



**To: International Women'S Rights Action Watch Asia Pacific**

5 June, 2008

Dear Sirs/Madames,

**SUBJECT: CONCERNING VIOLATION OF WOMEN'S HUMAN RIGHTS IN LITHUANIA**

This letter requests your attention on Lithuania' state policies, that restrict women's economic and social autonomy and their freedom to choose and also trample on human rights. We, the representatives of women's non-governmental organizations, are expressing our grave distress about the state policies approved by the Lithuanian Parliament that legitimate systematic discrimination against single and non-married mothers and their children as well as women's reproductive rights

On June 3, 2008 the Lithuanian Parliament enforced an unprecedented *State Family Political Concept law* that legally redefine the concept of family and establish a government-sanctioned concept of family limited exclusively to the traditional notion of a married man and woman and their children. With the stroke of a pen, this new concept of the Lithuanian family relegates other family forms—single mothers raising children, unmarried partners raising children, and grandparents caring for their grandchildren—to second-class status.

Under the *State Family Concept*, the state would consider as families only those that are comprised of a married man and woman, even though in Lithuania a third of all children are born to families out of wedlock. Interpreting the concept of family this narrowly strengthens systematic discrimination against other types of families, further marginalizes the most vulnerable members of society—children and single mothers—and creates a cycle of poverty that can trap several generations. Already, Lithuania leads among European Union nations in terms of children and single parents' (mainly mothers') poverty and the social rift is only widening.

At the same time in Lithuania, the Parliament is seeking to approve the *Law in Defense of Life in the Prenatal Phase*, which would outlaw abortion, encroaching on women's rights to plan their lives and to make their own decisions about their pregnancies. Thus, undermining human rights, women will be forced to give birth regardless of the conditions, but children born outside of wedlock will not be considered full-fledged citizens.

We welcome our Government's wish to support families by formulating long-term strategies. However, in our opinion, it is incompatible with the principles of a democratic society that the *State Family Concept* will create a caste system for families, infringing on Lithuania's citizens' constitutional right to the inviolability of their private lives, as well as acting with disregard for the duties assumed in international agreements:

The situation is critical, and local civil society groups are increasingly being sidelined from the discussion.

We address you today requesting to employ all the available means falling under your authority to stop discrimination against women in Lithuania and protect their rights.

Sincerely,  
Executive Director  
Virginija Aleksejune

**[FORWARDED BY THE CENTER FOR EQUALITY ADVANCEMENT]**

**COMMENTS ON Draft Family Policy**

**Draft August 30, 2007**

The Center for Reproductive Rights is an independent, non-governmental organization based in New York City. This memorandum addresses the Parliament of the Republic of Lithuania's Draft Resolution Regarding Approval of the Conceptual Framework for National Family Policy (the "Draft Policy"). Our aim is to further the Parliament's work of drafting the best policies for Lithuania by providing the Parliament with information about international standards regarding reproductive health.

In this memo we discuss five areas of concern and relevant international and European standards that apply to those issues. We also highlight sections of the Draft Policy that we believe require particular consideration in light of international standards. Our five areas of concern are as follows:

- (A) The definition of the family;
- (B) Gender equality;
- (C) Sexuality education;
- (D) Best methods to protect fetal health;
- (E) Contraception.

**A. Definition of Family**

**General Comments:**

As the Draft Policy rightly recognizes, families are social structures that can provide support for individual flourishing. We suggest that the Parliament keep three points in mind.

First, in keeping with Lithuania's goal of promoting an individual's natural capacities, the policy should be certain to make the rights of the individual primary and the individual's benefits from a family secondary. Although a supportive family is often helpful in life, it is not certain that an individual always has a supportive family on which to rely. Therefore, while the policy should care about enhancing family life, it should clear that it is the individual well-being that is of primary concern.

Second, there are many instances when a family consists only of one parent and a child. Often these families are most in need of state subsidies and assistance in order to full realize their potential. The Draft Policy should make clear it supports single parents as well as married and unmarried parents.

Third, and finally, the Draft Policy should recognize non-traditional families, such as partnerships established by gay and lesbian couples.

**Relevant Sections of Draft Policy: Opening paragraph**

The opening paragraphs of the General Provisions define a family as a voluntary commitment between a man and a woman, who devote their lives to having children and raising them. The Parliament is quite right to assert the social and psychological benefits that may flow from a familial structure. We ask, however, that the Parliament take into account that there are many

family structures, including non-traditional ones, and that such variety in the make-up of family life be acknowledged.

### **Legal and Policy Standards on Family:**

#### **(1) European Union**

The European Union has been particularly active in progressing the concept of the family defining family law as encompassing “same-sex marriages, civil contracts, divorces by consent, and succession agreements.”<sup>1</sup> Article 9(23) of the EU Constitution Treaty states that in relation to the right to marry and right to found a family in so far as it draws on Article 12 of the ECHR the latter provision neither prohibits nor imposes the granting of the status of marriage to unions between people of the same sex. A similar approach has also been adopted by the European Parliament when, proposing an amendment to the European Union Preparatory Acts, it stated that “persons assimilated to family members’ means: persons who, under the law of a Member State, live in a registered or otherwise legalized same-sex partnership with the suspected person, persons who cohabit permanently with the suspected person in a non-marital relationship.”<sup>2</sup>

#### **(2) European Convention on Human Rights**

Marriage has been the traditional mechanism for legally recognizing partnerships. The importance attached to marriage can also be found within the European Convention on Human Rights (ECHR), where Article 12 states “men and women of marriageable age have the right to marry and found a family”.

The European Court of Human Rights in a number of decisions has been prepared to recognize that the notion of the family extends beyond marriage to cohabitation and the sexuality should not be determinative of custody rights. In *Keegan v. Ireland*,<sup>3</sup> the Court examined the relationships between two parents before their child’s birth and found that, although they had never married and had since separated, family life existed because they had lived together and had planned the pregnancy. The Court held that family “may encompass other *de facto* ‘family’ ties where the parties are living together outside of marriage.”<sup>4</sup> In *Salgueiro da Silva Mouta v. Portugal*,<sup>5</sup> the Court found a violation of Article 14 ECHR based on the Portuguese Court’s explicit language:

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<sup>1</sup> *Opinion of the European Economic and Social Committee on the ‘Green Paper on Applicable Law and Jurisdiction in Divorce Matters,’* 2006 O.J. (C 24), 20, 21, ¶ 1.4.

