



MATERNAL AND NEWBORN CARE

Cesarean section by choice: Constructing a reproductive rights framework for the debate[☆]

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KEYWORDS

Reproductive rights;
Cesarean section;
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Abstract The question of cesarean section by choice (that is, cesarean delivery in the absence of medical indications) has been hotly debated by the obstetrical profession in recent years. The debate has focused around questions of risks and benefits, and has revolved around questions of obstetrical practice. In this paper, the question will be framed in a reproductive rights context. How does the phenomenon of CSBC (cesarean section by choice) impact women's empowerment? Which reproductive rights might be affected by this question, and what policies are related to its use? FIGO's 1998 statement "Ethical Aspects regarding Cesarean Delivery for Non-Medical Reasons" is revisited, and, in light of these considerations, its contents are endorsed once again.

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1. Introduction

1.1. The phenomenon of cesarean section by choice

In recent years the proportion of deliveries carried out by cesarean section has risen substantially around the world. According to the World Health Organization (WHO), rates increased from 5–7% in

the early 1970s to 25–30% in 2003 [1]. The latest available figures suggest that this trend is continuing. In Canada in 2000, with 330,000 deliveries per year, this means that somewhat less than 100,000 babies were born by cesarean section (C-section) [2], making it the commonest surgical procedure in Canada today. Globally, the numbers are staggering, and, in fact, are more marked in many other countries than it is in Canada. In private hospitals in parts of Latin America, the C-section rate has reached well over 50% [1], and this brings with it a troubling concept in the way birth is viewed: If the majority of births are by cesarean section, what is a 'normal' birth? [3].

Many experts have studied this increase in an attempt to understand the factors responsible for it. Certainly, the proportion of breech babies

[☆] For purposes of this paper, Cesarean Section by Choice (CSBC) refers to cesarean delivery performed for non-medical reasons. Other terms used for this include Cesarean Section on Demand, and Patient-Choice Cesarean Section.

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1. The topic of this article is to discuss the risks and benefits of cesarean sections and how they affect women's reproductive rights.
2. This topic has been debated for years prior to the publication of the article because people are determined to dictate whether or not a cesarean section is a necessary practice.
3. In the case that a cesarean section is not medically necessary, a cesarean section is not supported as a human right.



The Sexual and Reproductive Rights of Women and Girls with Disabilities

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1. Introduction

Sexual and reproductive rights are fundamental human rights. They embrace human rights that are already recognised in international, regional and national legal frameworks, standards and agreements.¹ They include the right to autonomy and self-determination – the right of everyone to make free and informed decisions and have full control over their body, sexuality, health, relationships, and if, when and with whom to partner, marry and have children - without any form of discrimination, stigma, coercion or violence. This includes the right of everyone to enjoy and express their sexuality, be free from interference in making personal decisions about sexuality and reproductive matters, and to access sexual and reproductive health information, education, services and support. It also includes the right to be free from torture and from cruel, inhumane or degrading treatment or punishment; and to be free from violence, abuse, exploitation and neglect.²

However, women and girls with disabilities throughout the world have failed to be afforded, or benefit from, these provisions in international, regional and national legal frameworks, standards and agreements. Instead, systemic prejudice and discrimination against them continues to result in multiple and extreme violations of their sexual and reproductive rights, through practices such as forced and/or coerced sterilisation, forced contraception and/or limited or no contraceptive choices, a focus on menstrual and sexual suppression, poorly managed pregnancy and birth, forced or coerced abortion, termination of parental rights, denial of/ or forced marriage, and other forms of torture and violence, including gender-based violence. They also experience systemic exclusion from sexual and reproductive health care services. These practices and violations are framed within traditional social attitudes and entrenched disability-based and gender-based stereotypes that continue to characterise disability as a personal tragedy, a burden and/or a matter for medical management and rehabilitation.³

