rights law protects the right to freedom of thought, conscience and religion, it also stipulates that the freedom to manifest one's beliefs in the professional sphere is not absolute and might be subject to limitations that are necessary to protect the rights of others, including the right to access reproductive health care (40, Article 18; 41). Human rights bodies have consistently called on states to regulate the practice of conscientious objection in the context of health care, to ensure that patients' health and rights are not in jeopardy (3, 42). Some human rights bodies have explicitly addressed conscientious objection in the context of contraceptive service provision, stating that where women can only obtain contraceptives from a pharmacy, pharmacists cannot give precedence to their religious beliefs and impose them on others as justification for their refusal to sell such products (41).

4. Acceptability of contraceptive information and services

All health-care facilities, commodities and services must be respectful of medical ethics and of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, and must be designed to respect confidentiality and improve the health status of those concerned (11, Paragraph 12[c]). States should place a gender perspective at the centre of all policies, programmes and services affecting women's health and should involve women in the planning, implementation and monitoring of such policies, programmes and services.

5. Quality of contraceptive information and services

The fulfilment of human rights requires that health-care facilities, commodities and services be scientifically and medically appropriate and of good quality. This requires, among other things, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation (11, Paragraph 12[d]).

In the provision of contraceptive information and services, studies show that where people feel they are receiving good quality care, contraceptive use is higher (6–9), and that achieving higher standards of quality improves the effectiveness of sexual and reproductive health services and attracts people to use them (43, 44). Elements of quality of care include: choice among a wide range of contraceptive methods; evidence-based information on the effectiveness, risks and benefits of different methods; technically competent trained health workers; provider–user relationships based on respect for informed choice, privacy and confidentiality; and the appropriate constellation of services (including follow-up) that are available in the same locality (45).

6. Informed decision-making

Showing respect for individual dignity and for the physical and mental integrity of a person includes giving each person the opportunity to make autonomous reproductive choices (3, Paragraph 22; 17, Article 16; 19, Articles 12 and 23). The principle of autonomy, expressed through free, full and informed decision-making, is a central theme in medical ethics, and is embodied in human rights law (46). People should be able to choose contraception but also to refuse it. In order to make an informed decision about safe and reliable contraceptive measures, comprehensive information, counselling and support should be accessible for all people, including people with disabilities, indigenous peoples, ethnic minorities, people living with HIV, and transgender and intersex people (47).

Respecting autonomy in decision-making requires that any counselling, advice or information that is provided by health workers or other support staff should be non-directive, enabling individuals to make decisions that are best for themselves. People should be able to choose their preferred method of contraception, taking into consideration their own health and social needs (48–50).

Individuals have the right to be fully informed by appropriately trained personnel. Health-care providers have the responsibility to convey accurate, clear information, using language and methods that can be readily understood by the client, together with proper, non-coercive counselling, in order to facilitate full, free and informed decision-making (3, Paragraph 11.3; 22, Paragraph 22; 51). The information provided to people so that they can make an informed choice about contraception should emphasize the advantages and disadvantages, the health benefits, risks and side-effects, and should enable comparison of various contraceptive methods. Censoring, withholding or intentionally misrepresenting information about contraception can put health and basic human rights in jeopardy (11). Clear guidelines should be available concerning the requirement of “informed consent” (52).

7. Privacy and confidentiality

The right to privacy means that individuals should not be subject to interference with their privacy, and they should enjoy legal protection in this respect (40, Article 17). Sexual and reproductive health involves many sensitive issues that are not widely discussed within families or communities, and health workers are often entrusted with very personal information by their patients. Confidentiality, which implies the duty of providers to keep secret or private the medical information they receive from patients and to protect an individual’s privacy, has an important role to play in sexual and reproductive health. If people feel that confidentiality and privacy are not guaranteed in the health-care environment, they may decide not to seek services (3, Paragraph 12[d]), thus jeopardizing their own

health and potentially that of others. This is often the case for vulnerable groups such as adolescents (21, Paragraph 20). Privacy is also key to protecting the sexual and reproductive rights of groups who are stigmatized on the basis of their sexuality, sexual identity or sexual practices, such as gay, lesbian, bisexual, transgender and intersex people, as well as sex workers.

In line with human rights commitments, and in order to promote the health and development of all, states are urged to strictly respect the right to privacy and confidentiality, including with respect to advice and counselling on sexual and reproductive health matters (34, Paragraph 11). Health-care providers have an obligation to keep medical information confidential, both written records and verbal communications. Such information may only be disclosed with the consent of the client.

The right to access information regarding one’s health includes access to medical records. All persons are entitled to know what information has been collected about their own health (52, Article 10). Where individuals cannot access their medical records, this may make it hard for them to get information about their health status or to receive a second opinion or follow-up care, and can block their access to justice (53).

