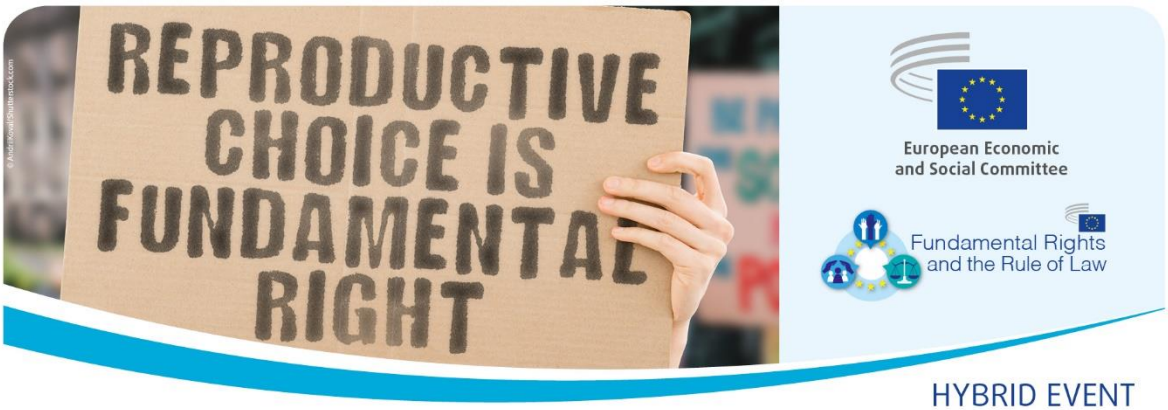

Summary

Welcome and introduction

The hearing was introduced by **Cristian Pîrvulescu**, president of the EESC's Fundamental Rights and Rule of Law Group (FRRL). Mr Pîrvulescu made the point that in Western Europe positions tended to be favourable towards sexual and reproductive rights, but that in Eastern Europe conservative influences impeded their positive evolution. Such push-backs called for a clear position by the EU. The situations in the EU Member States already visited by the FRRL Group were presented as difficult by civil society, which called for the EU to take a more proactive approach to sexual and reproductive health and rights (SRHR).

Maria Nikolopoulou, president of the EESC's Equality Group, said that advanced democratic societies had seen heated debates taking place on the role of women and their rights, including controversies on questions that were supposed to be long closed. Women had to be able to make decisions freely over their own bodies, and these rights were interlinked with the right to education, equal treatment and freedom from violence. Ms Nikolopoulou concluded that abortion was as old as humanity and had always been a personal decision of last resort. Banning abortion was not going to lead to fewer abortions, but to more dangerous conditions.

Panel I: Sexual and reproductive rights as a human right

Caroline Hickson, Regional Director for Europe at the International Planned Parenthood Federation (IPPF), compared situations in European countries in which the promotion of progressive views was thwarted by conservative political agendas instrumentalising the question of abortion to maintain political privilege. Ms Hickson enumerated the targets of such political agendas: sexual education, divorce, stem cell research, in vitro fertilisation, but also democracy. Such political agendas also led to specific actions targeting the separation of state and religion, the intimidation of female activists and of women who sought care, and curtailing access to social justice.

Birgit Van Hout, Director at the United Nations Population Fund (UNFPA) EU Office, stressed the need to develop reliable data on SRHR. The trends varied from country to country independently of their socio-economic situation. Every year, some 800 women died of preventable causes tied to maternity, particularly precarious women in rural areas, women with disabilities and members of minorities. The human papillomavirus vaccine (HPV) was being made available, and the fight against female genital mutilation (FGM) was ongoing, but child marriage was on the rise. Sexual violence was being routinely used as a weapon of war. The number of women able to say no to sex was declining. Female activists were a particular target of strategic lawsuits against public participation (SLAPPs). It was necessary to promote women in leadership and to combat the cyber bullying of female politicians. There needed to be more robust accountability for violations of SRHR.

Leah Hoctor, Senior Regional Director for Europe, Center for Reproductive Rights, described the landscape of SRHR in Europe, where a lot of progress was pending given the unevenness in the ability to enjoy sexual rights, which still depended on the place of livelihood, migration status, income, gender identity, ethnicity, and age. Abortion was legal, except in Malta and Poland, but restrictions were numerous in other countries, including mandatory time limits and payments. In most EU Member States, contraception was not free or subsidised, and while maternal healthcare was generally available to the general female population, a number of groups such as Roma women faced segregation in access. Also, choices as to where and how to give birth were restricted. Finally, in most EU Member States, medically assisted reproduction was not legal or affordable for lesbian couples and single women.