<sup>2</sup> Eur. Parl. Ass., *European Parliament Legislative Resolution on the Proposal for a Council Framework Decision on Certain Procedural Rights in Criminal Proceedings Throughout the European Union*, at amend. 13, art. 1(a)(new), COM (2004) 0328 - C6-0071/2004 - 2004/0113(CNS), available at <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT percent2BTA percent2BP6-TA-2005-0091 percent2B0 percent2BDOC percent2BXML percent2BV0//EN> (last visited, Aug. 3, 2007).

<sup>3</sup> App. No. 16969/90, 18 Eur. H.R. Rep. 342 (1994) (Eur. Ct. of H.R.).

<sup>4</sup> *Keegan v. Ireland*, App. No. 16969/90, 18 Eur. H.R. Rep. 342, ¶ 44 (1994) (Eur. Ct. of H.R.).

<sup>5</sup> App. No. 33290/96 31, Eur. H.R. Rep. 1069 (1999) (Eur. Ct. Of H.R.).

“[t]he child should live in . . . a traditional Portuguese family . . .” and “. . . it is not our task here to determine whether homosexuality is or is not an illness or whether it is a sexual orientation towards persons of the same sex. In both cases, it is an abnormality and children should not grow up in the shadow of abnormal situations . . .”<sup>6</sup> Ultimately, the Court held that it was discrimination violating the Convention to treat the sexual orientation of a gay father as a negative factor in deciding to transfer custody of his daughter from him to her mother, his heterosexual former wife.<sup>7</sup>

In *X, Y and Z v. United Kingdom*,<sup>8</sup> a case involving the relationship between children born by artificial insemination by donor to a mother whose cohabitant and the children’s ‘social father’ was a female to male transsexual, the Court held that whether or not a relationship amounting to ‘family life’ protected by Article 8 of the European Convention existed was a question of fact.<sup>9</sup> Relevant factors to consider included whether the couple lives together, the length of their relationships and whether they have demonstrated their commitment to each other by having children together or by any other means. In *X & Y v. Switzerland*,<sup>10</sup> the first case to deal with the issue of unmarried cohabitation, the European Commission of Human Rights found that a different-sex cohabiting couple fell within the scope of family life under the ECHR.

## **B. Gender Equality**

### **General Comments:**

The Draft Policy does well to recognize the importance of gender equality – particularly by providing for its importance as a separate and distinct provision of the Draft Policy. Many peer European Union countries, such as Denmark<sup>11</sup> and Norway,<sup>12</sup> have implemented national laws to promote gender equality in keeping with this definition. Similarly, Lithuania’s National Programme on Equal Opportunities is a positive step in the same direction. We believe that this draft Family Policy should keep in mind the standards for gender equality set out not just by the EU, but also by movements within Lithuania itself that are forward looking.

In a statement by Lithuania’s Delegation to the Fourth World Conference in Beijing, Sr. Gierdre Purvaneckiene, Lithuania’s Counsellor for Women’s Affairs said:

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<sup>6</sup> *Salgueiro da Silva v. Portugal*, App. No. 33290/96, 31 Eur. H.R. Rep. 1069, ¶ 30 (1999) (Eur. Ct. Of H.R.) (citing Evora Court of Appeal’s judgment of 12 July 1979, in *BMJ* no. 292, at 450).

<sup>7</sup> See also case of *E.B. v. France*, 43546/02, a lesbian woman living with her female partner was denied the possibility to adopt a child as a single parent. The case was heard by the ECtHR on 14 March 2007 but at time of writing the decision has yet to be handed down. [THEREFORE DON’T INCLUDE UNLESS GET DECISION WHICH IS UNLIKELY PRIOR TO SUBMISSION]

<sup>8</sup> App. No. 21830/93, 24 Eur. H.R. Rep. 143 (1997).

<sup>9</sup> App. No. 21830/93, 24 Eur. H.R. Rep. 143, para. 36 (1997)

<sup>10</sup> *X and Y v. Switzerland*, (Joined Applications 7289/75 and 7349/76) 9 D.R. 57, 20 *Yearbook E.C.H.R.*

<sup>11</sup> Concluding comments of the Committee - CEDAW : Denmark, A/57/38, paras. 302-355 (2002).

<sup>12</sup> Concluding Observations of the Committee on the Elimination of Discrimination Against Women : Norway A/50/38, paras. 452-495 (1995).

“It is very important to note that laws dealing with the family are based on the principle of gender equality, that child care benefits under the law are the same for both mother and father. It is unfortunate that fathers practically do not utilize the opportunities available to them. In the area of family policy, we thus encounter such a problem: even when the principle of gender equality exists in law, the methods of implementation are geared primarily towards women. Subsequently, these laws and their implementation have indirectly become causes for discrimination against women in the workplace. The laws can and must be improved.”<sup>13</sup>

Indeed, recently, Lithuania trumped Slovakia and Slovenia in a bid to host the EU’s new European Institute of Gender Equality in 2007.<sup>14</sup> At the time, Lithuania’s foreign minister, Petras Vaitiekunas, commented, “The decision reflects Lithuania’s progress in ensuring gender equality... Many Lithuanian women have perfectly used their equal opportunities in politics, business, culture and science and are putting Lithuania’s name on the map.”<sup>15</sup>

### **Relevant Sections of Draft Policy: §§ 3.2.5; 3.2.6**

Given Lithuania’s longstanding commitment to gender equality, we believe the section on Gender Equality (§3.2.6) should be altered to reflect an unequivocal commitment to viewing all individuals as equal beings of equal merit, free to make choices about how to participate in family life based on this principle of equality. The Draft Policy should be careful to avoid emphasizing stereotypical gender roles. In short, rather than stating that the purpose of individuals is to further the family mission, the section should emphasize that individuals in families should not be subject to gender roles in the family precisely because gender equality is Lithuanian value. Effective family policies explicitly warn against any form of gender stereotyping or any depiction of men and women in certain, fixed roles.

