



A S T R A N E T W O R K

**SEXUAL AND REPRODUCTIVE RIGHTS
AND
GENDER EQUALITY:
FUNDAMENTALS OF DEMOGRAPHY POLICIES IN EUROPE**

CONCERN ABOUT DEMOGRAPHIC SHIFTS IN EUROPE

The prognosis on negative population growth in Europe in upcoming years and current low birth rates has focused attention in the European Union (EU) and its Member States on demographic issues. These demographic concerns are legitimately the subject of government economic and development strategies, and some EU and Member States strategies are working toward ensuring demographic turns while at the same time respecting the fundamental right of its citizens. Demographic strategies of a few Member States, however, risk violating the fundamental rights of citizens, in particular of women. Member States together with the EU should continue to think creatively on how to address demographic concerns while at the same time ensuring that any such strategies and policies respect human rights related to reproductive and sexual health.

Various attempts have been undertaken at the national level to address this demographic concern, including increasing birth rates through legislative or policy initiatives related to reproductive decision-making.* Such attempts include economic and social incentives for women to have children while others call for restricting access to reproductive health services for women, being convinced that by limiting women's access to family planning and abortion, women will have more children. Restricting access to reproductive health services does not solve negative

* For detailed analysis and examples, see *Low -Fertility - the Future of Europe?* Entre Nous: The European Magazine for Sexual and Reproductive Health, No. 63 – 2006, (Copenhagen: WHO Regional Office for Europe, 2006).

population growth rates. Poland's birth rate, for example, has been consistently decreasing despite the introduction of restrictive abortion legislation in 1993.¹ Moreover, the results of such policies will have a detrimental impact on women's equality generally and women's health and reproductive freedom and autonomy, particularly.

Policies dealing with increasing fertility rates should respect gender equality and non-discrimination and promote women's health by guaranteeing the right of couples and individuals to decide on the number and spacing of their children. These aspects are not only important in their own right, but essential to the achievement of social cohesion, eradication of poverty, full employment and economic growth.

It should be noted that while the demographic issues in Europe are influenced by many factors, including migration, this paper does not attempt to give recommendations on how to improve immigration policies or to shift demographic numbers; it focuses on the need to include, where it is lacking, respect and protection of reproductive and sexual rights into the demography related policies designed by the Member States. The paper also appeals to the EU to continue in promoting gender equality in its demography-related documents but to also ensure that they include the promotion and protection of reproductive and sexual rights as an important component of any demographic strategy.^{*} This paper argues that the EU should work towards the full recognition of reproductive and sexual rights in its internal demography-related programmes, if it is serious about developing gender equality within the EU.

RESTRICTING ACCESS TO ABORTION SERVICES JEOPARDIZES WOMEN'S HEALTH

Creating barriers to abortion services threatens the lives and health of thousands of women every year.²

- History has shown that women worldwide, when faced with unwanted pregnancy, seek abortions regardless of the legality of the procedure. Many have no choice but to undergo abortions performed by unqualified practitioners in unhygienic settings. About one-third of women who have abortions performed under these circumstances experience complications that pose major risks to their lives and health. The stigma associated with illegal abortion and the disapproval often expressed by hospital providers discourage many women from seeking care for these complications.³

^{*} In terms of the EU's competence in human rights regulation the EU leaves the promotion and protection of human rights primarily in the competency of its Member States and limits itself into the role of monitor. As a result of the legal delineation of competence, the EU has adopted different practices to reflect its distinct internal and external authority when it comes to promotion and protection of human rights. Such an inconsistent approach can be also found, as this paper indicates, in the EU's different reproductive rights practices applied externally to non-Member States in development policies, for example, and internally. More on the issue of EU's distinct internal and external approaches to human rights *see e.g.* Andrew Williams, *EU Human Rights Policies: A Study in Irony* (Oxford: Oxford University Press, 2004).

