Family Planning is a Human Right
Government Duties to Ensure Access to Contraceptive Services and Information

The right to plan one’s family has explicit protection in international law, and is also grounded in international guarantees of life, health, privacy, and non-discrimination. These norms entitle women and men to the full range of contraceptive choices, as well as to information about sexual and reproductive health. Government duties in the area of family planning include ensuring access to contraception, protecting individuals’ ability to make informed decisions, and upholding confidentiality for adolescents seeking services. Global recognition of these duties has been reinforced by the work of six United Nations (UN) bodies charged with interpreting human rights treaties.

This briefing paper takes an in-depth look at the standards developed by six UN “treaty monitoring bodies,” or committees, in the area of contraception and family planning. Following a brief overview of the origin and work of the committees, the briefing paper reviews standards each body has adopted as it has monitored governments’ compliance with their duties under international human rights law. The forceful language of the committees in the areas of contraception and family planning, as well as the frequency with which the committees address these issues, demonstrate that women’s right to plan their families is well established in international law.
Background

**Treaty Monitoring Bodies and their Role in Developing International Law**

The UN treaty monitoring system was created to ensure governments’ compliance with their treaty obligations. Each of the six major international human rights treaties provides for the establishment of a committee whose primary mandate is to monitor governmental progress in implementing the treaty. Monitoring is achieved primarily through a “country reporting” process, which requires states to report periodically on their efforts to respect, protect, and fulfill the human rights enshrined in a particular treaty. Following in-person dialogues with government representatives, committee members issue concluding observations to the reporting government. Every year, these observations are compiled in a report and sent to the General Assembly of the UN.

In addition to the concluding observations, committees have the authority to issue “general comments” or “general recommendations.” These documents elaborate on a treaty’s broadly worded human rights guarantees in order to guide government efforts to implement the treaty, providing a working interpretation of the rights in each of the major treaties. Some committees also have a mandate to examine individual complaints of human rights violations, in which cases they issue written decisions.

---

**Key Human Rights Treaties and their Monitoring Committees**

<table>
<thead>
<tr>
<th>HUMAN RIGHTS TREATY</th>
<th>COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</td>
<td>Committee on the Elimination of Discrimination against Women (CEDAW Committee)</td>
</tr>
<tr>
<td>International Covenant on Civil and Political Rights (Civil and Political Rights Covenant)</td>
<td>Human Rights Committee (HRC)</td>
</tr>
<tr>
<td>International Convention on the Elimination of All Forms of Racial Discrimination (Convention against Racial Discrimination)</td>
<td>Committee on the Elimination of Racial Discrimination (CERD)</td>
</tr>
<tr>
<td>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment (Convention against Torture)</td>
<td>Committee against Torture (CAT)</td>
</tr>
</tbody>
</table>
RELEVANT PROVISIONS OF CEDAW

Article 10 requires states parties to take all necessary steps to eliminate discrimination against women in education, and to provide women equal access to educational materials and advice on family planning.

Article 12 protects women’s right to health and requires states parties to eliminate discrimination against women in the area of health care, including reproductive health care such as family planning services.

Taken together, the concluding observations, general comments, and case decisions of the committees guide governments and advocates in further promoting human rights. They are also a crucial tool for holding governments accountable under international human rights law. The standards elaborated upon by the committees, summarized in this briefing paper, can and should be used to measure government compliance with human rights treaty obligations. Materials cited in this paper can be used to support legal challenges in national, regional, and international human rights institutions. They can also be used to hold governments politically accountable in campaigns aimed at securing access to family planning services and information.

What follows is a discussion of the statements relating to sexuality education made between January 1993 and June 2007 by six committees: the Committee on the Elimination of Discrimination against Women (CEDAW Committee); the Committee on the Rights of the Child; the Human Rights Committee; the Committee on Economic, Social and Cultural Rights; the Committee on the Elimination of Racial Discrimination; and the Committee against Torture.

1. Committee on the Elimination of Discrimination Against Women

General Recommendations

General Recommendation 19: Violence against Women

In its General Recommendation 19, the CEDAW Committee recommends that states parties take measures to prevent coercion with regard to fertility and reproduction.

