

Empowering women: promoting access to contraception in Europe

Author(s): Parliamentary Assembly

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1. Access to modern contraception is crucial to women's empowerment, in that it increases their decision-making power and autonomy, individually and within the household, enables them to plan employment and professional development more efficiently and leads to an improved balance between private and work life.

2. Access to contraception is not guaranteed to all women equally. Geographic disparities are found across and within Council of Europe member States, with more difficulties in rural and remote areas.

3. Furthermore, financial and economic barriers hinder access to contraception. Economic and financial status are particularly important for young and lower-income people who experience difficulties in accessing contraception if reimbursement or subsidisation are not provided.

4. Cultural and social barriers, including cultural norms, gender stereotypes, prejudices and moral stigmas also negatively impact access to contraception and result in a lack of or insufficient knowledge of methods of contraception, their availability and correct use. They affect potential users, particularly women, young and non-married people, discouraging them from seeking contraceptive devices and advice. In addition, myths and misconceptions, misrepresenting contraception as unnecessary or potentially harmful, are widespread.

5. Vulnerable and marginalised groups, including lesbian and bisexual women and trans and intersex people, people with a migrant background, persons with disabilities and ethnic and linguistic minorities, are particularly exposed to both financial and cultural barriers in access to contraception, which calls for specific attention and measures.

6. The Parliamentary Assembly believes that protecting women's sexual and reproductive health and rights should be given a high priority by public authorities at all levels, as an important part of gender equality policies, with a view to building fair and equal societies and promoting health and well-being.

7. The Assembly is convinced that a comprehensive sexuality education in schools at all levels is an indispensable part of the upbringing of children and young people. It is

an investment in a healthier society; it improves the understanding of individual freedoms and boundaries in the area of sexuality; it contributes to avoiding early and unintended pregnancies; increasing the use of modern contraception; preventing sexually transmitted diseases; improving the knowledge, attitudes and skills necessary for young people's well-being; promoting more equitable social and gender norms; preventing sexual, gender-based and intimate partner violence; promoting self-determination, empowerment, equality, non-discrimination and respect for diversity.

8. The Assembly considers that all types of modern contraception, including long acting reversible contraception should be accessible and affordable for everyone, irrespective of their sex, social and national origin and any other status, and should be accompanied by reliable advice and information. Responsibilities should, insofar as possible, be shared by women and men.

9. The COVID-19 pandemic has affected women and men differently, increased gender inequalities and made women and girls more vulnerable to violations of their human rights in areas including gender-based and domestic violence and sexual and reproductive health and rights. Policies in response to the pandemic should consider the gendered aspects of the crisis. Sexual and reproductive health and rights should be prioritised, and adequate resources should be allocated.

10. In the light of the above considerations, the Assembly calls on Council of Europe member and observer States, as well as those enjoying observer or partner for democracy status with the Parliamentary Assembly, to:

10.1. as regards sexuality education, information and awareness raising:

10.1.1. introduce comprehensive sexuality education as part of all school curricula and ensure that age-appropriate sexuality education is mandatory for all pupils, and that children cannot be withdrawn from it. This education should be evidence-based and scientifically accurate, and address issues including the prevention of early pregnancies and sexually transmitted diseases; the promotion of gender equality, relationships, consent, prevention and protection from sexual, gender-based and intimate partner violence; gender norms, sexual orientation, gender identity and expression, and sex characteristics;

10.1.2. review textbooks used in sexuality education curricula and ensure that their contents and illustrations are scientifically accurate;

10.1.3. provide teachers, school doctors and school nurses with specific training and resources on comprehensive sexuality education;

10.1.4. conduct information and awareness-raising campaigns on sexual and reproductive health and rights, including comprehensive information on all modern contraceptive methods, and all other issues covered by comprehensive sexuality

education in schools, targeting young people in and out of school, parents and the general public, through internet and social media as well as traditional media, such as the press, radio and television, including public television;

10.1.5. set up and advertise information websites providing comprehensive, fact-based information on contraception, including all types of modern contraceptive methods, their cost and where they can be obtained. Information should also be accessible for people in rural and remote areas, those belonging to language minorities, persons with disabilities and migrants;

10.2. as regards access to contraception:

10.2.1. ensure that all modern methods of contraception, including emergency contraception without prescription, are made available to the public, including in rural and remote areas and to marginalised and vulnerable groups;

10.2.2. ensure the affordability of contraceptive methods by including them in national health insurance schemes with adequate reimbursement or subsidisation;

10.2.3. develop specific reimbursement or subsidisation schemes for young, low-income and vulnerable groups, with a view to countering economic barriers that determine unequal access to contraception and review such schemes regularly to ensure their effectiveness;

10.2.4. provide affordable, confidential and non-judgmental individual counselling to those seeking contraception with a view to providing users with all the necessary and personalised information, including the choice of the contraceptive methods best suited to their needs, and to reviewing that choice when needed;

10.2.5. provide mandatory training on contraception both at post-graduate level and as refresher courses for healthcare professionals, as well as regular information on relevant scientific evidence;

10.2.6. develop evidence-based guidelines for healthcare professionals on modern contraception, based on the standards set by the World Health Organisation;

10.2.7. ensure that access to contraception is individualised and based on the person's needs, not on their legal gender marker;

10.3. as regards research and data collection:

10.3.1. improve existing or develop new data collection systems, ensuring a comprehensive collection of comparable data on contraception, disaggregated by sex, age, income, social status and level of education;

10.3.2. start or enhance research on the use of all methods of contraception, their prevalence, evolution, costs, and impact on users;

10.3.3. promote and support scientific research on male contraception methods, with a view to developing and making available innovative contraceptives and devices for use by people assigned male at birth;

10.4. as regards co-operation with civil society, health professionals and service providers:

10.4.1. strengthen co-operation and support for civil society and health profession organisations active in promoting and providing contraception, collecting data and conducting research, designing and carrying out information and awareness raising campaigns, providing training of healthcare professionals and sexuality education; and provide an enabling environment and funding for civil society organisations active in this field;

10.5. as regards the response to the COVID-19 pandemic:

10.5.1. consider access to contraception, including emergency contraception, and maternal healthcare before, during and after childbirth, as essential health care services to be maintained during the crisis and take all necessary accompanying measures to guarantee the provision of and access to such services;

10.5.2. guarantee access without discrimination to sexual and reproductive healthcare services and facilitate it, including by authorising telephone and online consultations and access to contraception without prescription, particularly in the case of the restriction of people's movement in connection with the COVID-19 pandemic; and maintain in force such measures, in so far as possible, after the end of the health crisis.