- Each year, an estimated 500,000 unsafe abortions are performed in Europe, the majority of which take place in Eastern Europe, including in some Member States.⁴ According to the World Health Organization (WHO), unsafe abortions cause approximately 70,000 maternal deaths annually around the world, out of which an estimated 26% occur in Eastern Europe and former Soviet Republics.⁵ In addition, at least one in five women who undergo unsafe abortion suffers as a result, from reproductive tract infection and face increased risk for infertility.⁶ The reproductive health needs of women and adolescents females, including access to contraceptives and safe and legal abortion, could prevent high numbers of maternal deaths and unsafe abortions performed every year.⁷

RESTRICTING ACCESS TO REPRODUCTIVE HEALTH SERVICES VIOLATES THE PRINCIPLE OF GENDER EQUALITY

The EU has recognized gender equality as a fundamental principle and common value of the EU, and essential to the achievement of social cohesion, eradication of poverty, full employment and economic growth promoted by the EU.⁸ The EU and its Member States have endorsed international human rights commitments and standards which recognize that gender equality cannot be achieved without respect for sexual and reproductive rights. These rights are encompassed primarily in international human rights treaties and international consensus documents such as Programme of Action of the United Nations International Conference on Population and Development, Cairo, 1994 (ICPD Programme of Action) and the Beijing Declaration and the Platform for Action, Fourth World Conference on Women, Beijing, 1995.⁹

- Demographic policies which limit access to reproductive health services are in stark contradiction with fundamental gender equality principles promoted by the EU. Restrictions placed on the access to health care services that only women need because of their biological condition constitutes discrimination against women and hinders women's ability to participate as full citizens in the economic and political life of society.¹⁰
- Increasing access for all women to a full range of reproductive health care services enables women to seek educational and employment opportunities and contributes to the elimination of economic and social discrimination against women. While this is an important goal in itself, it is also an essential precondition for sustained economic growth.¹¹ The economic efficiency and social equity, including gender equity, sought by the EU policies will not be achieved unless Member States ensure an effective access to wide range of reproductive health services, including abortion, to all women.
- Experience from Sweden shows that ensuring comprehensive access to reproductive health services and information does not decrease birth rates. In fact, Sweden has one of the highest birth rates in Europe¹² and one of the most liberal abortion laws in Europe. It also guarantees access to comprehensive contraceptive services and sexuality education

at a young age. Importantly, Swedish social and employment policies promote gender equality and target individuals' needs. These policies include programmes such as provision of parental leave benefits for both parents, establishment of extensive public child care services subsidized by the state, and flexible working hours for both parents.¹³

...gender equality can not be achieved without guaranteeing women's sexual and reproductive health and rights, ...access to sexual and reproductive health information and health services are essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millennium Development Goals.

-Ministerial Declaration of the Conference of Ministers of Gender Equality, 10th Anniversary of the Beijing Platform for Action, Luxemburg, February 4, 2005.

Incorporating gender equality into every aspect of life makes it easier for the individuals who wish to have children to decide to have them.¹⁴ Equality between men and women in sharing the responsibilities related to the upbringing of a child, comprehensive and affordable social services, equal pay are examples of policies that along with an economic growth support demographic renewal as confirmed by the European Commission.

THE ROLE OF THE EU IN TACKLING THE DEMOGRAPHIC CHALLENGE

The Commission has set forth five core policy guidelines in its Communication “The demographic future of Europe – from challenge to opportunity”¹⁵ which seeks to assist Member States better address demography challenges. One of those guidelines, *promoting demographic renewal in Europe*, incorporates gender equality in family policies, including supporting Member States in creating conditions that support individuals “who wish to realize their desire to have children” to have them, through social and employment measures such as the improvement of the living conditions for young people, adoption of parental benefits, development and support of affordable public child care structures, and introduction of flexible forms of work.¹⁶

...effective gender equality policies make it easier for parents to consider when to have children. We [the EU and its Member States] must therefore tackle the problems of access to accommodation, facilitate access to affordable and quality childcare and generally improve the work-life balance through flexible forms of work, making use of new technologies.

