Reproductive rights pdf

I'm not robot!

Legal rights and freedoms relating to reproductive health Rights Theoretical distinctions Claim rights and legal rights and legal rights by beneficiary AccusedAnimalsChildrenConsumersCreditorsDeafDisabledEldersFarmersHumansNativesIntersexKingsLGBT (Transgender)MenMinoritiesParents (Mothers, Fathers)PatientsPeasantsPlantsPrisonersRobotsStatesStudentsVictimsWomenWorkersYouth Other groups of rights AssemblyAssociationAsylumCivil libertiesDigitalEducationFair trialFoodFree migrationHealthHousingLinguisticMovementPropertyReproductive Rest and leisureSelf defenseSelf-determination of peopleSpeechSexualityWater and sanitation vte Reproductive rights are legal rights and freedoms relating to reproductive health that vary amongst countries around the world.[1] The World Health Organization defines reproductive rights as follows:[2] Reproductive rights rest on the recognition 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. They also include the right of all to make decisions concerning reproductive rights may include some or all of the following: abortion-rights movements; birth control; freedom from coerced sterilization and contraception; the right to access good-quality reproductive healthcare; and the right to education and access in order to make free and informed reproductive choices.[3] Reproductive rights may also include the right to receive education about sexually transmitted infections and other aspects of sexually, right to menstrual health[4][5] and protection from practices such as female genital mutilation (FGM).[1][3][6][7] Reproductive rights began to develop as a subset of human rights at the United Nation's 1968 International Conference on Human Rights.[6] The resulting non-binding Proclamation of Tehran was the first international document to recognize one of these rights when it stated that: "Parents have a basic human right to determine freely and responsibly the number and the spacing of their children."[6][8] Women's sexual, gynecological, and mental health issues were not a priority of the United Nations until its Decade of Women (1975–1985) brought them to the forefront.[9] States, though, have been slow in incorporating these rights in internationally legally binding instruments. Thus, while some of these rights have already been recognized in hard law, that is, in legally binding international human rights instruments, others have been mentioned only in non binding recommendations and, therefore, have at best the status of soft law in international law, while a further group is yet to be accepted by the international community and therefore remains at the level of advocacy.[10] Issues related to reproductive rights are some of the most vigorously contested rights' issues worldwide, regardless of the population's socioeconomic level, religion or culture.[11] The issue of reproductive rights is frequently presented as being of vital importance in discussions and articles by population concern organizations such as Population Matters.[12] Reproductive rights are a subset of sexual and reproductive health and rights. History Proclamation as to race, sex, language, or religion". However, the Charter did not define these rights. Three years later, the UN adopted the Universal Declaration of Human rights; the UDHR does not mention reproductive rights. Reproductive rights began to appear as a subset of human rights in the 1968 Proclamation of Tehran, which states: "Parents have a basic human right to determine freely and responsibly the number and the spacing of their children".[8] This right was affirmed by the UN General Assembly in the 1969 Declaration on Social Progress and Development which states: environment for the growth and well-being of all its members, particularly children and youth, should be assisted and protected so that it may fully assume its responsibilities within the community. Parents have the exclusive right to determine freely and responsibilities within the community. Women's Year Conference echoed the Proclamation of Tehran.[14] Cairo Programme of Action The twenty-year "Cairo Programme of Action" was adopted in 1994 at the International Conference on Population and Development (ICPD) in Cairo. The non-binding Programme of Action The twenty-year "Cairo Programme of Action" was adopted in 1994 at the International Conference on Population and Development (ICPD) in Cairo. reproductive needs, rather than demographic targets. It recommended that family planning services be provided in the context of other reproductive health services, including services for healthy and safe childbirth, care for sexually transmitted infections, and post-abortion care. The ICPD also addressed issues such as violence against women, sex trafficking, and adolescent health.[15] The Cairo Program is the first international policy document to define reproductive health.[15] stating:[1] Reproductive health.[15] stating:[1] Reproductive health.[15] stating:[1] Reproductive health.[15] stating:[1] Reproductive health.[15] the first international policy document to define reproductive health.[15] stating:[1] Reproducti processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed [about] and to have a ccess to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant [para. 72]. Unlike previous population conferences, a wide range of interests from grassroots to government level were represented in Cairo. 