### **Legal and Policy Standards:**

#### **(1) European Union**

A commitment to gender equality is a core prerequisite for membership in the European Union. The European Community Treaty strives to eliminate inequalities and promote gender equality through gender mainstreaming,<sup>16</sup> addressing equality between women and men in matters of employment and occupation,<sup>17</sup> and addressing sex discrimination within and outside the work

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<sup>13</sup> Statement by the Delegation of the Republic of Lithuania, Delivered by Dr. Giedre Purvaneckiene, State Counsellor for Women’s Affairs, Head of Delegation to the Fourth World Conference on Women, 6 September 1995 Beijing, China Available at <http://www.un.org/esa/gopherdata/conf/fwcw/conf/gov/950906202215.txt>

<sup>14</sup> “Lithuania to Host EU seq equality institute,” December 2, 2006, available at <http://www.eubusiness.com/Social/061201193740.99f0355e>

<sup>15</sup> “Vilnius to host EU gender institute,” December 2, 2006, available at <http://eux.tv/article.aspx?articleId=1682>

<sup>16</sup> See, e.g., Judgment of the Court of 11 March 2003, Case C-186/01, *Alexander Dory v Bundesrepublik Deutschland*, (Reference for a preliminary ruling: Verwaltungsgericht Stuttgart – Germany, Inapplicability of Community law to compulsory military service - Equal treatment of men and women - Article 2 of Directive 76/207/EEC - Compulsory military service in Germany limited to men only - Directive not applicable.)

<sup>17</sup> See, e.g., Judgment of the Court of 28 September 1994, Case C-28/93, *Maria Nelleke Gerda van den Akker and others v Stichting Shell Pensioenfonds*, (Reference for a preliminary ruling: Kantongerecht 's-Gravenhage – Netherlands)

place.<sup>18</sup> Lithuania has consistently been at the forefront of its peers in the EU with regards to gender equality – and that should not change now.

## (2) United Nations

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires states parties, including Croatia, “[t]o modify the social and cultural practices of men and women . . . which are based on . . . stereotyped roles for men and women.”<sup>19</sup>

CEDAW’s General Recommendation no 23 recognizes problems in not ensuring gender equality and how that impacts women’s ability to participate in public life:

“Despite women's central role in sustaining the family and society and their contribution to development, they have been excluded from political life and the decision-making process, which nonetheless determine the pattern of their daily lives and the future of societies. Particularly in times of crisis, this exclusion has silenced women's voices and rendered invisible their contribution and experiences. . . . In all nations, the most significant factors inhibiting women's ability to participate in public life have been the cultural framework of values and religious beliefs, the lack of services and men's failure to share the tasks associated with the organization of the household and with the care and raising of children. In all nations, cultural traditions and religious beliefs have played a part in confining women to the private spheres of activity and excluding them from active participation in public life. . . . Relieving women of some of the burdens of domestic work would allow them to engage more fully in the life of their communities. Women's economic dependence on men often prevents them from making important political decisions and from participating actively in public life. Their double burden of work and their economic dependence, coupled with the long or inflexible hours of both public and political work, prevent women from being more active”

In its General Recommendation 24 on Women and Health, CEDAW has recommended that all States Parties, including Lithuania:

“(a) Place a gender perspective at the centre of all policies and programmes affecting women's health and should involve women in the planning, implementation and monitoring of such policies

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Equal pay for men and women - Occupational pensions - Retirement ages differing according to sex - Equalization.

<sup>18</sup>See, e.g., Judgment of the Court (First Chamber) of 18 November 2004. [Case C-284/02, Land Brandenburg v. Ursula Sass](#) (Regarding Germany’s social policy and Article 141 EC, directing equal pay, Failure to take account of the whole of a period of maternity leave taken under the legislation of the former German Democratic Republic Directive 76/207/EEC); Judgment of the Court (Third Chamber) of 14 April 2005 [Case C-519/03, Commission of the European Communities v Grand Duchy of Luxemburg](#) (Framework agreement on parental leave - Substitution of maternity leave for parental leave - Date from which an individual right to parental leave is granted); Judgment of the Court (First Chamber) of 27 April 2006, [Case C-423/04, Sarah Margaret Richards v Secretary of State for Work and Pensions](#) (Equal treatment for men and women in matters of social security - Directive 79/7/EEC - Refusal to award a retirement pension at the age of 60 to a transsexual who has undergone male-to-female gender reassignment surgery.)

<sup>19</sup> Convention on the Elimination of All Forms of Discrimination against Women art. 5(a), *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].

and programmes and in the provision of health services to women; (b) Ensure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health, and, in particular, allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS; (c) Prioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance. When possible, legislation criminalizing abortion could be amended to remove punitive provisions imposed on women who undergo abortion; ... (e) Require all health services to be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice;...”

### **C. Education**

#### **General Comments:**

The Draft Policy also acknowledges the importance of education for a healthy society – especially with regards to sexual health. We want to emphasize the importance of comprehensive sexuality education that teaches how pregnancy occurs and how sexually transmitted diseases are spread.

Promoting gender equality and providing comprehensive sexuality education go hand-in-hand to a society where all members – men and women – are taught to respect themselves as individuals.

#### **Relevant Sections of Draft Policy: §§ 4.1.1; 4.1.7; 4.5.5; 4.5.8**

We are concerned that sections 4.1.1, 4.1.7, 4.5.5, and 4.5.8 do not explicitly articulate the importance of comprehensive sexuality education. For example, § 4.5.8 addresses the general principle of healthy lifestyles for children, but does not specifically articulate education about how sexually transmitted diseases are spread. Another example is § 4.5.5, which addresses the education about the function and importance fertility, but does not explicitly articulate education about contraception as a method of pregnancy prevention.

#### **Legal and Policy Standards:**

##### **(1) European Union & the World Health Organization**

Lithuania is a member of the European Network of Health Promoting Schools (ENHPS). The ENHPS is a program established by WHO Europe, the European Commission, and the Council of Europe. Although the ENHPS has not made any explicit statements regarding the necessary components of effective sex education in European schools, it did adopt several principles in its *Conference Resolution of 1997* that are relevant to the promotion of adolescent sexual and reproductive health.