-Commission of the European Communities, “The demographic future of Europe – from challenge to opportunity, COM(2006)571 final, Brussels, October 12, 2006.

While measures aimed at reducing gender inequalities in social life are critical to dealing with population-related challenges successfully, the EU has not addressed the issue of ensuring reproductive freedom *explicitly* in its demographic policy guidelines, despite its international commitments to freedom in reproductive choice, a strong EU gender equality policy and obligations placed on Member States to ensure gender equality.¹⁷

This lack of commitment to reproductive and sexual rights in its demographic guidelines, raises serious concerns about the EU's commitment to gender equality. In its aid policies the EU has clearly recognized individuals' freedom of choice in reproductive decision making to be a significant element of societal progress and development¹⁸ and has urged for the improvement of the individuals' access to the wide range of reproductive health services, recognizing the crucial role reproductive rights play for women's empowerment.¹⁹ The EU should follow its successful policies on aid development when it comes to women in Europe. If the EU is committed to guaranteeing gender equality in Europe it is essential that it includes reproductive and sexual rights in all legislation, policies and guidelines at EU level and appeal to Member States to do the same on national level.

DEMOGRAPHIC-RELATED POLICIES IN SELECTED MEMBER STATES AND CANDIDATE COUNTRIES

Good practices

The most successful policies in increasing birth rates without jeopardizing reproductive health and rights support individual rights, are labour-market oriented and have a strong social and gender equality approach to population issues. Below are a few examples of good practices that are being implemented by Member States.

Denmark The Danish government provides for extensive employment-oriented public childcare services and generous parental leave policies designed as a part of their social welfare policy. Public childcare is available for children of all age groups at comparatively low costs.²⁰

Sweden The Swedish example demonstrates that strong gender equality laws and family policies that support parental employment, affordable public child care, and provision of parental leave, comprehensive non-judgmental sexuality education in schools and an extensive access to modern methods of contraception and abortion services do not preclude an increase in birth rates.²¹

Sweden currently has one of the highest birthrates in Europe and according to the World Economic Forum's most recent gender gap index has the highest score in achieving gender equality in the world.²²

Poor practices

Initiatives of some Member States, purportedly aimed at tackling demographic challenges, may actually jeopardize women's reproductive choice. Others also reflect discriminatory attitudes of who is worthy to bear children. As these measures have a negative impact on women; in terms of their right to decide whether or when to have children and because of biological and social conditions they undermine gender equality as one of the fundamental principles of the EU. Below are some examples of poor practices that can be found in Member States.

Poland Conservative religious influence and Poland's negative population growth rate have been two major reasons used by conservative political parties in government to restrict access to reproductive health information and services. As a result, in 1993, Poland's liberal abortion law was amended to allow abortions only for therapeutic reasons and when pregnancy is the result of a crime. In a recent attempt to completely ban abortion the League of Polish Families, ultra-conservative political party that is a member of the current ruling government coalition, has proposed an amendment to the Polish constitution which would recognize the right to life from conception.²³ Parliamentarians have also proposed to submit a draft law that seeks to restrict access to hormonal contraception by labeling them with a warning: "harmful to your health"²⁴. In addition, the Polish Ministry of Health has established a ministerial body for the promotion of natural family planning methods only under the prejudiced claim that modern forms of contraception are dangerous for women's health and against religious teaching.²⁵

Hungary and Croatia Despite concerns of declining birth rates, both countries bar single women from undergoing in-vitro fertilization, which would enable these women who otherwise would not be able to have children to have them.²⁶ Such bans are namely instituted to protect notions of traditional two-parent, heterosexual families. In addition to being discriminatory, they are counter-productive to attempts to increased birth rates.