General Recommendation 21: Equality in Marriage and Family Relations

In its General Recommendation 21, the CEDAW Committee acknowledges reports on coercive practices against women in family planning, such as forced pregnancies, abortions, and sterilization. The Committee stresses the importance of access to information with regard to contraception and family planning, stating that “[i]n 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 . . .”

General Recommendation 24: Women and Health

In its General Recommendation 24, the CEDAW Committee reinforces states parties’ obligations to protect women’s rights relating to health, and their obligation to “refrain from obstructing action taken by women in pursuit of their health goals.” The Committee recommends government action to
address all aspects of health care for women and girls, including access to contraception, family planning resources, and treatment for HIV/AIDS.\textsuperscript{12}

Concluding Observations

Contraceptive Prevalence and Access

The CEDAW Committee has frequently expressed concern over women’s lack of access to and low use of contraceptive and family planning services and information.\textsuperscript{13} The Committee has identified several obstacles to accessing contraception, including cost;\textsuperscript{14} lack of medical insurance coverage;\textsuperscript{15} legal obstacles;\textsuperscript{16} discrimination on the basis of marital status;\textsuperscript{17} and coercion, which prevents women from being able to choose freely a form of contraception.\textsuperscript{18} Additionally, the Committee has expressed concern over the lack of information and data from states parties regarding women’s reproductive health and access to health care services, including family planning and contraceptive services.\textsuperscript{19}

The Committee has regularly encouraged states parties to improve access to contraception through educational and programmatic measures,\textsuperscript{20} increased insurance coverage,\textsuperscript{21} and greater attention to the cost of contraceptive and family planning services.\textsuperscript{22} It has frequently underscored the need for special efforts to accommodate vulnerable population groups and their need for contraceptive and family planning services, particularly women and girls in rural or resource-poor areas.\textsuperscript{23}

The Committee has expressed concern that abortion used as a primary method of family planning may lead to maternal deaths\textsuperscript{24} and has made the connection between insufficient contraceptive access and use and high rates of abortion.\textsuperscript{25} The Committee has expressed concern over states parties not providing adequate emergency contraception.\textsuperscript{26}

Third-Party Authorization for Access to Contraception

The CEDAW Committee has shown concern over laws that require a husband’s authorization in order for his wife to access family planning methods, such as sterilization,\textsuperscript{27} and has recommended that contraceptive methods be available without restriction.\textsuperscript{28}

Contraception and Informed Consent

The Committee has expressed concern regarding the uninformed and involuntary sterilization of women, including ethnic minority women,\textsuperscript{29} as well as the failure of a government to adopt legislative changes on informed consent and to provide justice for those who are sterilized without their informed consent.\textsuperscript{30} The Committee has urged states parties to investigate and prosecute cases of forced sterilization.\textsuperscript{31} Additionally, the Committee has called on states parties to provide trainings on patients’ rights, to expand measures of compensation, to provide redress to victims of coercive sterilization, and to prevent the practice from recurring.\textsuperscript{32}
Shared Responsibility of Men and Women

The Committee has expressed general concern that contraception and family planning are still primarily the responsibilities of women. In this regard, the Committee has stressed that contraception and family planning are responsibilities to be shared by women and men.

Adolescents

In several concluding observations, the Committee has expressed great concern over high pregnancy rates among adolescents, generally attributing the problem to an unmet need for contraception. The Committee has linked lack of availability of sexual education and family-planning services to high abortion rates among adolescents and young women, as well as to high rates of teenage pregnancy. It has urged states parties to increase the availability of sexual education and family planning services to teenage girls and boys.

Individual Case

In the case of *A.S. v. Hungary*, which involved the involuntary sterilization of a Hungarian woman of Roma origin, the CEDAW Committee held that the failure to provide reproductive health information and to ensure that A.S. provided her full and informed consent to be sterilized violated her most basic human rights. The Committee found specific violations of the right to non-discrimination in the fields of education (Article 10(h)) and health care (Article 12), as well as denial of the right to determine the number and spacing of one’s children (Article 16(1)(e)).