Bodies within the European Union have emphasized the need for information on STI and HIV/AIDS prevention,<sup>20</sup> underlining the importance of *evidence-based* information in particular.<sup>21</sup>

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<sup>20</sup> See Euro. Parl. Ass., *Resolution 1399 on European Strategy for the Promotion of Sexual and Reproductive Health and Rights*, 27th Sess., ¶ 16 (2004) (“... [D]ue attention should be paid to sexually transmitted diseases (notably HIV/AIDS) ...”).

These bodies have recognized the “utmost importance” of including schools in HIV/AIDS prevention efforts<sup>22</sup> and have explicitly called for all European Union citizens to have access to *proven, evidence-based* information and education to reduce their vulnerability to HIV/AIDS, and for condom education and promotion efforts to be widely implemented.<sup>23</sup> A European Commission youth policy paper based on a large-scale survey of the concerns of young people themselves found that European youth identified a need for sexuality education in general, including on STIs, contraception and the prevention of teenage pregnancy in particular.<sup>24</sup> European Union institutions also recognize the importance of equality as a guiding principle for sexuality education. In its resolution on sexual and reproductive health and rights, the European Parliament “[s]tresses that sexuality education should be provided in a gender-sensitive way, i.e. that account must be taken of the particular sensitivities of boys and girls . . . .”<sup>25</sup>

Regional and international standards call for sexuality to be a mandatory and robust component of all students’ schooling. For example, World Health Organisation (WHO) guidelines prepared to assist Council of Europe Member States in developing national policies and programmes to improve sexual and reproductive health specifically call for Member States to ensure that education on sexuality and reproduction is included in all secondary school curricula.<sup>26</sup> More broadly, they urge Member States to include the concept of reproductive rights in all school curricula.<sup>27</sup>

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<sup>21</sup> See General Secretariat, Eur. Union, *Statement on HIV Prevention*, at ¶ 8 (2005) (“ . . . HIV prevention requires that governments and communities have the courage to confront difficult issues in an open and informed way. We understand that in many settings there is a cultural resistance to openly discussing sex, sexuality and drug use. We are profoundly concerned about the resurgence of partial or incomplete messages on HIV prevention which are not grounded in evidence and have limited effectiveness.”), available at <http://assembly.coe.int/Documents/AdoptedText/ta04/ERES1399.htm> (last visited Aug. 6, 2007).

<sup>22</sup> Commission of the Eur. Communities, *Communication from the Commission to the Council and the European Parliament on Combating HIV/AIDS within the European Union and in the Neighbouring Countries, 2006-2009*, at 7, COM (2005) 654 final (Dec. 15, 2005) (stating that education and other primary prevention efforts are “the cornerstone for all other activities within the comprehensive approach to tackle HIV/AIDS,” at 3).

<sup>23</sup> Commission of the Eur. Communities, *Communication from the Commission to the Council and the European Parliament on Combating HIV/AIDS within the European Union and in the Neighbouring Countries, 2006-2009*, at 6, COM (2005) 654 final (Dec. 15, 2005).

<sup>24</sup> *Commission Whitepaper on A New Impetus for European Youth*, at 48–49, COM (2001) 681 final (Nov. 21, 2001) (stating that young people perceive the need for more information on sexuality, especially sex education, contraception, STIs, etc., and single out teenage pregnancy as a specific problem that must be addressed).

<sup>25</sup> Euro. Parl. Ass., *Resolution 1399 on European Strategy for the Promotion of Sexual and Reproductive Health and Rights*, 27th Sess., ¶ 16 (2004), available at <http://assembly.coe.int/Documents/AdoptedText/ta04/ERES1399.htm> (last visited Aug. 6, 2007).

<sup>26</sup> WORLD HEALTH ORG. REGIONAL OFFICE FOR EUROPE (WHO Europe), WHO REGIONAL STRATEGY ON SEXUAL AND REPRODUCTIVE HEALTH, EUR/01/5022130 14 (2001).

<sup>27</sup> WORLD HEALTH ORG. REGIONAL OFFICE FOR EUROPE (WHO Europe), WHO REGIONAL STRATEGY ON SEXUAL AND REPRODUCTIVE HEALTH, EUR/01/5022130 14 (2001).

The WHO has made further recommendations for how sex education ideally should be incorporated into school curricula. It outlines three main approaches that are currently adopted by states : (1) a “separate subject,” where sex education is taught as part of a specific class on skills-based health education; (2) a “single ‘carrier’ subject,” where sex education is incorporated into an existing subject that is relevant to the issues, such as biology; and (3) “infusion across many subjects.”<sup>28</sup> The WHO favors teaching sex education as a separate subject and describes several advantages over the other approaches: “[t]eachers are likely to be specifically trained and focused on health, and a separate subject is most likely to have congruence between the content and teaching methods, rather than the short-cutting that may occur through infusion or ‘carrier’ subjects.”<sup>29</sup>

Finally, according to the WHO, starting sex education early is critical because, in developing countries in particular, girls in the first classes of secondary school face the greatest risk of the consequences of sexual activity.<sup>30</sup> Beginning sex education in primary school also reaches students who are unable to attend secondary school.<sup>31</sup>

## (2) United Nations

International treaty bodies have expressly recommended that reproductive health or sex education should be mandatory and provided throughout schooling. Concluding observations and general recommendations and comments from the Committee on the Elimination of Discrimination against Women (“CEDAW Committee), the United Nations Committee on the Rights of the Child (“CRC”), the Human Rights Committee (“HRC”), and the Committee on Economic, Social and Cultural Rights (“CESCR”) have generally framed the right to sexual education in the context of ensuring the right to health.<sup>32</sup> For example, the United Nations has urged states parties to make sex education compulsory and to “systematically” provide it in schools.<sup>33</sup> The CRC has similarly recommended that states parties make sex education part of the official curricula for primary and secondary school<sup>34</sup> and has expressed concern over programmes that allow parents to opt-out their children.<sup>35</sup>

The CEDAW Committee, the CRC, the HRC, and the CESCR frequently discuss sexual education as a means to reduce maternal mortality, rates of abortion, adolescent pregnancies, and

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<sup>28</sup> World Health Org. (WHO), Family Life, Reproductive Health and Population Education: Key Elements of a Health Promoting School, Information Series on School Health, Doc. 8 39, available at [http://www.who.int/school\\_youth\\_health/media/en/family\\_life.pdf](http://www.who.int/school_youth_health/media/en/family_life.pdf) (last visited July 31, 2007).