Germany While Germany has recently introduced increased financial support for a parent who decides to stay at home to take care of a baby, allowing for a maximum of 1800 EUR per month, depending on previous income,²⁷ it has an inaccessible and expensive public child care system with "only one in five children under three get a place in day care".²⁸ According to a recent survey related to the new law on increased financial benefits, barely one fifth of Germans believe that the higher child support benefits will lead to more births.²⁹

As shown in the specific country examples, Member States, in their population and demography-related policies, have introduced some measures aimed at achieving gender equality, especially in the employment and social sphere. The level of incorporation varies from state to state and is influenced by various factors, including the nature of the welfare state, the role religious ideology plays in national laws and policies, and availability of financial and cash incentives. Some European countries', especially the Nordic countries', family policies generally target individual independence and social equality, including gender equality, between individuals.³⁰ In other countries, such policies are aimed at supporting more traditional family forms,³¹ which in some cases, may be discriminatory against persons living in non-traditional families.

Religious Influences

A significant factor that influences the demography-related policies of some Member States is the ideology promoted primarily by Christian right groups and endorsed by some leading political parties in the region. Those measures include seeking to limit access to reproductive health care services. One of the common justifications for these restrictions given by their proponents has been the necessity to tackle low birth rates in their countries and to address immigration 'imbalances' in society.³² Those politicians have been challenging and ignoring the reproductive freedom guaranteed to all individuals in the international human rights treaties and endorsed by the EU and its Member States. The conservative ideological or religious-based motives for such action are clear when seen that many of these same groups call for restrictions on access to reproductive technologies that would enable women, including single women, to have children.

Financial Incentives

Some Member States have introduced various financial or cash incentives to increase birth rates. While these measures may generally be supportive toward increasing birth rates, it is important that these measures are coupled with other sustainable measures that enable women and men to participate equally in raising their children, including access to comprehensive and affordable child care services, equal pay, and parental benefits that encourage men to share equally in their parental responsibilities. Financial or cash incentives that ignore the latter are ineffective in terms of their marginal effect on birth rates development and their ability to exacerbate gender inequalities rather than eliminate them.. In terms of cash incentives, it is still unclear whether they will visibly increase fertility rate as it has been suggested that "even when cash allowances are boosted by 25%, the fertility rate climbs just marginally – perhaps by as little as 0.6%."³³ High cash incentives also raise questions on the impact this has on women truly making informed and un-coerced decisions on whether or not to bear children.³⁴

In every society there are many social and economic incentives and disincentives that affect individual decisions about child-bearing and family size. Over the past century, many Governments have experimented with such schemes, including specific incentives and disincentives, in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counterproductive. Governmental goals for family planning should be defined in terms of unmet needs for information and services.

Governments are encouraged to focus most of their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives.

- Programme of Action of the United Nations International Conference on Population and Development, Cairo, 1994, paragraphs 7.12, 7.22

RECOMMENDATIONS

Recommendations to the EU

- Ensure that gender equality is a central component of any Commission demography-related documents.
- Explicitly call for the protection and promotion of reproductive and sexual health and rights of all individuals in the EU as an essential component of the Commission's policy guidelines on demography.
- Encourage its Member States to address the right to reproductive freedom in their demography policies.
- Continue in fostering the exchanges of good practice among Member States, and in stimulating research on demography support models.
- Ensure that the European Alliance for Families³⁵ as well as an expert group on demographic issues set up under the Commission's Decision from 8 June 2007 will promote the reproductive and sexual health and rights of all individuals within the EU.

Recommendations to Member States and Candidate Countries

- Incorporate gender equality and right to reproductive freedom into all laws and policies that address demographic concerns.
- Ensure, or continue to ensure, comprehensive and affordable public child care services, equal pay, and parental benefits.
- Ensure, or continue to ensure systems are in place that will encourage men to equally share with women their parental responsibilities.
- Guarantee the right of each individual to decide freely on the number and spacing of their children; refrain from restricting this right while developing and implementing demography-related policies.
- Remove discriminatory and other barriers which prevent women from accessing reproductive health services including reproductive technologies.