8. Participation

It has been recognized that participation of affected populations in all stages of decision-making and implementation of policies, programmes and services is a precondition for sustainable development and the highest attainable standard of health (54, 55). Evidence shows that laws, policies and programmes better reflect the needs and perspectives of affected populations when members of these populations take part in their development, thus helping to secure improvements in health outcomes and the quality of health care (56, 57). For example, there is evidence of an association between women’s participation and improved health and health-related outcomes (56). Where women’s participation in policy-making is

guaranteed, a gender perspective tends to be more fully integrated into public policy, and the health system is more responsive to women's needs (57).

Under international human rights law, states have an obligation to ensure active, informed participation of individuals in decision-making that affects them, including on matters related to their health (11, Paragraph 17). The ICPD Programme of Action reaffirms this core principle in relation to SRH and states that "the full and equal participation of women in civil, cultural, economic, political and social 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" (58, Principle 4). The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) specifically requires states to ensure that women have the right to participate fully and be represented in the formulation of public policy in all sectors and at all levels (59).

Participation can range from communities coming together to plan strategies to address local priorities, to the delivery of community-based responses for SRH, or social movements advocating for national policy change. Participation also includes the active involvement of individuals, communities or community-based organizations in the design, implementation, management or evaluation of their community health services or systems, including in matters relating to their sexual and reproductive health (56, 60).

People should be seen as active agents who are entitled to participate in decisions that affect their sexual and reproductive health. The criteria and evidence for prioritizing actions must be transparent and subject to public scrutiny. Power differentials based on literacy, language, social status or other factors – which may exclude those who are most affected by the decisions taken, such as women and girls – should be redressed to promote meaningful participation (60).

9. Accountability

Accountability guides states in putting their legal, policy and programmatic frameworks and practices in line with international human rights standards (61). Establishing effective accountability mechanisms is intrinsic to ensuring that the agency and choices of individuals are respected, protected and fulfilled. Effective accountability requires individuals, families and groups, including women from vulnerable or marginalized populations, to be aware of their entitlements with regard to SRH and empowers them to claim these entitlements (60).

International human rights law requires states to ensure effective accountability mechanisms, including monitoring and evaluation, and availability of effective processes for remedy and redress, and to ensure participation of a wide range of stakeholders in the development and implementation of laws, policies and programmes (3, 55).

Effective monitoring of health care requires a functioning health management information system, civil registration system and availability of disaggregated data. A strong capacity to collect data on women's health is essential in each country, in order to determine where investments should be focused and whether progress is being made (62). Within a human rights framework, monitoring requires the use of a range of indicators, not all of which are quantitative or directly related to the health sector (63). Wherever possible, the disaggregation of information on the basis of sex, age, urban/rural residence, ethnicity, level of education, wealth quintile and geographic region is essential for ensuring non-discrimination and equity, and as a basis for affording due protection to vulnerable and marginalized groups (62). All victims of human rights violations have a right to an effective remedy and to reparation.

Remedies take a variety of forms including: restitution (i.e. re-establishing a situation as it was before a violation took place); rehabilitation (i.e. medical or psychological care or social or legal services); compensation (i.e. payment for any

financially assessable damage); satisfaction (i.e. acknowledgement of a breach, an apology, etc.); and guarantees of non-repetition (i.e. legislation, organizational improvements, etc.) (15). Some of these measures primarily assist individual victims of violations, while others are more directed at the general population, to facilitate proactive protection of their rights. Depending on the situation, full reparation for a violation may require a combination of these measures (11, 64–66). In all cases, remedies should be accessible, affordable, timely and effective, which will require adequate funding, capacity and mandates (60).

Accountability is achieved through a variety of processes and institutions, which vary from country to country and may involve both national and international mechanisms and multiple forms of review and oversight, including, administrative, social, political and legal forms. Examples of these

processes and institutions include courts, national human rights institutions, professional disciplinary proceedings, international and regional human rights bodies' state reporting processes, and individual complaint mechanisms. Civil society participation in the development and monitoring of laws and policies, including budgets and use of public funds, is an important element of accountability (60).

While it is primarily the state's obligation to respect, protect and fulfil human rights with regard to the provision of contraceptive information and services, it is important to note that, in addition to their obligations to guarantee the right to contraceptive information and services in their own country, donor countries also have a responsibility to protect and promote human rights through international assistance and cooperation. The same is true of other development partners (60, 67).