<sup>29</sup> World Health Org. (WHO), Family Life, Reproductive Health and Population Education: Key Elements of a Health Promoting School, Information Series on School Health, Doc. 8 39, available at [http://www.who.int/school\\_youth\\_health/media/en/family\\_life.pdf](http://www.who.int/school_youth_health/media/en/family_life.pdf) (last visited July 31, 2007).

<sup>30</sup> See WORLD HEALTH ORG. (WHO), ADOLESCENT PREGNANCY: ISSUES IN ADOLESCENT HEALTH AND DEVELOPMENT 63 (2004).

<sup>31</sup> See WORLD HEALTH ORG. (WHO), ADOLESCENT PREGNANCY: ISSUES IN ADOLESCENT HEALTH AND DEVELOPMENT 63 (2004).

<sup>32</sup> See, e.g., Committee on the Rights of the Child, *Gen. Comment 4: Adolescent health and development in the context of the Convention on the Rights of the Child*, U.N. Doc. CRC/GC/2003/4 (2003). Committee on Economic, Social, and Cultural Rights, *Gen. Comment 14: The Right to the Highest Attainable Standard to Health*, para. 34, U.N. Doc. E/C.12/2000/4 (2000). Committee on the Elimination of Discrimination against Women, *Gen. Recommendation 24: Women and Health* (1999).

<sup>33</sup> CEDAW, Concluding Observations, see, e.g., Turkmenistan, 02/06/2006, U.N. Doc. CEDAW/C/TKM/CO/2, ¶31; Republic of Moldova, 25/08/2006, U.N. Doc. CEDAW/C/MDA/CO/3, ¶31.

<sup>34</sup> CRC, Concluding Observations, see, e.g., Antigua and Barbuda, 03/11/2004, U.N. Doc. CRC/C/15/Add.247, ¶54; Trinidad and Tobago, 17/03/2006, U.N. Doc. CRC/C/TTO/CO/2, ¶54.

<sup>35</sup> CRC, Concluding Observations, see, e.g., Ireland, 29/09/2006, U.N. Doc. CRC/C/IRL/CO/2, ¶52.

rates of HIV/AIDS.<sup>36</sup> They have asked states to remove barriers hindering access of adolescent to information on HIV preventative measures, such as condoms and have asked to reintroduce sexual education in schools.<sup>37</sup> While the committees have not included very detailed measures on how to improve sexual education, some committees have identified at least two areas in need of improvement: that sexual education programs should include information on gender relations and be free of prejudice and discrimination, and that information should be accurate and objective.<sup>38</sup>

Timing is important. The Joint United Nations Programme on HIV/AIDS (UNAIDS) concluded, on the basis of a comprehensive literature review, that the most effective approaches to sex education begin with educating youth before the onset of sexual activity.<sup>39</sup> International consensus documents such as the International Conference on Population and Development (ICPD) Programme of Action, to which Lithuania is a signatory, recognize that education about population issues, including sexual and reproductive health, must begin in primary school and continue through all levels of formal and non-formal education to be effective.<sup>40</sup>

### *Children's Rights Committee Recommendations to Lithuania*

The CRC in its 2006 Recommendations to Lithuania on how to improve the health situations of adolescents noted:

***“The Committee is concerned about the frequency of unplanned pregnancies and abortions among adolescents and notes the limited availability of programmes and services in the area of adolescent health at school. The Committee is also concerned at information that abortion is used as a primary method of family planning....”***

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<sup>36</sup> See, e.g., *Concluding Observations of the Committee on the Elimination of Discrimination against Women*: Belize, 01/07/99, U.N. Doc. A/54/38, paras. 56, 57; Burundi, 02/02/2001, U.N. Doc. A/56/38, para. 62; Chile, 09/07/99, U.N. Doc. A/54/38, paras. 226–227; Dominican Republic, 14/05/98, U.N. Doc. A/53/38, para. 349; Greece, 01/02/99, U.N. Doc. A/55/38, paras. 207–208; Nepal, 01/07/99, U.N. Doc. A/54/38, para. 148; Slovakia, 30/06/98, U.N. Doc. A/53/38/Rev.1, para. 92; Spain, 01/07/99, U.N. Doc. A/54/38, para. 266; United Kingdom of Great Britain and Northern Ireland, 01/07/99, U.N. Doc. A/54/38, paras. 309–310. *Concluding Observations of the Committee on the Rights of the Child*: Cambodia, 28/06/2000, U.N. Doc. CRC/C/15/Add.128, para. 52; Colombia, 16/10/2000, U.N. Doc. CRC/C/15/Add.137, para. 48; Dominican Republic, 21/02/2001, U.N. Doc. CRC/C/15/Add.150, para. 37; Ethiopia, 21/02/2001, U.N. Doc. CRC/C/15/Add.144, para. 61; Grenada, 04/02/2000, U.N. Doc. CRC/C/15/Add.121, para. 22; Kyrgyzstan, 09/08/2000, U.N. Doc. CRC/C/15/Add.127, para. 45; Malta, 02/06/2000, U.N. Doc. CRC/C/15/Add.129, para. 39; Peru, 28/01/2000, U.N. Doc. CRC/C/15/Add.120, para. 24; Russia, 30/09/2005, U.N. Doc. CRC/C/15/Add.274, para. 56; The Former Yugoslav Republic of Macedonia, 23/02/2000, U.N. Doc. CRC/C/15/Add.118, para. 41; Slovakia, 3/10/2000, U.N. Doc. CRC/C/15/Add.140, para. 38; Tajikistan, 16/10/2000, U.N. Doc. CRC/C/15/Add.136, para. 41; Turkey, 09/07/2001, U.N. Doc. CRC/C/15/Add.152, para. 53. *Concluding Observations of the Committee on Economic, Social, and Cultural Rights*: Bolivia, 21/05/2001, U.N. Doc. E/C.12/1/Add.60, para. 43; Honduras, 21/05/2001, U.N. Doc. E/C.12/1/Add.57, para. 27; Libyan Arab Jamahiriya, 25/11/2005, U.N. Doc. E/C.12/LYB/CO/2; Senegal, 31/08/2001, U.N. Doc. E/C.12/1/Add.62, para. 47; Ukraine, 31/08/2001, U.N. Doc. E/C.12/1/Add.65, para. 31.