179 nations attended the ICPD and overall eleven thousand representatives from governments, NGOs, international agencies and citizen activists participated.[15] The ICPD did not address the far-reaching implications of the HIV/AIDS epidemic. In 1999, recommendations at the ICPD+5 were expanded to include commitment to AIDS education, research, and prevention of mother-to-child transmission, as well as to the development of vaccines and microbicides.[16] The Cairo Programme of Action was adopted by 184 UN member states. Nevertheless, many Latin American and Islamic states made formal reservations to the programme, in particular, to its concept of reproductive rights and sexual freedom, to its reatment of abortion, and to its potential incompatibility with Islamic law.[17] Implementation of the Cairo Programme of Action varies considerably from country to country. In many countries, post-ICPD tensions emerged as the human rights-based approach was implemented. Since the ICPD, many countries have broadened their reproductive health and the consequences of unsafe abortion. Lara Knudsen observes that the ICPD succeeded in getting feminist language into governments' and population agencies' literature, but in many countries, the underlying concepts are not widely put into practice.[16] In two preparatory meetings for the ICPD+10 in Asia and Latin America, the United States, under the George W. Bush Administration, was the only nation opposing the ICPD's Programme of Action. [18] Beijing Platform The 1995 Fourth World Conference on Women in Beijing, in its non-binding Declaration and Platform for Action, supported the Cairo Programme's definition of reproductive health, but established a broader context of reproductive rights: [1] The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters of sexual relationships between women and men in matters and sexual relating between wom mutual respect, consent and shared responsibility for sexual behavior and its consequences [para. 96]. The Beijing Platform formation for sexual behavior and its consequences [para. 96]. The Beijing Platform formation for sexual behavior and inalienable human rights of women that require advocacy. The Platform formation for sexual behavior and its consequences [para. 96]. The Beijing Platform formation for sexual behavior and its consequences [para. 96]. The Beijing Platform formation for sexual behavior and its consequences [para. 96]. the 1995 Fourth World Conference on Women included a section that denounced gender-based violence and included forced sterilization as a human rights violation.[20] However, the international community at large has not confirmed that women have a right to reproductive healthcare and in ensuing years since the 1995 conference, countries have proposed language to weaken reproductive and sexual rights.[21] This conference also referenced for the first time indigenous rights are highly politicized, making it difficult to enact legislation.[23] Yogyakarta Principles The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity, proposed by a group of experts in November 2006[24] but not yet incorporated by States in international law, [25] declares in its Preamble that "the international community has recognized the rights of persons to decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free from coercion, discrimination, and violence." In relation to reproductive health, Principle 9 on "The Right to Treatment with Humanity while in Detention" requires that "States shall... [p]rovide adequate access to medical care and counseling appropriate to the needs of those in custody, recognizing any particular needs of persons on the basis of their sexual orientation and therapy as well as to gender-reassignment treatments where desired."[26] Nonetheless, African, Caribbean and Islamic Countries, as well as the Russian Federation, have objected to the use of these principles as Human Rights standards.[27] State interventions that contradict at least some reproductive rights have happened both under right-wing and left-wing governments. Examples include attempts to forcefully increase the birth rate - one of the most notorious natalist policies of the 20th century was that which occurred in communist leader Nicolae Ceausescu, who adopted a very aggressive natalist policy which included outlawing abortion and contraception, routine pregnancy tests for women, taxes on childlessness, and legal discrimination against childless people - as well as attempts to decrease the fertility rate - China's one child policy (1978-2015). State mandated forced marriage was also practiced by authoritarian governments as a way to meet population targets: the Khmer Rouge regime in Cambodia systematically forced people into marriages, in order to increase the population and continue the revolution.[28] Some governments have implemented racist policies of forced sterilizations of 'undesirable' ethnicities. Such policies were carried out against ethnic minorities in Europe and North America in the 20th century, and more recently in Latin America against the Indigenous population in the 1990s; in Peru, President Alberto Fujimori (in office from 1990 to 2000) has been accused of genocide and crimes against humanity as a result of a sterilization program put in place by his administration targeting indigenous people (mainly the Quechuas and the Aymaras).