

STAND UP FOR HUMAN DIGNITY AND FUNDAMENTAL RIGHTS EU WIDE!

10 REASONS TO OPPOSE THE ESTRELA RESOLUTION ON SEXUAL AND REPRODUCTIVE RIGHTS AND HEALTH & VOTE IN FAVOUR OF THE ALTERNATIVE RESOLUTION OF THE EPP

The motion for a resolution on Sexual and Reproductive Health and Rights outlines problems related to the health of women and mothers in Europe and beyond. All EU citizens are entitled to health care, protection and support. However, none of these issues find an appropriate reply in the text presented by Mrs Estrela.

This report is inconsistent with the EU and national legislations; it expresses disrespect for the founding principle of subsidiarity as well as the fundamental right to freedom of conscience.

Above all, the report does not respect the inherent right to life of every person, whether an EU citizen or not. Such an attitude is not worthy of the EU. It is not worthy of the democratically elected representatives of the European people to promote such a text. It is not worthy of all those who are fathers and mothers, grandparents, uncles and aunts to limit themselves to such an approach regarding their children, grandchildren, nephews and nieces.

Offer something better to Europe's young and future generations!

***“ Parents have a prior right to choose
the kind of education that shall be given to their children. ”***

- art. 26.3, Universal Declaration of Human Rights

1. Sexual education and parental rights

Parents are the first and primary educators of their children, and as such **have a prior right to choose the kind of education that shall be given to their children.**

Regarding sexual education, the motion for a resolution only refers to parents as “other stakeholders”. (para 42)

Para. 43 & 46: “Social marketing for condom use and other methods of contraception, and initiatives such as confidential telephone help-lines and adolescent-friendly sexual and reproductive health services (...) are to be accessible without the consent of parents or guardians”.

2. The failure of mandatory sexual education and free access to contraceptives and abortion

The text proposes to make “sex education classes compulsory for all primary and secondary school children” (para 43). However, reality proves that this is not a satisfactory response to the needs of youth with regard to relationships and sexuality.

The Swedish case: mandatory sexual education at school since 1955, free access to contraceptives and abortion, without parental consent for adolescents. The programme aims at deconstructing gender stereotypes, at school.

No room is intended for parental involvement.

The result: 19,8 abortions per 1000 women aged 15-19 years in 2011.

3. Special care for motherhood and childhood

There should be special care for motherhood and childhood as claimed in articles 2 and 25 of the Universal Declaration of Human Rights and as outlined in the abovementioned motion for a resolution.

The Declaration of the Rights of the Child of the United Nations states that *“the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth”*.

Such care should include protection of children, and pre and post natal care for mothers. Nevertheless, such care cannot be provided at the expense of either of the persons concerned. Both the mother and the child must receive appropriate care, at every stage of the pregnancy and after birth.

4. The right to life of either of the persons cannot be superior to the other’s right to life

Human dignity is inviolable. It must be respected and protected.” (art. 1) *“Everyone has the right to life.”* (art. 2) - Charter of Fundamental Rights

Protection of every human life from conception is a principle reaffirmed by the **European Court of Justice** in its ruling C-34/10.

The right to protection of every human life from conception is supported by over 1.8 million EU citizens who signed the European Citizens Initiative *One of Us*.

“Everyone has the right to life.” - EU Charter of Fundamental Rights

5. There is no ‘right to abortion’

No international legally binding treaty, nor the ECHR, nor customary international law can accurately be cited as establishing or recognising a ‘right to abortion’.

7. Member States have differing views on abortion

“Any recommendation related to the Overarching Post-2015 Agenda should not in any way create an obligation on any party to consider abortion as a legitimate form of reproductive health or rights or commodities.” - Malta, UN, 14 Oct 2013

Under UK law, **abortion on demand** can be carried out during the first **24 weeks of pregnancy, i.e. 6 months**.

9. Exporting abortion abroad – the new colonialism?

“urges the EU to ensure that European development (...) has a strong and explicit focus, and concrete targets on SRHR, paying particular attention to family planning services, maternal and infant mortality, safe abortion”(para 78).

200 M € is already spent on this by the EU (Euromapping 2011).

6. Abortion is not an EU competency, solely a Member State issue

« The Council would point out that the issue of abortion is the responsibility of the individual Member States, the scope of Community action on health issues being strictly defined by Article 152 of the EC Treaty.”

“The Commission does not assume any positions in favour or against abortion, due to the fact that there is no community legislation in this respect.”

8. Respect for the principle of subsidiarity?

The motion for a resolution is clearly an attempt to impose a view on these sensitive issues that is inconsistent with national legislations and cultures, so also in the case of development aid beyond the EU itself.

10. Freedom of conscience

“The right to conscientious objection is recognised, in accordance with the national laws governing the exercise of this right.” (FRC art. 10.2)

The human right of conscientious objection does not compete with the responsibility of the state to ensure that patients are able to access medical care, in particular in cases of emergency prenatal and maternal health care.

No person, hospital or institution should therefore be coerced, held liable or discriminated against in any manner because of a refusal to perform, accommodate, assist or submit to practices which could cause the death of a human embryo or foetus.