Aline Brüser, Advisor and Communication Officer at the European Trade Union Confederation (ETUC) shared details of ETUC's work to promote equality bargaining at the workplace, which included advocating gender responsive workplaces adapted to women menstruating, women who had an abortion, women who were going through the menopause, and women who were living with the repercussions of sexual violence. Initiatives included the reduction of stigma surrounding menstruation, the access to free menstruation care at the workplace, as well as access to sanitary products, and period leave on a trust-based principle for people suffering from endometriosis. Good practices had to be monitored and channelled towards trade unions.

Discussion

In reply to some questions from the audience, Birgit Van Hout made the point that SRHR was a complex domain because women's bodies were at heart of culture wars, and their bodily autonomy touched upon deeply rooted social norms that had the potential for significant backlashes. Caroline Hickson added that social movements were the birth ground of change and also stressed the importance of empowering individuals to enable them to stand up against restrictive laws.

Panel II: Fulfilling sexual and reproductive health and rights for all women and girls

Ana Peláez Narváez, Secretary-General of the European Disability Forum (EDF), Executive Vice-President of CERMI's Women Foundation, and Vice-chair of the UN Committee on the Elimination of Discrimination against Women (CEDAW) stated that women with disabilities faced more barriers than other women when they denounced abusive practices and that they received less public attention and reparation measures. Consent by guardians, parents, courts or doctors condoned sterilisation in at least 13 EU Member States. Ms Peláez Narváez called for the criminalisation of this practice, as well as of forced abortion, obstetrical violence, and female genital mutilation, and for the inaccessibility of family planning services for people with disabilities to be addressed.

Bekky Ashmore, Policy and Advocacy Officer at Plan International UK, deplored the fact that adolescent girls were not sufficiently regarded as a group with unique needs in SRHR. In times of conflict, they were targets of torture, sexual violence, forced pregnancy, forced sterilisation and forced marriage. Communities exerted strong control over young girls' sexuality, coercing it before marriage

and forcing reproduction afterwards. Positive approaches to sexuality had to recognise pleasure, trust and communication, with a no-one-size-fits-all approach in which girls' knowledge of their situation was actively included.

Emilie Jarrett, Interim Director, and **Cynthia Karanja**, Youth Ambassador, at the End Female Genital Mutilation (FGM) European Network, said that FGM was a serious SRHR issue with severe after-effects including scar tissue ripping, delivery complications, and psychological distress including depression and post-traumatic stress disorder. FGM needed to be understood as a most extreme negation of female bodily autonomy and sexual pleasure. Institutions needed their roles defined in preventing the abuse, and young people educated on the harmful norms surrounding the practice.

Beatriz Rótoli, Coordinator at the European Youth Network on Sexual and Reproductive Rights (YouAct), regretted the fact that young people had very diverging points of access to SRHR, and that some had to face stigma by healthcare professionals, sexual violence, and an absence of sexual education. Ms Rótoli said that there were now increased attacks on migrant and LGBTIQ+ groups. She considered that SRHR should not be seen as a privilege, but a right. The courage of young citizens had to be enabled by the EU through the fostering of youth participation, the financing of youth organisations, and the development of stronger laws against cyber violence and the spread of fake news.

Deekshitha Ganesan, Health policy officer at Transgender Europe (TGEU), regretted the fact that SRHR was organised along gender lines. She considered that conversion therapy was a form of torture that needed to be banned. Certain screenings to detect illnesses like cancers left behind trans and non-binary people, and insurance companies linked compensation schemes to sex. SRHR activities related to the unique needs of trans people were not sufficiently available or affordable. Forced sterilisation was still a condition for access to legal gender recognition in several EU Member States, and there was no ban on medically unjustified intervention on intersex infants. Ms Ganesan considered that the EU had to set an example of a modern intersectional approach including comprehensive information on gender-sensitive SRHR.

Discussion

In reply to questions from the audience, the panel made the point that victims of SRHR violations had to be informed about what amounted to violations and had to have access to means to fight for the respect of these rights, as well as to proper compensation. Deekshitha Ganesan welcomed the fact that various movements were coming together in order to strengthen the voice of intersectional SRHR in Europe. Cynthia Karanja agreed on the importance of alliances and how these could be strengthened by EU frameworks.

Closing remarks

José Antonio Moreno Díaz, rapporteur for the EESC opinion on Combatting violence against women (SOC/726) concluded the hearing by stating that SRHR were human rights that affected the moral, physical and legal integrity of women and girls. Mr Moreno Díaz pointed out that the Istanbul Convention (Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence) recognised all forms of violence that affected women, such as biological violence, domestic violence, and systemic forms of violence, and that the EU had to act to ensure the full implementation of the Convention as well as its ratification by all EU Member States and the EU itself.

END