Committee on the Rights of the Child

General Comments

General Comment 3: HIV/AIDS and the Rights of the Child

In an effort to promote the realization of the human rights of children in the context of HIV/AIDS, the Committee on the Rights of the Child recognizes the need for a holistic, rights-based approach to prevention and intervention efforts, which includes preventive health care, sex education, and family planning education and services. Furthermore, the Committee encourages states parties to ensure that health services offer confidential sexual and reproductive health services as well as free or low-cost contraceptive methods and services.
General Comment 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child\textsuperscript{45}

In its General Comment 4, the Committee on the Rights of the Child focuses on adolescents’ full enjoyment of the right to health and development. It declares that civil rights and freedoms, including access to information aimed at promoting physical and mental health, are fundamental to guaranteeing adolescents’ right to health and development. It further states that access to information is crucial to the efforts of states parties to promote cost-effective health-related measures.\textsuperscript{46} The Committee affirms that states parties should ensure access to reproductive health and family planning information regardless of parental consent, and that the information provided should be “adequate and sensitive to the particularities and specific rights of adolescent girls and boys.”\textsuperscript{47} In addition, the Committee links early pregnancy and unsafe abortion to maternal morbidity and mortality among adolescent girls, and urges states parties to develop programs to provide sexual and reproductive health services, including family planning and contraception.\textsuperscript{48}

General Comment 9: The Rights of Children with Disabilities\textsuperscript{49}

In its General Comment 9, the Committee on the Rights of the Child notes that children with disabilities face multiple challenges and risks in the area of reproductive health, and recommends that states provide these children with adequate information on relationships and reproductive health, as well as guidance and counseling.\textsuperscript{50} Additionally, the Committee is deeply concerned about the prevailing practice of forced sterilization among children with disabilities, especially young girls with disabilities.\textsuperscript{51} The Committee recognizes that this practice “seriously violates the right of the child to her . . . physical integrity and results in adverse life-long physical and mental health effects” and urges states parties to prohibit the practice of forced sterilization of children on grounds of disability.\textsuperscript{52}

Concluding Observations

Contraceptive Prevalence and Access Among Adolescents

The Committee on the Rights of the Child has repeatedly expressed concern over high incidences of teenage pregnancy\textsuperscript{53} and has linked it to high rates of maternal mortality.\textsuperscript{54} The Committee has commented on adolescents’ lack of access to reproductive health education and information.\textsuperscript{55} It has also voiced its concern over lack of access to family planning services,\textsuperscript{56} contraception,\textsuperscript{57} and reproductive health care facilities.\textsuperscript{58} In several concluding observations, the Committee has expressed concern over abortion and its use as a primary means of contraception among adolescents.\textsuperscript{59}

The Committee has frequently recommended that states parties increase adolescents’ access to reproductive health information and education,\textsuperscript{60} and on a number of occasions it has followed up on the issue of teenage pregnancy with an explicit recommendation that states parties provide family planning programs, services, and contraception.\textsuperscript{61} In addition, the Committee has recommended
enacting legislation to ensure access, conducting studies of adolescent health needs, implementing counseling services that are both confidential and child-sensitive, and allocating more resources to family planning programs.

The Committee has also noted the link between teenage pregnancy and girls’ right to education, recommending that states parties ensure that pregnant girls of compulsory school age remain in school. The Committee has not explicitly framed lack of access to contraception as discrimination against adolescent girls.

**Third-Party Authorization for Access to Contraception**

In an effort to make health services, including reproductive health services, more accessible, the Committee has asked states parties to eliminate requirements for parental consent in order to access medical advice and services, including medical care, counselling, treatment, and rehabilitation. The Committee has not commented on spousal authorization requirements.

**Contraception and Informed Consent**

The Committee has addressed the issue of forced sterilization of mentally disabled children, asking a state party to review legislation that permitted forced sterilization with parental consent.