<sup>37</sup> See, e.g., *Concluding Observations of the Committee on Economic, Social, and Cultural Rights*: Poland, 29/07/99, U.N. Doc. CCPR/C/79/Add.110, para. 11; Zambia, 13/05/2005, U.N. Doc. E/C.12/1/Add.106.

<sup>38</sup> See, e.g., *Concluding Observations of the Human Rights Committee*: Poland, 82<sup>nd</sup> Sess., para. 9, U.N. Doc. CCPR/CO/82/POL. (2004). Committee on the Elimination of Discrimination against Women, *Report*, para. 120, 16<sup>th</sup> and 17<sup>th</sup> Sess., U.N. Doc. A/52/38/Rev.1 (1997).

<sup>39</sup> See JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), *IMPACT OF HIV AND SEXUAL HEALTH EDUCATION ON THE SEXUAL BEHAVIOR OF YOUNG PEOPLE: A REVIEW UPDATE 27* (1997).

<sup>40</sup> See *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, para. 11.9 U.N. Doc. A/CONF.171/13/Rev.1 (1995) [hereinafter *ICPD Programme of Action*].

*. The Committee recommends that the State party [Lithuania]:  
(a) Strengthen its reproductive health education programme(s) for adolescents in order to prevent adolescent pregnancy and the spread of HIV/AIDS and other STDs. Such programmes should provide access to sexual and reproductive health services, including family planning, contraception and adequate and comprehensive obstetric care and counselling;...; and (d) Pay due attention to the Committee’s general comment No. 4 (2003) on adolescent health (CRC/GC/2003/4).”*

#### **D. Best Methods To Protect Fetal Health**

##### **General Comments:**

Lithuania’s demonstrated commitment to the health of pregnant mothers should be foregrounded in this policy memo. In recent decades, the rejection of claims for “fetal rights” has been increasingly grounded, and most significantly so, on their incompatibility with women’s human rights, such as the woman’s right to life and to health. Recognizing the fetus as a separate entity from the woman, could create issues around woman’s right to access necessary obstetric care, her ability to access abortion and could potentially harm her life. Protecting the health of pregnant women is the best way to protect fetal health. International and Regional Human Rights law reflect this position.

##### **Relevant Sections of Draft Policy: 3.2.2; 4.1.2; 4.5.7**

##### **Legal and Policy Standards:**

###### **(1) European Convention on Human Rights**

In 1980, *Paton v. United Kingdom*,<sup>41</sup> a case by a husband seeking to prevent his wife's abortion, explicitly rejected the claim that the right to life in Article 2 covered the fetus. The European Commission held that the word “everyone” in Article 2, and elsewhere in the Convention, did not include fetuses. Further, recognising the inseparability of the fetus and the pregnant woman, it gave precedence to the woman's rights under Article 2.<sup>42</sup>

*“The life of the fetus is intimately connected with, and it cannot be regarded in isolation of, the life of the pregnant woman. If Article 2 were to cover the fetus and its protection under this Article were, in the absence of any express limitation, seen as absolute, an abortion would have to be considered as prohibited even where the continuance of the pregnancy would involve a serious*

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<sup>41</sup> *Paton v. UK*, App. No. 8317/78, 3 EUR. H.R. REP. 408 (1980) (Eur. Comm’n H.R.).

<sup>42</sup> *Id.*

*risk to the life of the pregnant woman. This would mean that the “unborn life” of the fetus would be regarded as being of a higher value than the life of the pregnant woman.” (Para.19)*

The European Court of Human Rights, in *Vo v. France* (2004),<sup>43</sup> affirmed that “the unborn child is not regarded as a ‘person’ directly protected by Article 2 of the Convention,” and that if the unborn do have a ‘right’ to ‘life’, it is implicitly limited by the mother's rights and interests”.<sup>44</sup> Noting that “there is no European consensus on the scientific and legal definition of the beginning of life”,<sup>45</sup> the Court declined to treat the fetus as a “person” or require a homicide prosecution even though, as in this case, there was no conflict with the rights of the woman.<sup>46</sup> This decision also protects women's access to reproductive health care, including legal abortion, as well as the full range of obstetric interventions.

### **(3) United Nations**

#### *Human Rights Committee*

A recent decision by the Human Rights Committee established that denying access to abortion in circumstances where it is legal violates women’s most basic human rights. The Committee, in the case of *K.L. v. Peru*, held the government of Peru in breach of its obligations under the International Covenant on Civil and Political Rights. In finding a violation of the right to be free from inhuman and degrading treatment, the Committee found the state liable for denying K.L.’s access to an abortion she needed to avoid a risk of serious harm to her health—harm associated with being forced to continue a pregnancy involving fetal anencephaly.

#### *Children’s Rights Committee*

The Committee on the Rights of the Child, the expert treaty body that interprets and applies the Child Rights Convention, likewise has implicitly recognized the problem that recognizing fetus’ as separate from pregnant women would cause. The Committee has expressed repeated concern over adolescent girls’ access to safe abortion services and the need for states “to provide access to sexual and reproductive health services, *including... safe abortion services*”.<sup>47</sup> (emphasis added) In

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<sup>43</sup> *Vo v. France*, 326 Eur. Ct. H.R. (2004).

<sup>44</sup> *Id.* at para. 80.

<sup>45</sup> *Id.* at para. 84.

<sup>46</sup> *Id.* at paras. 89, 92, 93.