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References:

¹ In 2006 the birth rate in Poland was 1.23, in 1990 the birth rate was 2.04; In 1995 1.61; In 1996 1.58 and in 1997 the birth rate was 1.51 from Main Statistical Office, *Basic information about demographic development of Poland*, Information Brief, Warsaw, 2003, available at http://www.stat.gov.pl/dane_spol-gosp/ludnosc/demografia/2003/tablica2003.do (last visited 23 March 2007).

² *Programme of Action of the United Nations International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, U.N. Doc. A/CONF. 171/13/Rev.1 (1995) see specifically Princ. 8, Chapt. 7, Chapt. 8 [hereinafter *ICPD Programme of Action*].

³ See WORLD HEALTH ORGANIZATION (WHO), *SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS* (Geneva: WHO, 2003), available at http://www.who.int/reproductive-health/publications/safe_abortion/safe_abortion.pdf [hereinafter WHO, TECHNICAL AND POLICY GUIDANCE].

⁴ See WHO, *UNSAFE ABORTION, GLOBAL AND REGIONAL ESTIMATES FOR THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2000*, Fourth Edition (Geneva: WHO, 2004), at 13, available at http://www.who.int/reproductive-health/publications/unsafe_abortion_estimates_04/estimates.pdf [hereinafter WHO, UNSAFE ABORTION]. According to unofficial data 80, 000 – 200, 000 illegal abortions are performed in Poland every year. POLISH FEDERATION FOR WOMEN AND FAMILY PLANNING, *WOMEN IN POLAND: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS*, Independent Report submitted to the UN Human Rights Committee, September 2004, available at <http://www.federa.org.pl/?page=article&catid=808&lang=2> (last visited 9 March 2007).

⁵ WHO, UNSAFE ABORTION, *id.*

⁶ WHO, TECHNICAL AND POLICY GUIDANCE, *supra* note 3, at 14.

⁷ *ICPD Programme of Action*, *supra* note 2, para. 8.19.

⁸ Commission of the European Communities, *Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: A Roadmap for equality between women and men, 2006-2010*, COM(2006) 92 final, SEC(2006)275 (1 March 2006) at 1; Ministers on Gender Equality, *Ministerial Declaration of the Conference of Ministers of Gender Equality, 10th Anniversary of the Beijing Platform for Action*, Luxembourg (4 February 2005) part 2, [hereinafter Ministers of Gender Equality, Ministerial Declaration] available at http://ec.europa.eu/employment_social/emplweb/events/event_en.cfm?id=126 (last visited 29 January 2007).

⁹ *ICPD Programme of Action*, *supra* note 2; *Beijing Declaration and the Platform for Action, Fourth World Conference on Women*, Beijing, China, Sept. 4-15, 1995, U.N. Doc. A/CONF.177/20 (1995) [hereinafter *Beijing Declaration and Platform for Action*]; See also International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, art. 2.2, U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* 3 January 1976); Convention on the Elimination of All Forms of Discrimination Against Women, *adopted* 18 December 1979, G.A. Res. 34/180, U.N. GOAR, 34th Sess., Supp. No. 46, U.N. Doc. A/34/46, at 193 (1979) (*entered into force* 3 September 1981), art. 1, 3 [hereinafter CEDAW]; All Member States of the European Union have ratified or signed onto these agreements.

¹⁰ See e.g., Committee on the Elimination of Discrimination against Women, General Recommendation No. 24: Women and Health (Article 12), 20th Sess. 1999, in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, U.N. Doc. HRI/GEN/1/Rev.7 (2004); *ICPD Programme of Action*, *supra* note 2, paras. 3.10 - 3.16, paras. 11.2. -11.4.; *Beijing Platform for Action*, *id.*

¹¹ *ICPD Programme of Action*, *supra* note 2, paras. 3.10 - 3.16, paras. 11.2. -11.4.; 11.11. – 11.14.