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Human Right	Recommendations to States
The Right to Consent to Marriage and to Equality in Marriage	<ul style="list-style-type: none"> • Ensure the right to “freely to choose a spouse and to enter into marriage only with their free and full consent” (1). • Remove any requirements for spousal consent in order to access family planning services (2).
The Right to Education	<ul style="list-style-type: none"> • “Family planning services should be situated within comprehensive sexual and reproductive health services and should encompass sexuality education, including counselling” (3). • Ensure women’s rights “to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights” (4). • Provide “access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning” (5).
The Right to Equality and Non-Discrimination	<ul style="list-style-type: none"> • 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” (6). • Ensure that states “take all appropriate measures to eliminate discrimination against disadvantaged women regarding access to health care, including family planning information, counselling, and services” (7). • Ensure that states “report on measures taken to eliminate barriers that women face in gaining access to health care services and what measures they have taken to ensure women timely and affordable access to such services. Barriers include requirements or conditions that prejudice women’s access such as high fees for health care services, the requirement for preliminary authorization by spouse, parent or hospital authorities, distance from health facilities and absence of convenient and affordable public transport” (8). • “Ensure access to quality health care services” [including family planning], for all women, including adolescent girls, which are delivered in a way that “ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality, and is sensitive to her needs and perspectives” (9). • Ensure “the equal participation of women and men in all areas of household responsibilities, including family planning”... “should be promoted and encouraged by governments” (10).

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Human Right	Recommendations to States
The Right to Health	<ul style="list-style-type: none"> • “Develop and implement programmes that provide access to sexual and reproductive health information and services, including for adolescents” (11). • Ensure the availability, accessibility, acceptability and quality of family planning information and services (12). • [Ensure that available family planning methods] “provide accessible, complete, and accurate information about various family planning methods, including their health risks and benefits, possible side effects and their effectiveness in the prevention of the spread of HIV/AIDS and other sexually transmitted diseases” (13). • Ensure that “health facilities, goods and services [including family planning] must be accessible to all, especially the most vulnerable or marginalized sections of the population in law and in fact without discrimination on any of the prohibited grounds” (14).
The Right to Information and Freedom of Expression	<ul style="list-style-type: none"> • “Ensure that women and men have information and access to the widest possible range of safe and effective family-planning methods in order to enable them to exercise free and informed choice” (15). • Provide accessible, comprehensive information on family planning to make options clear to individuals... “In order to make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, and guaranteed access to sex education and family planning services, as provided in article 10 (h) of the Convention” (16).
The Right to Liberty and Security of Person	<ul style="list-style-type: none"> • Ensure that “no one shall be subjected to arbitrary or unlawful interference with privacy, family, home or correspondence”, [including in decisions relating to family planning] (17). • Ensure “no one shall be subjected... to unlawful attacks on his honour and reputation” [for any decisions pertaining to family planning] (18).
The Right to Life	<ul style="list-style-type: none"> • Ensure “the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance” (19).
The Right Not to be Subjected to Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment	<ul style="list-style-type: none"> • “Ensure that measures are taken to prevent coercion in regard to fertility and reproduction” (20). • Ensure the “right to make decisions concerning reproduction” [including family planning] free of discrimination, coercion and violence, as expressed in human rights documents” (21).
The Right to Participate in the Conduct of Public Affairs and the Right to Free, Active and Meaningful Participation	<ul style="list-style-type: none"> • Ensure free, active and informed participation of individuals in decision-making related to family planning ... “Reproductive health care programmes should be designed to serve the needs of women, including adolescents, and must involve women in the leadership, planning, decision-making, management, implementation, organization, and evaluation of services” (22). • Ensure that “special efforts [are] made to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning...” (23).

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Human Right	Recommendations to States
The Right to Privacy	<ul style="list-style-type: none"> • Ensure that “accessibility of information [will] not impair the right to have personal health data treated with confidentiality” [including information pertaining to family planning] (24). • Ensure that “all health facilities, goods and services [including family planning] are “designed to respect confidentiality and improve the health status of those concerned” (25). • “The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services” (26).
The Right to Decide the Number and Spacing of Children	<ul style="list-style-type: none"> • Ensure the “same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights” (27). • Ensure that “Compulsory sterilization or abortion” [pertaining to family planning does not occur as it] “adversely affects women’s physical and mental health, and infringes the right of women to decide on the number and spacing of their children” (28). • Ensure that “decisions to have children or not, while preferably made in consultation with spouse or partner, must not” ... “be limited by spouse, parent, partner or Government” (29).
The Right to be Free from Practices that Harm Women and Girls	<ul style="list-style-type: none"> • “Ensure that harmful social or traditional practices do not interfere with access to pre- and post-natal care and family-planning; to prevent third parties from coercing women to undergo traditional practices, e.g. female genital mutilation; and to take measures to protect all vulnerable or marginalized groups of society, in particular women, children, adolescents and older persons, in the light of gender-based expressions of violence” (30).
The Right to be Free from Violence	<ul style="list-style-type: none"> • Ensure that states “take appropriate and effective measures to overcome all forms of gender-based violence,” [including sexual violence and all other forms of violence pertaining to family planning] (31). • Ensure “the enactment and effective enforcement of laws and the formulation of policies, including health care protocols” [and family planning programs] “to address violence against women and abuse of girl children and the provision of appropriate health services” (32). • “Undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights (33).

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