[29] Prohibition of forced sterilization and forced abortion. The Istanbul convention, the first legally binding instrument in Europe in the field of violence, [30] prohibits forced abortion and forced abortion and forced abortion. the following intentional conducts are criminalised: a performing an abortion on a woman without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose or effect of terminating a woman's capacity to naturally reproduce without her prior and informed consent; b performing surgery which has the purpose of the purpose positive effects of family planning (Ethiopia) See also: Human rights Human rights have been used as a framework to analyze and gauge abuses, especially for coercive or oppressive governmental policies. The framing of reproductive (human) rights and population control programs are split along race and class lines, with white, western women predominately focused on abortion access (especially during the second wave feminism of the 1970-1980s), silencing women of color in the Global North (black and indigenous women, prisoners, welfare recipients) who were subjected to forced sterilization or contraceptive usage campaigns.[32] The hemisphere divide has also been framed as Global North feminists advocating for women's bodily autonomy and political rights, while Global South women established as feminists focused on women's issues (from the first world largely promoting sexual liberation) versus women focused on political issues (from the third world often opposing dictatorships and policies).[34] In Latin America, this is complicated as feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of feminists tend to align with first world ideals of religious institutions such as the Catholic Church and Evangelicals, which attempt to control women's reproduction. On the other side, human rights advocates are often aligned with religious institutions that are specifically combating whether women should have complete autonomous control over their bodies has been espoused by the United Nations and individual countries, but many of those same countries, but many of those same countries fail to implement these human rights framework.[36] However, multiple human rights documents and declarations specifically proclaim reproductive rights of women, including: the UN Declaration of Human Rights (1948),[37] The Convention on the Elimination of All Forms of Discrimination Against Women (1979),[38] the U.N.'s Millennium Development Goals,[39] and the new Sustainable Development Goals,[40] which are focused on integrating universal reproductive healthcare access into national family planning programs.[41] Unfortunately, the 2007 Declaration on the Rights of Indigenous Peoples, did not address indigenous women's reproductive or maternal healthcare rights or access.[42] Since most existing legally binding international human rights instruments to link the realization of the already internationally recognized human rights with the realization of reproductive rights and other and other relevant United Nations 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 the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. Similarly, Amnesty International has argued that the realisation of reproductive rights is linked with the realisation of a series of recognised human rights, including the right to health, the right to health organization states that: [45] Sexual and reproductive health and rights encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health needs of adolescents. Universal access to sexual and reproductive health is essential not only to achieve sustainable development but also to ensure that this new framework speaks to the needs and aspirations of people around the world and leads to realisation of their health and human rights. reproductive rights in the body of internationally recognized human rights. At the Cairo Conference, several states made formal reservations either to the concept of reproductive rights or to its specific content. Ecuador, for instance, stated that:[17] With regard to the Programme of Action of the Cairo International Conference on Population and Development and in accordance with the provisions of the Constitution and laws of Ecuador and the norms of international law, the delegation of Ecuador reaffirms, inter alia, the following principles embodied in its Constitution: the inviolability of life, the protection of children from the moment of conception, freedom of conscience and religion, the protection of the family as the fundamental unit of society, responsible paternity, the right of parents to bring up their children and the formulation of population and development plans by the Government in accordance with the principles of respect for sovereignty. Accordingly, the right of parents to all terms such as "regulation of fertility", "interruption of pregnancy", "reproductive health", "reproductive rights" and "unwanted children", which in one way or another, which is a superior of the programme of the progra Peru and the Holy See. Islamic Countries, such as Brunei, Djibouti, Iran, Jordan, Kuwait, Libya, Syria, United Arab Emirates, and Yemen made broad reservations against any element of the programme that could be interpreted as contrary to the Sharia. Guatemala even questioned whether the conference could legally proclaim new human rights.