**Shared Responsibility of Men and Women**

The Committee has not commented specifically on states parties’ need to facilitate shared responsibility of men and women with respect to contraception. However, the Committee has asked states parties to promote male acceptance of the use of contraceptives through education, health policies, and counseling services; furthermore, the Committee has advocated for efforts to include men in reproductive health programs, as well as efforts to change male sexual behavior.

---

**Human Rights Committee**

**General Comments**

**General Comment 6: The Right to Life**

In its General Comment 6, the Human Rights Committee emphasizes that the inherent right to life should not be understood in a restrictive manner and requires states parties to take positive measures to protect individuals’ right to life, in particular to increase life expectancy.
General Comment 28: Equality of Rights Between Men and Women

In its General Comment 28, the Human Rights Committee discusses women’s right to equality in exercising their privacy rights, particularly in relation to their reproductive lives and functions. Specifically, the Committee expresses concern over requirements that women have a certain number of children, that they have a husband’s authorization, or that they meet age requirements in order to undergo sterilization. The Committee asks states parties to report on laws, public actions, or private practices that interfere with women’s equal enjoyment of the right to privacy, and to take measures to eliminate such interferences.

Concluding Observations

Contraceptive Prevalence and Access

On a few occasions, the Human Rights Committee has commented on contraception, citing obstacles to women’s access to contraception, including high costs, as violations of the non-discrimination provisions of Article 3 of the Covenant. The Committee has also recommended that states parties improve access to family planning services, including contraception, in order to protect the lives of women. The Committee has related the unmet need for access to contraception and family planning to high rates of abortion and maternal mortality. Moreover, it has recommended that states parties increase access to contraception and family planning through general measures, through education and information, and by reviewing laws and policies on family planning.

Third-Party Authorization for Access to Contraception and Family Planning Methods

The Committee has not discussed requirements of spousal authorization or parental consent for access to methods of contraception.

Contraception and Informed Consent

The Human Rights Committee has expressed concern over the forced sterilization of women in reproductive health services, particularly women from marginalized populations. The Committee has asked states parties to take measures to ensure free and informed consent of women and to compensate victims of forced sterilization. In one instance, the Committee called on a state party to take adequate measures to prohibit employers from requiring sterilization certificates as a condition of employment.

Shared Responsibility of Men and Women

The Human Rights Committee has not commented on shared responsibility between men and women with regard to contraception or family planning.

Adolescents

The Committee has discussed adolescents’ access to contraception, advocating increased access to health and education facilities as a way to address high rates of suicide among adolescent girls.
It has also noted that early pregnancy should not interfere with girls’ ability to exercise their right to education.92 Finally, the Committee has expressed concern over high rates of unwanted pregnancy and abortion among young women and has recommended that states parties take measures to help young women avoid unwanted pregnancies by strengthening family planning and sex education programs.93

Committee on Economic, Social and Cultural Rights

General Comments

General Comment 14: The Right to the Highest Attainable Standard of Health

In its General Comment 14, the Committee on Economic, Social and Cultural Rights underscores the need for states parties to provide the full range of high-quality and affordable health care, including sexual and reproductive services, such as family planning.95 It emphasizes states’ obligations to reduce women’s health risks and to lower maternal mortality rates. The Committee urges states parties to remove all barriers to women’s access to health services, education, and information, including in the area of sexual and reproductive health.

General Comment 16: The Equal Right of Men and Women to the Enjoyment of All Economic, Social and Cultural Rights

In its General Comment 16, the Committee emphasizes the equal right of men and women to the enjoyment of the highest attainable standard of health,97 and urges states parties to remove legal and other obstacles that prevent men and women from accessing health care, including legal restrictions on reproductive health services.98

Concluding Observations

Contraceptive Prevalence and Access

The Committee on Economic, Social and Cultural Rights has commented generally on the need for access to contraception and family planning information and services,99 including affordability.100 The Committee has framed lack of such access as a violation of the right to health. Specifically, it has related the lack of access to contraceptive information and services to high rates of maternal mortality.101 Additionally, the Committee has made a direct connection between lack of access to contraceptive services and high rates of abortion.102 It has advocated family planning policies and programs as a way to reduce the prevalence of abortion.104 The Committee has specifically recommended the implementation of education and awareness programs on sexual and reproductive
health. The Committee has urged states to adopt and implement national sexual and reproductive health programs.