This Briefing Paper examines the sexual and reproductive rights of women and girls with disabilities in the context of the future development agenda Beyond 2014 and Post 2015. It deliberately focuses on women and girls with disabilities in recognition that they are generally more likely to experience infringements of their sexual and reproductive rights given the physiology of human reproduction and the gendered social, legal and economic context in which sexuality, fertility, pregnancy and parenthood occur.⁴ This Paper examines some of the key sexual and reproductive rights violations experienced by women and girls with disabilities around the world. It includes a discussion of intersectionality and multiple identity, recognising that this reality is important to any examination of the sexual and reproductive rights of women and girls with disabilities. It provides an analysis of the cycle of accountability in relation to the sexual and reproductive rights of women and girls with disabilities, looking at the dimensions of responsibility, answerability and enforceability. It poses some key priority considerations for ensuring the future development agenda Beyond 2014 and Post 2015 is inclusive of, and responsive to, women and girls with disabilities all over world. Importantly, as opposed to 'needs', this paper speaks to the sexual and reproductive *rights* of women and girls with disabilities – rights that for far too long have been violated, denied, ignored and trivialised by those in positions to make a difference.

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1. Reproductive rights should be available to all women, however, women and girls with disabilities are often discriminated against and not given the same amount of information about their reproductive health care.
2. Women and girls with disabilities generally experience discrimination and problems when accessing reproductive health care.
3. All people legally should be treated and respected equally, and all women and girls should have the same access to reproductive health care as a human right.



The Religious Right and the Reshaping of Sexual Policy: An Examination of Reproductive Rights and Sexuality Education

Diane di Mauro, Carole Joffe

Abstract: This article chronicles the impact on sexuality policy in the United States of the rise of the Religious Right as a significant force in American politics. Using a case study analysis of abortion-reproductive rights and sexuality education, it narrates the story of how U.S. policy debates and practices have changed since the 1970s as sexual conservatism rose in prominence and sexual progressives declined in power. The Religious Right's appeal to traditional moral values and its ability to create moral panics about sexuality are addressed, specifically with regard to abortion and sexuality education. Ultimately, political meddling and moral proscriptions, disregard for scientific evidence, and the absence of a coherent approach regarding sexual and reproductive health rights have undermined sexuality policy in the United States. The article ends on a cautious note of optimism, suggesting that the Religious Right may have overreached in its attempt to control sexuality policy.

Key words: sexual conservatism; moral panic; policy debates; controversy; abortion

The United States has a long history of sexual conservatism dating back to its puritanical founders, who put in place a regulatory framing of moral and sexual behaviors and values. This framing dictated an appropriate socialization of children within the family, as well as appropriate roles and behaviors for heterosexual couples, strictly within the confines of marital relationships. Since then, the United States has seen a number of historical periods of fluctuating progressive and regressive moments pertaining to sexuality—for example, the first sexual revolution in the early twentieth century during the Progressive Era (1890–1913) was followed by the repressive dictates of legally sanctioned moral authorities during

¹The use of the word *fluctuating* is intentional here. The rise of sexual conservatism, although long-standing since the inception of the republic, does not have a specific movement or origin—nor did it or does it take place in a linear sequence of regressive actions imposed by a dominant political power. Rather, sexual conservatism has fluctuated between ascendancy and decline within U.S. culture in a pattern contingent on historical conditions and circumstances.

the post-Prohibition period of the late 1940s (Chauncey, 1994; D'Emilio & Freedman, 1997).

Since the 1970s—and especially since 2000, when George W. Bush first became president—the United States has experienced another wave of political dominance by sexual conservatives. This article demonstrates the unprecedented abilities of actors associated with the Religious Right to reshape policies in the areas of sexuality education and reproductive rights. The origins of this development—and, indeed, of the movement now referred to as the Religious Right—were set in motion some 30 years ago, primarily as a reaction to the women's liberation and gay rights movements of that era and the significant changes they ignited in sexual values, behaviors, relationships, and social policies.

The women's liberation and gay rights movements challenged virtually every aspect of normative sexuality of the time, primarily by asserting the legitimacy of sex outside marriage, sex separated from procreation, and homosexuality. "The Myth of the Vaginal Orgasm" (Koedt, 1973), an essay that critiqued conventional heterosexual

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1. This article discusses the rise of the Religious Right and how it has affected reproductive rights and human rights, suggesting the author's bias to the side of reproductive health rights.
2. Religion has played a part in the idea of sexual conservatism and has continued to push for Religious Rights as more progressive morals and values have been produced and accepted.
3. Although there have been many critiques of the Religious Right from within the religious community, the Religious Right continues to be a powerful influence for the Republican Party.