[46] Women's rights See also: Women's rights and Reproductive justice Part of a series on Feminism History Feminist history Austria Australia German Waves First Second Third Fourth Timelines Women's history Austria Australia Canada India Japan Kuwait Liechtenstein New Zealand Spain Civil War Francoist Switzerland United Kingdom Cayman Islands Wales United States Intersectional variants Fat Lesbian of color Radical lesbianism Separatist Sex-positive Lipstick Stiletto Transfeminism Postgenderism Vegetarian ecofeminism Socialist Anarchist Queer Jineology Marxist Critical theory Standpoint Materialist Ecofeminist Postcolonial Global Transnational Xenofeminism Multicultural Africana womanism Black Hip hop Lesbian Ratchet Chicana Lesbian Indigenous Native American Multiracial Romani Womanism Black Hip hop Lesbian Ratchet Chicana Lesbian Indigenous Native American Multiracial Romani Womanism Black Hip hop 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rights with a primary emphasis on women's rights. In this respect the UN and WHO focus on a range of issues from access to family planning services, sex education, menopause, and the reduction of obstetric fistula, to the relationship between reproductive health and economic status. freedom from discrimination and the social and economic status of women. The group Development Alternatives with Women for a New Era (DAWN) explained the link in the following statement:[6] Control over reproduction is a basic need and a basic nee social structures of religion, state control and administrative inertia, and private profit, it is from the perspective of poor women that this right can best be understood and affirmed. Women know that childbearing is a social, not a purely personal, phenomenon; nor do we deny that world population trends are likely to exert considerable pressure or resources and institutions by the end of this century. But our bodies have become a pawn in the struggles among states, religions, male heads of households, and private corporations. Programs that do not take the interests of women into account are unlikely to succeed... Women's reproductive rights have long retained key issue status in the debate on overpopulation.[12] "The only ray of hope I can see - and it's not much - is that wherever women are put in control of their lives, both politically and socially; where medical facilities allow them to deal with birth control and where their husbands allow them to make those decisions, birth rate falls. Women don't want to have 12 kids of whom nine will die." David Attenborough[47] According to OHCHR: "Women's sexual and reproductive health is related to multiple human rights, including the right to be free from torture, the right to be free from torture, the right to health, the right to be free from torture is a construction." [48] Attempts have been made to analyse the socioeconomic conditions that affect the realisation of a woman's reproductive justice has been used to describe these broader social and economic issues. Proponents of reproductive justice argue that while the right to legalized abortion[49] and contraception applies to everyone, these choices are only meaningful to those with resources and that there is a growing gap between access and affordability.[citation needed][50] Men's rights Part of a series on Masculism Movement Men's rights movement Topics and issues Topics Sex differences in humans Human male sexuality (Misandry Hegemonic masculinity) Effeminacy Gender roles Machismo Men in feminism (Pro-feminism) Issues Violence against men Male expendability Circumcision controversies (Genital mutilation Forced circumcision) Rape (Prison rape False accusation of rape) Rape of males Domestic violence (against men) Violence against LGBT people (Homophobia Gay bashing Transphobia) Conscription Reproductive rights Australia Italy United Kingdom United States Lists and category: Masculism topics Category: Masculism topics Category: Masculists Categor related to sexual reproduction. Three international issues in men's reproductive health are sexually transmitted diseases, cancer, and exposure to toxins.[51] Recently men's reproductive right with regards to paternity have become subject of debate in the U.S. The term "male abortion" was coined by Melanie McCulley, a South Carolina attorney, in a 1998 article. The theory begins with the premise that when a woman becomes pregnant she has the option, or parenthood. A man, however, has none of those options, but will still be affected by the woman's decision. It argues, in the context of legally recognized gender equality, that in the earliest stages of pregnancy the putative (alleged) father should have the right to relinquish all future parental rights and financial responsibility, leaving the informed mother with the same three options.[52] This concept has been supported by a former president of the feminist argument for male reproductive choice contends that the uneven ability to choose experienced by men and women in regards to parenthood is evidence of a state-enforced coercion favoring traditional sex roles.[54] In 2006, the National Center for Men brought a case in the US, Dubay v. Wells (dubbed by some "Roe v. Wade for men"), that argued that in the event of an unplanned pregnancy, when an unmarried woman informs a man that she is pregnant by him, he should have an opportunity to give up all paternity rights and responsibilities. Supporters argue that this would allow the woman time to make an informed decision and give men the same reproductive rights as women.