<sup>47</sup> Committee on the Rights of the Child, General Comment 4, *Adolescent health and development in the context of the Convention on the Rights of the Child*, para. 31, reprinted in COMPILATION OF GENERAL COMMENTS AND GENERAL RECOMMENDATIONS ADOPTED BY HUMAN RIGHTS TREATY BODIES, U.N. Doc. HRI/GEN/Rev.7 (2004).

its Concluding Observations on various State reports, the Committee has also recognized that safe abortion is part of adolescent girls' right to adequate health under Article 24, noting that "high maternal mortality rates, due largely to a high incidence of illegal abortion" contribute significantly to inadequate local health standards for children.<sup>48</sup> It has also explicitly called for "review of [state practices]... under the existing legislation authorizing abortions for therapeutic reasons with a view to preventing illegal abortion and to improving protection of the mental and physical health of girls"<sup>49</sup>

Based on the above noted information, the definition of "a child" for purposes of the Convention does not include a fetus. An argument to the contrary is erroneously built upon Paragraph 9 of its Preamble, which provides: "Bearing in mind that, as indicated in the Declaration of the Rights of the Child, 'the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.'"<sup>50</sup> This reflects, at most, recognition of a state's duty to promote, through nutrition, health and support directed to the pregnant woman, a child's capacity to survive and thrive after birth.

#### *Universal Declaration of Human Rights*

Article 1 opens the Universal Declaration of Human Rights with the fundamental statement of inalienability: "All human beings are *born* free and equal in dignity and rights" (Art.1).<sup>51</sup> Significantly, the history of the negotiations (*travaux préparatoires*) indicates that the word "born" was used intentionally to exclude the fetus or any antenatal application of human rights, implicitly recognizing the potential conflict this could cause with the rights of the pregnant woman. An amendment was proposed and rejected that would have deleted the word "born", in part, it was argued, to protect the right to life from the moment of conception. One of the drafters, a representative from France, explained that the statement "All human beings are born free and

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<sup>48</sup> *Concluding Observations of the Committee on the Rights of the Child: Guatemala*, 27<sup>th</sup> Sess., 721<sup>st</sup> mtg., para. 40, U.N. Doc. CRC/C/15/Add.154 (2001); *Concluding Observations of the Committee on the Rights of the Child: Chad*, 21<sup>st</sup> Sess., 557<sup>th</sup> mtg., para. 30, U.N. Doc. CRC/C/15/Add.107 (1999) [hereinafter *Concluding Observations of CRC: Chad*]; *Concluding Observations of the Committee on the Rights of the Child: Nicaragua*, 21<sup>st</sup> Sess., 557<sup>th</sup> mtg., para. 35, U.N. Doc. CRC/C/15/Add.108 (1999) [hereinafter *Concluding Observations of CRC: Nicaragua*]

<sup>49</sup> *Concluding Observations of CRC: Chad*, *supra* note 17; *Concluding Observations of CRC: Nicaragua*, *supra* note 17.

<sup>50</sup> Convention on the Rights of the Child, *adopted* Nov. 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44<sup>th</sup> Sess., Supp. No.49, at 166, U.N. Doc. A/44/49 (1989), *reprinted in* 28 I.L.M. 1448 (*entered into force* Sept. 2, 1990).

<sup>51</sup> Universal Declaration on Human Rights, *adopted* Dec. 10, 1948, G.A. Res. 217A (III), art. 1, U.N. Doc. A/810 (1948) [hereinafter *Universal Declaration*].

equal...” meant that the right to freedom and equality was “inherent from the moment of birth”<sup>52</sup> Article 1 was adopted with this language by 45 votes, with nine abstentions.<sup>53</sup> Thus, a fetus is not a holder of rights under the Universal Declaration of Human Rights. The deliberately gender-neutral term “everyone has the right to life...”,<sup>54</sup> utilised thereafter in the Declaration to define the holders of human rights, refers to born persons only.

## **E. Contraception**

### **General Comments:**

In keeping with Lithuania’s commitment to women’s health and equality, it supports the fact that access contraception is required by women’s rights to life and health and self-determination. Lithuania’s membership in the global community also holds Lithuania to certain standards espoused by the most advanced nations in the world.

We are concerned, however, that the Draft Policy does not directly and explicitly affirm a woman’s right to access contraception and a woman’s right to – in certain circumstances - obtain a safe and legal abortion.

### **Relevant Sections of Draft Policy: 3.2.2; 4.1.2; 4.1.3; 4.5.5; 4.5.7**

The sections which address life as beginning from conception threaten a woman’s right to a safe and legal abortion when her health requires that she needs one. Further, section 4.5.7 which addresses abortion, should explicitly state that a woman has a right to unbiased counseling. There is no consensus in the medical community that there is any psychological counseling needed for an abortion and such counseling should not be mandatory. Section 4.5.5 states that there are adverse effects to using contraceptives. There is no scientifically accurate basis or medical consensus for this point.

### **Legal and Policy Standards:**

Lithuania’s participation in the global community and, more specifically, in the European community, demonstrate its commitment to the value that a woman has the right to decide whether and when to have a child. International human rights instruments guarantee that she has access to a full range of contraceptive methods in a setting that allows her to make informed choices.

#### **(1) European Union & the World Health Organization**

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<sup>52</sup> UN GAOR 3rd Comm., 99th mtg. at 110–124, UN Doc. A/PV/99, 1948.

<sup>53</sup> UN GAOR 3rd Comm., 183rd mtg. at 119, UN Doc. A/PV/183, 1948.

<sup>54</sup> Johannes Morsink, *Women's Rights in the Universal Declaration*, 13 HUM. RTS. Q. 229, 231 (1991).

Health” is defined by WHO as a state of complete physical, mental and social well-being.<sup>55</sup> Both the right to life and the right to health are implicated where women are not guaranteed access to a full range of contraceptive methods. Particularly in situations where restrictions on contraception coexist with restrictions on the right to abortion, an unwanted pregnancy can pose a threat to a woman’s physical, mental, and social well-being. If the woman turns to an illegal provider or attempts to self-induce an abortion, she may undergo an unsafe procedure with devastating effects upon her physical health and even her life. If she is forced to carry the pregnancy to term, she may suffer psychological harm or, where access to quality obstetric care is limited, serious physical harm or even death.