¹² *Italian women shun 'mamma' role*, BBC News, 27 March 2006, citing Eurostat – 2004 figures, <http://news.bbc.co.uk/2/hi/europe/4739154.stm> (last visited 8 February 2007).

¹³ See e.g., *Map: Parenthood policies in Europe*, BBC News, 24 March 2006, <http://news.bbc.co.uk/2/hi/europe/4837422.stm> (last visited 6 February 2007).

¹⁴ See Commission of the European Communities, *The demographic future of Europe – from challenge to opportunity*, COM(2006)571 final, Brussels (12 October 2006) at 7, [hereinafter Commission, *The demographic future of Europe*].

¹⁵ See Commission, *The demographic future of Europe*, *id.*; The five core policy guidelines introduced by the Commission are (1) Promoting demographic renewal in Europe, (2) Promoting employment in Europe: more jobs and longer working lives of better quality; (3) A more productive and dynamic Europe; (4) Receiving and integrating immigrants in Europe; (5) Sustainable public finances in Europe: guaranteeing adequate social security and equity between the generations. See also Commission, *Green Paper Confronting demographic change: a new solidarity between the generations*, COM(2005) 94 final, Brussels (16 March 2005), [hereinafter Commission, Green Paper].

¹⁶ See Commission, *The demographic future of Europe*, *supra* note 14; See also Commission, Green Paper, *id.*

¹⁷ *Beijing Declaration and Platform for Action*, *supra* note 9; *ICPD Programme of Action*, *supra* note 2; Council of the European Union, *Council Conclusions on A Renewed EU Commitment to ICPD in the Context of the Millennium Development Goals (MDGs)*, 15157/04, DEVGEN 238 ONU 105 SAN 189, Brussels (24 November 2004) available at <http://register.consilium.eu.int/pdf/en/04/st15/st15157.en04.pdf>; European Parliament, *Resolution on the follow-up to the Fourth World Conference on Women – Platform for Action (Beijing +10)*, P6_TA-PROV(2005)0073 (10 March 2005) [hereinafter European Parliament, Resolution on the follow-up of the Beijing Platform for Action]. Ministers of Gender Equality, Ministerial Declaration, *supra* note 8.

¹⁸ Regulation (EC) No 1567/2003 of the European Parliament and of the Council of 15 July 2003 on aid for policies and actions on reproductive and sexual health and rights in developing countries, Regulation (EC) No. 1567/2003, 15 July 2003, OJ L224/1 (6 September 2003); ACP-EU Joint Parliamentary Assembly, *Resolution on poverty-related diseases and reproductive health in ACP States, in the context of the 9th EDF*, OJ 120 , 30/04/2004 P. 0029 – 0040.

¹⁹ See e.g., European Parliament, Resolution on the follow-up of the Beijing Platform for Action, *supra* note 17.

²⁰ Gøsta Esping-Andersen, *Social Foundations of Postindustrial Economies*, (Oxford: Oxford University Press, 1999), at 66 cited in Gerda Neyer, *Family Policies and Low Fertility in Western Europe*, MPIDR Working Paper WP 2003-021, (Rostock: Max Planck Institute for Demographic Research, July 2003), at 31, [hereinafter Neyer]; available at <http://www.demogr.mpg.de/papers/working/wp-2003-021.pdf>.

²¹ Kajsa Sundström, *Can governments influence population growth?* OECD Observer, December 2001, http://www.oecdobserver.org/news/fullstory.php/aid/563/Can_governments (last visited 29 January 2007).

²² WORLD ECONOMIC FORUM, WOMEN LEADERS PROGRAMME, THE GLOBAL GENDER GAP REPORT, 2006, <http://www.weforum.org/en/about/Women%20Leaders/GenderGapNetwork/index.htm> (last visited 5 February 2007).