[55][56] In its dismissal of the case, the U.S. Court of Appeals (Sixth Circuit) stated that "the Fourteenth Amendment does not deny to [the] State the power to treat different ways."[57] The opportunity to give men the right for a paper abortion is heavily discussed. Sperm theft is another related issue. Intersex and reproductive rights See also: Intersex Intersex, in humans and other animals, is a variation in sex characteristics including chromosomes, gonads, or genitals that do not allow an individual to be distinctly identified as male or female. Such variation may involve genital ambiguity, and combinations of chromosomel genotype and sexual phenotype other than XY-male and XX-female. [58][59] Intersex persons are often subjected to involuntary "sex normalizing" surgical and hormonal treatments in infancy and childhood, often also including sterilization. [60][61][62][63][64] UN agencies have begun to take note. On 1 February 2013, Juan E Mendés, the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, issued a statement condemning non-consensual surgical intervention on intersex people. His report stated, "Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary genital normalizing surgery, performed without their informed consent, or that of their parents, "in an attempt to fix their sex", leaving them with permanent, irreversible infertility and causing severe mental suffering".[65] In May 2014, the World Health Organization issued a joint statement on Eliminating forced, coercive and otherwise involuntary sterilization, An interagency statement with the OHCHR, UN Women, UNAIDS, UNDP, UNFPA and UNICEF. The report references the involuntary surgical "sex-normalising or other procedures" on "intersex persons". It questions the medical necessity of such treatments, patients' ability to consent, and a weak evidence base.[66] The report recommends a range of guiding principles to prevent compulsory sterilization in medical treatment, including ensuring patient autonomy in decision-making, ensuring non-discrimination; accountability and access for remedies.[67] Youth rights access for re various reproductive services, such as contraception, abortion, gynecological consultations, testing for STDs etc. The requirement that minors have parental consent/notification for testing for HIV/AIDS is especially controversial, particularly in areas where the disease is endemic, and it is a sensitive subject.[68][69][70] Balancing minors' rights versus parental rights is considered an ethical problem in medicine and law, and there have been many court cases on this issue in the US.[71] An important concept recognized since 1989 by the Convention on the Rights of the evolving capacities of a minor, namely that minors should, in accordance with their maturity and level of understanding, be involved in decisions that affect them.[72] Youth are often denied equal access to reproductive health services because health workers view adolescent sexual activity as unacceptable,[73] or see sex education as the responsibility of parents. Providers of reproductive health have little accountability to youth clients, a primary factor in denying youth access to reproductive health care.[73] In many countries, regardless of legislation, minors are denied even the most basic reproductive care, if they are not accompanied by parents: in India, for instance, in 2017, a 17-year-old girl who was rejected by her family due to her pregnancy, was also rejected by hospitals and gave birth in the street.[74] In recent years the lack of reproductive rights for adolescents has been a concern of international organization, such as UNFPA.[75] Mandatory involvement of parents in cases where the minor has sufficient maturity to understand their situation is considered by health organization as a violation of minor's rights and detrimental to their health. The World Health Organization has criticized parental consent/notification laws:[76] Discrimination in health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often manifested when an individual or group is denied access to health care settings takes many forms and is often ma by certain groups, such as women. Examples include specific individuals or groups being subjected to physical and verbal abuse or violence; involuntary treatment, breaches of confidentiality and/or denial of autonomous decision-making, such as the requirement of consent to treatment by parents, spouses or guardians; and lack of free and informed consent. ... Laws and policies must respect the principles of autonomy in health care decision-making; guarantee free and informed consent, privacy and confidentiality; prohibit screening procedures that are not of benefit to the individual or the public; and ban involuntary treatment and mandatory third-party authorization and notification requirements. According to UNICEF: "When dealing with sexual and reproductive health, the obligation to inform parents and obtain their consent becomes a significant barrier with consequences for adolescents' lives and for public health in general."