Third-Party Authorization for Access to Contraception
The Committee has not addressed the issue of spousal authorization or parental consent for access to contraception in its concluding observations.

Contraception and Informed Consent
The Committee has not commented directly on the issue of contraception and informed consent. However, it has expressed concern over forced sterilization and forced abortions of women, including the practice of committing these acts against women belonging to ethnic minority groups. The Committee has called on states parties to ensure that abortions are carried out voluntarily.

Shared Responsibility of Men and Women
The Committee has discussed the need for reproductive health education programs that target both men and women, but has not explicitly addressed shared responsibility of men and women regarding contraception and family planning.

Adolescents
The Committee has expressed concern over high rates of pregnancy among adolescents, which it has related to the right to health. It has recommended that states parties provide adolescents with reproductive health education and in one instance recommended that a state party provide adolescents with contraception where appropriate. It has also recognized that pregnancy may interfere with an adolescent girl’s ability to obtain an education.

Committee on the Elimination of Racial Discrimination

General Recommendations

General Recommendation 25: Gender Related Dimensions of Racial Discrimination
In its General Recommendation 25, the Committee on the Elimination of Racial Discrimination recognizes that some forms of racial discrimination may be experienced only by women and may be directed at women because of their gender. The Committee states that it will take gender into account when evaluating and monitoring racial discrimination against women, as well as how such discrimination affects the exercise of all other rights. This would include women’s right to health, which encompasses rights related to contraception and family planning.
Concluding Observations

In at least one instance, the Committee on the Elimination of Racial Discrimination has requested information on the effects of population-planning policies on the reproductive rights of ethnic minority women.\(^{119}\)

Committee Against Torture

General Comments

**General Comment 1: Implementation of Article 3 of the Convention in the Context of Article 22**\(^{120}\)

In its General Comment 1, the Committee against Torture discusses the use of the individual complaint mechanism of Article 22 of the Convention against Torture to enforce states parties’ obligations to individuals who would be at risk of torture if returned to their country of origin.

Concluding Observations

**Contraceptive Prevalence and Access**

In one instance, the Committee against Torture has expressed concern over the denial of “medical treatment required to ensure that pregnant women do not resort to illegal abortions that put their lives at risk,” and has expressed that the failure to take steps to prevent acts that endanger women’s physical and mental health constitutes “cruel and inhuman treatment.”\(^{121}\) The Committee recommended that the state party “take whatever legal and other measures are necessary to effectively prevent acts that put women’s health at grave risk”—through, for example, the provision of medical treatment, strengthened family planning programs, and better access to information and reproductive services.\(^{122}\)

**Contraception and Informed Consent**

The Committee has expressed concern at reports of women undergoing involuntary sterilization\(^{123}\) and has recommended that states parties investigate such claims.\(^{124}\)
Summary Assessment

All of the committees, with the exception of the Committee on the Elimination of Racial Discrimination, have recognized the need for increased access to contraceptive methods for women. The committees generally frame lack of access as a violation of the right to health and, in the case of the Human Rights Committee and the CEDAW Committee, as a potential violation of the right to life. The Human Rights Committee and the CEDAW Committee have also led the way in defining lack of access to contraceptive methods as a form of discrimination against women. While all of the committees that have discussed contraception recognize that there are barriers to access that must be addressed, the CEDAW Committee has been particularly strong in identifying such impediments. The committees have recommended general measures to overcome these obstacles to access, but generally have not recommended specific legislative or policy means to increase access. This is perhaps due to a lack of current information on specific laws and policies in states parties.

Several of the committees have discussed the link between lack of access to contraception and increased rates of abortion, and have expressed concern over the use of abortion as a primary method of family planning. The committees have not discussed the need for safe, accessible abortion, specifically in cases of contraception failure.

The CEDAW Committee has placed a particularly strong emphasis on men’s role in matters relating to contraception and family planning. The Committee on the Rights of the Child also has asked states...
parties to include men in reproductive health education and to promote male acceptance of the use of contraception. The CEDAW Committee is the only committee that has criticized spousal authorization requirements for a woman to access contraception, though the Committee on the Rights of the Child has recommended that parental consent requirements be eliminated.