²³ Statement by Mrs. Wanda Nowicka and Stana Buchowska to the Committee on the Elimination of Discrimination against Women of the United Nations, 37th Sess., New York, 15 January – 2 February, 2007.

²⁴ *Id.*

²⁵ *Id.*

²⁶ Hungarian Act CLIV on Health Care 1997, section 167 (4); Croatian Act on Health Measures for Exercise of Right to Free Decision Making on Child Birth, 1978 and amendments.

²⁷ See e.g., *Paying Germans to Breed, New Year Babies Bring Joy to Germans' Pocketbooks*, Spiegel online, 2 January 2007, <http://www.spiegel.de/international> (last visited 28 February 2007); *Dwindling Germans Review Policies*, BBC News, 28 March 2006, <http://news.bbc.co.uk/2/hi/europe/4852040.stm> (last visited 26 February 2007).

²⁸ *Map: Parenthood policies in Europe*, BBC News, *supra* note 13. German Federal Minister for Family Affairs, Senior Citizens, Women and Youth, Ursula von der Leyen, has recently proposed to significantly increase up to 750,000 the number of places available at day-care centers for children under the age of three by 2013 (i.e. three-fold increase). Her plans are currently under attack from her own party – Christian Democratic Union of Germany (CDU). See *Von der Leyen beharrt auf 750.000 Krippenplätzen*, Spiegel online, <http://www.spiegel.de/politik/deutschland/0,1518,470354,00.html> (last visited 30 March 2007).

²⁹ *Paying Germans to Breed, New Year Babies Bring Joy to Germans' Pocketbooks*, Spiegel online, *supra* note 27; See also *Dwindling Germans Review Policies*, BBC News, *supra* note 27.

³⁰ Neyer, *supra* note 20, at 10-11.

³¹ *Id.*

³² On immigration fears in Europe see e.g., HUMAN RIGHTS WATCH, *WORLD REPORT 2005*, (New York: HRW, 2005), available at <http://hrw.org/wr2k5/> (last visited 9 March 2007). Human Rights Watch has criticized the countries of the European Union for an exclusive focus on combating illegal immigration which keeps migrants and asylum seekers out of Europe. "The labeling of migrants and asylum seekers as terrorists or national security threats has resulted in the "securitization of migration," often to the serious detriment of migrants' rights."; See also Patrick Sabatier, "Fortress Europe? EU paralysis over immigration policies deepens hostility along the policy divide.", Yale Global Online, 11 July 2006, <http://yaleglobal.yale.edu>. As Sabatier explains, "'national sovereignty' concerns, growing political pressures from anti-foreign sentiment and institutional paralysis since ...the rejection of the proposed [EU] Constitution prevent the EU from agreeing on common immigrant policies."

³³ *The EU's baby blues*, BBC News, 24 March 2006, <http://news.bbc.co.uk/2/hi/europe/4768644.stm> (last visited 5 February 2007); See also issue in neighboring countries; Russia, for example, would provide an incentive of over 10,000€ to women who give birth to a second child, President Putin's Address to the Federal Assembly, 10 May 2006, http://www.kremlin.ru/eng/speeches/2006/05/10/1823_type70029type82912_105566.shtml (last visited 18 August 2007).

³⁴ See e.g., *ICPD Programme of Action*, *supra* note 2, para 7.12, 7.22.

³⁵ See e.g., Vladimír Špidla, *What European policy on family-related matters?* Speech/07/166, Brussels (21 March 2007) available at http://ec.europa.eu/employment_social/speeches/2007/vs_070321_en.pdf (last visited 2 April 2007). EU Council Presidency – Germany 2007, *Federal Minister of Family Affairs von der Leyen: "Learn from the successful policies of others"*. Press Release, 9 March 2007, http://www.eu2007.de/en/News/Press_Releases/March/0309BMFSJAllianz.html (last visited 6 April 2007). See also http://ec.europa.eu/employment_social/families/index_en.html.