[77] One specific issue which is seen as a form of hypocrisy of legislators is that of having a higher age of medical consent for the purpose of reproductive and sexual health than the age of sexual activity, but does not allow them to consent to medical procedures that may arise from being sexually active; UNICEF states that "On sexual and reproductive health matters, the minimum age of medical consent should never be higher than the age of sexual consent."[77] Africa A classroom in South Africa A d promoting abstinence in Ghana: No Sex Ad (Anti-HIV/AIDS — signage). Abstinence-only sex education is a form of sex education that teaches not having sex outside of marriage, most often excluding other types of sexual and reproductive health education, such as birth control and sexual abstinence. Many unintended pregnancies stem from traditional contraceptive methods or no contraceptive measures. [78] Youth sexual education in Uganda is relatively low. Comprehensive sex education is not generally taught in schools; even if it was, the majority of young people do not stay in school after the age of fifteen, so information would be limited regardless.[79] Africa experiences high rates of unintended pregnancy, along with high rates of HIV/AIDS. Young women aged 15-24 are eight times more likely to have HIV/AIDS than young men. Sub-Saharan Africa accounts for two-thirds of the global total of new HIV infections.[80] Attempted abortions and unsafe abortions are a risk for vouth in Africa. On average, there are 2.4 million unsafe abortions in East Africa, 1.8 million in Western Africa, over 900,000 in Middle Africa, and over 100,000 in Southern Africa each year.[78] In Uganda, abortion is illegal except to save the mother's life. However, 78% of teenagers report knowing someone who has had an abortion and the police do not always prosecute everyone who has an abortion. An estimated 22% of all maternal deaths in the area stem from illegal, unsafe abortions. [79] European women (all ages) have used some form of birth control in their lives. [81] European women (all ages) have used some form of birth control in the area stem from illegal, unsafe abortions. commonly used contraceptives.[81] Sweden has the highest percentage of lifetime contraceptive use, with 96% of its inhabitants claiming to have used birth control at some point in their life.[81] Sweden also has a high self-reported rate of postcoital pill use.[81] A 2007 anonymous survey of Swedish 18-year-olds showed that three out of four youth were sexually active, with 5% reporting having had an abortion and 4% reporting the contraction of an STI.[82] In the European Union, reproductive rights and its jurisprudence, as well as the Convention on Human Rights and its jurisprudence, as well as the Convention on Human Rights and its jurisprudence. (the Istanbul Convention).[83] However, these rights are denied or restricted by the laws, policies and practices of member states.[84] In fact, some countries criminalize medical staff, have stricter regulations than the international norm or exclude legal abortion and contraception from public health insurance.[83] A study conducted by Policy Departments, at the request of the European Parliament Committee on Women's Rights and Gender Equality, recommends the EU to strengthen the legal framework on equal access to sexual and reproductive health goods and services.[83] Latin America Main article: Reproductive rights in Latin America has come to international attention due to its harsh anti-abortion laws. Latin America is home to some of the few countries of the world with a complete ban on abortion, without an exception for saving maternal life.[85] In some of these countries, particularity in Central America, the enforcement of such laws is very aggressive: El Salvador and Nicaragua have drawn international attention for strong enforcement of their complete bans on abortion. In 2017, Chile relaxed its total ban, allowing abortion to be performed when the woman's life is in danger, when a fetus is unviable, or in cases of rape.[86] In Ecuador, education and class play a large role in the definition of which young women become pregnant and which do not - 50% of young women who are illiterate get pregnant, compared to 11% of girls with secondary education. The same is true for poorer individuals - 28% become impregnated while only 11% of young women in wealthier households do. Furthermore, access to reproductive rights, including contraceptives, are limited, due to age and the perception of female morality. Health care providers often discuss contraception theoretically, not as a device to be used on a regular basis. Decisions concerning sexual activity often involve secrecy and taboos, as well as a lack of access to accurate information. Even more telling, young women have much easier access to maternal healthcare than they do to contraceptive help, which helps explain high pregnancy rates in the region.[87] Rates of adolescent pregnancy in Latin America number over a million each year.[87] United States See also: Birth control in the United States See also: Birth control in the United States Among sexually experienced teenage rates in the region.[87] United States See also: Birth control in the United States See also: Birth control in t first time they had sex; 86% and 93% of these same females and males, respectively, reported using contraception the last time they had sex.