All of the committees, with the exception of the Committee on the Elimination of Racial Discrimination and the Committee against Torture, have discussed the need for adolescents to have access to contraceptive methods as a way to address the frequent incidence of teenage pregnancy and the resulting high rates of maternal mortality and unsafe abortion. The Committee on the Rights of the Child, the CEDAW Committee, and the Committee on the Elimination of Racial Discrimination have also identified lack of access to contraception as interfering with adolescent girls’ ability to exercise other rights, such as the right to education.

## Conclusions

- While the CEDAW Committee and the Human Rights Committee have recognized states parties’ failure to provide access to contraceptive services as discriminatory against women, the other committees also could recommend to states parties that family planning services be available to anyone requiring them, regardless of age, race, and marital or other status.

  - **The Human Rights Committee** is particularly well situated to develop further its analysis of the right to non-discrimination in access to family planning and contraceptive services, utilizing in particular its recent General Comment 28. The Committee could explicitly recognize that states parties’ failure to ensure access to health services that only women need is discriminatory. For example, the Committee could characterize as discriminatory the failure to provide emergency contraception to women, particularly for rape victims, and likewise the failure of professional bodies to educate health professionals on health services that only women need.

- The committees could further address the issue of third-party authorization for access to contraception and its implications for women and adolescents girls’ rights to privacy and confidentiality.

  - **The Human Rights Committee’s** mandate would enable it to address issues of privacy and confidentiality relating to the provision of contraceptive and family
planning services more systematically.

- The Committee on the Rights of the Child could continue its recent practice of recommending that parental consent requirements be eliminated, due to their interference with adolescents’ rights to confidentiality and privacy.

- The committees could recommend that states parties ensure access to a full range of contraceptive methods, as well as information on the benefits and risks of each method, including emergency contraception and other newer methods such as female condoms. In examining the relationship between abortion and contraception, the committees could emphasize that abortion should be a safe and legal option for women in the case of an unwanted pregnancy, even where there is a disproportionate reliance on abortion due to the limited availability of contraceptive methods.

- The committees should follow the lead of the CEDAW Committee and the Human Rights Committee in emphasizing that full and informed consent, particularly in cases of irreversible procedures such as surgical sterilization and abortion, is essential to ensuring women’s sexual and reproductive health.

- The committees could make specific recommendations to states parties on how to overcome barriers to access, such as lack of availability to certain methods, legal restrictions on contraception, excessive regulation (including requirements for third-party authorization), cost, lack of or inadequate insurance coverage, and coercion in the reproductive health context.

- The committees could follow the CEDAW Committee’s lead in underscoring the need for responsible and respectful shared decision-making between men and women regarding contraception and family planning.

- The CEDAW Committee, the Committee on the Rights of the Child, and the Committee on Economic, Social and Cultural Rights have, to some extent, acknowledged the relationship between contraception and family planning on the one hand, and one’s ability to exercise other rights such as the right to education, on the other. All of the committees could further examine the impact that lack of access to contraception has on women’s and girls’ economic and social, as well as civil and political, rights.

- The Committee on Economic, Social and Cultural Rights’ mandate places the Committee in the ideal position to explore the relationship between women’s access to contraception and other rights enshrined in the Economic, Social and Cultural Rights Covenant.
Endnotes:


3 For a fuller explanation of the work of the committees, see Center for Reproductive Rights, Bringing Rights to Bear 21-34 (2002).


5 The following treaties have either an additional optional protocol empowering the treaty monitoring body to hear individual complaints, or a similar mechanism found in the treaty itself: Convention on the Elimination of All Forms of Discrimination against Women, International Covenant on Civil and Political Rights, International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.


See Austria, 07/05/1999, U.N. Doc. CRC/C/15/Add.98, ¶ 17.


72 See, e.g., Cuba, 18/06/97, U.N. Doc. CRC/C/15/Add.72, ¶ 37.