[88] The male condom is the most commonly used method during first sex, although 54% of young women in the U.S. are no more sexually active than individuals in other developed countries, but they are significantly less knowledgeable about contraception and safe sex practices.[79] As of 2006, only twenty states required information about contraception.[79] On the whole, less than 10% of American students receive sex education that includes topical coverage of abortion, homosexuality, relationships, pregnancy, and STI prevention.[79] Based upon the moral principle that sex outside of marriage is unacceptable, the programs often misled students about their rights to have sex, the consequences, and prevention of pregnancy and STIs.[79] Abortion in the United States is legal since the United States Supreme Court decision Roe v. Wade which abortion is legal (with more or fewer restrictions throughout the pregnancy). That basic framework, modified in Planned Parenthood v. Casey (1992), remains nominally in place, although the effective availability of abortion providers.[89] Planned Parenthood v. Casey held that a law cannot place legal restrictions imposing an undue burden for "the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus."[90] Abortion is a controversial political issue, and regular attempts to restrict it occur in most states. One such case, originating in Texas, led to the Supreme Court case of Whole Woman's Health v. Hellerstedt (2016) in which several Texas restrictions were struck down.[91] Since these times reproductive rights restrictions is the new bill in Texas known as 'The Senate Bill 8'. This ban restricts patients from getting an abortion if a heartbeat is heard which is typically 6 weeks after the patient's last period.[92] Lack of knowledge about rights One of the reasons why reproductive rights are poor in many places, is that the vast majority of the population does not know what the law is. Not only are ordinary people uninformed, but so are medical doctors. A study in Brazil on medical doctors found considerable ignorance and misunderstanding of the law on abortion (which is severely restricted, but not completely illegal).[93] In Ghana, abortion, while restricted, is permitted on several grounds, but only 3% of pregnant women and 6% of those seeking an abortion, while restricted, is permitted on several grounds, but only half of women knew that abortion was legalized.[95] Many people also do not understand the laws on sexual violence: in Hungary, where marital rape was a crime.[96] The United Nations Development Programme states that, in order to advance gender justice, "Women must know their rights and be able to access legal systems", [97] and the 1993 UN Declaration on the Elimination of Violence Against Women states at Art. 4 (d) [...] "States should also inform women of their rights in seeking redress through such mechanisms". [98] Gender equality and violence against women Further information: Gender equality, Violence against women, Sexual violence, Forced marriage, and Child marriage Addressing issues of gender-based violence is crucial for attaining reproductive rights. The United Nations Population Fund refers to "Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender" and "Sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy," as part of achieving reproductive rights, [99] and states that the right to privacy," as part of achieving reproductive rights obliges states to: [100] Take measures to prevent, punish and eradicate all forms of gender-based violence Eliminate female genital mutilation/cutting The WHO states:[101] Gender equity and equality and human rights in the Departments global and national activities, as well as within the functioning and priority-setting of the Department itself. Amnesty International writes that:[102] Violence against women violates women's rights to life, physical and mental integrity, to the highest attainable standard of health, to freedom from torture and it violates their sexual and reproductive rights. One key issue for achieving reproductive rights is criminalization of sexual intercourse, she is not protected from forced pregnancy, namely pregnancy from rape. In order for a woman to be able to have reproductive rights, she must have the right to choose with whom and when to reproduce; and first of all, decide whether, when, and under what circumstances to be sexually active.[103] In many countries, these rights of women are not respected, because women do not have a choice in regard to their partner, with forced marriage and child marriage being common in parts of the world; and neither do they have any rights in regard to sexual activity, as many countries do not allow women to refuse to engage in sexual intercourse when they do not want to (because marital rape is not criminalized in those countries) or to engage in sexual intercourse if they want to (because sex outside marriage is illegal in those countries). In addition to legal barriers, there are also social barriers, because in many countries a complete sexual subordination of a woman to her husband is justified to beat his wife if she refuses to have sex with him[104]), while sexual/romantic relations disapproved by family members, or generally sex outside marriage, can result in serious violence, such as honor killings.[105] HIV/AIDS Further information: HIV/AIDS Estimated prevalence in % of HIV among young adults (15-49) per country as of 2011.[106] No data

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