## **(2) United Nations**

The right to reproductive health care services and family planning is also protected by international human rights instruments and consensus documents. Fundamental human rights instruments, including the Universal Declaration of Human Rights, guarantee the right to life.<sup>56</sup> The right to the highest attainable standard of health is also firmly supported in international law, most notably in the International Covenant on Economic, Social and Cultural Rights.<sup>57</sup> The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) directs States Parties to “eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”<sup>58</sup> In its General Recommendation on Women and Health, the CEDAW Committee directs States Parties to “Ensure the removal of all barriers to women’s access to health services, education and information, including in the area of sexual and reproductive health...”<sup>59</sup>

The global community has repeatedly acknowledged that women must have autonomy in making decisions regarding the number and spacing of children, a right which they are prevented from exercising when their access to contraceptives is limited or restricted. CEDAW guarantees the right to “decide freely and responsibly on the number and spacing of ... children and to have access to the information, education and means to enable them to exercise those rights.”<sup>60</sup> In order for the women to enjoy their right to decide on the number and spacing of their children, governments must guarantee women access to all safe, effective means of controlling their fertility, which requires that women be provided access to the full range of contraceptive methods. Restrictions and bans placed on access to contraceptives are in direct opposition to the globally agreed upon goal of providing universal access to “a full range of safe and reliable family planning methods.”<sup>61</sup> Restrictions on access to contraception also contravene the recommendation issued by the Committee on Economic, Social and Cultural Rights, the body that monitors state compliance

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<sup>55</sup> Constitution of the World Health Organization, at <http://www.searo.who.int/EN/Section898/Section1441.htm>

<sup>56</sup> “Everyone has the right to life....” Universal Declaration of Human Rights, adopted Dec. 10, 1948, G.A. Res. 217A (III), at 71, art. 3, U.N. Doc. A/810 (1948) [hereinafter Universal Declaration].

<sup>57</sup> “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, art. 12, U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (entered into force Mar. 23, 1976) [hereinafter Economic, Social and Cultural Rights Covenant].

<sup>58</sup> Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res.34/180, U.N. GAOR, 34<sup>th</sup> Sess., Supp. No. 46, at 193, art. 12(1), U.N. Doc. A/34/46 (1979), 1249 U.N.T.S. 14 (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].

<sup>59</sup> COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (CEDAW COMMITTEE), *General Recommendation 24, Women and health*, 20<sup>th</sup> Sess., para. 31(b), U.N. Doc. A/54/38/Rev. 1, chapter I (1999).

<sup>60</sup> CEDAW, *supra* note 8, at art. 16(1)(e).

<sup>61</sup> *Id.* at para. 7.16.

with the International Covenant on Economic, Social and Cultural Rights, that “States should refrain from limiting access to contraceptives and other means of maintaining sexual and reproductive health...”<sup>62</sup>

**Conclusion:**

We offer our thanks in advance to the Parliament for the time they devote to considering our comments and reflections on the Draft Policy. We offer them in the spirit of admiration for how far Lithuania has come in the past decade and in the spirit of hope that Lithuania will continue its proud tradition of respecting women’s rights.

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<sup>62</sup> COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (CESCR), *General Comment 14, The Right to the Highest Attainable Standard of Health*, 22<sup>nd</sup> Sess., para. 34, U.N. Doc. E/C.12/2000/4 (2000).

**DRAFT RESOLUTION Regarding Approval of the Conceptual Framework for National Family Policy +  
Conceptual Framework**

|  |                        |                         |                             |
|--|------------------------|-------------------------|-----------------------------|
| Type: Draft Resolution   | Number: <b>XP-2390</b> | Date: <b>2007-07-05</b> | Language: <b>Lithuanian</b> |
| Publication:   | Status:                |                         |                             |
| <b>Submitted on 07/05/2007 by - Baskienė Rima, the Working Group, Seimas of the Republic of Lithuania &gt;&gt;</b> |                        |                         |                             |

**Draft**

**THE SEIMAS<sup>63</sup> (PARLIAMENT) OF THE REPUBLIC OF LITHUANIA**

**RESOLUTION  
REGARDING APPROVAL OF THE CONCEPTUAL FRAMEWORK FOR  
NATIONAL FAMILY POLICY**

Dated \_\_\_\_\_, 2007, No. \_\_\_\_\_  
Vilnius

The Seimas of the Republic of Lithuania, having concluded debate regarding the Draft of the Conceptual Framework for National Family Policy devised by the Working Group for Development of the Conceptual Framework for National Family Policy formed under a resolution of the Board of the Seimas on September 23, 2005, resolves:

**Section 1.**

To endorse the Conceptual Framework for National Family Policy (attached).

SPEAKER OF THE SEIMAS

*The Draft has been furnished by:*

Head of the Working Group for Development

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<sup>63</sup> Translator's Note: There is such a group as the Board of the Seimas whose functions are similar to those of a bureau of parliament

of the Conceptual Framework for National Family Policy,  
Chair of the Parliamentary Commission  
for Family and Child Affairs

**Rima Baskiene**

Members of the Working Group – members of the Seimas:

**Irena Degutiene,**

**Etela Karpickiene,**

**Vince Vaidevute**

**Margeviciene**

07/04/2007

Seimas of the Republic of Lithuania  
Resolution No.  
dated ....., 2007  
Annex

## **NATIONAL CONCEPTUAL FRAMEWORK FOR FAMILY POLICY**

### **1. GENERAL PROVISIONS**

The family constitutes the essential goodness of a society that arises from human nature and is based upon the voluntary marital commitment of a man and a woman to devote their lives to the creation of family relations. It ensures the welfare of man and woman, of children and of every generation, as well as the development of a healthy society and the vitality and creativity of the nation and country. Thus state agencies and non-governmental organizations must ensure that a favorable environment for family integrity exists by developing and improving its legal and social basis.

The **intended purpose** of the Conceptual Framework for National Family Policy (hereinafter referred to as the Conceptual Framework) is to reason the necessity for a universal family policy in the implementation of the constitutional principle of the Republic of Lithuania establishing the family as that foundation of the state and society

which fosters the core ethical and cultural values ensuring the welfare of every individual and the historical survival of the Lithuanian state and nation.

**Objectives** of the Conceptual Framework for National Family Policy:

- manifestation of the exceptional value of the family in personal and public life;
- definition of the functions that are important in fulfilling personal and public needs;
- description of issues relevant to family development and to development of an environment for family life in Lithuania;
- establishment of goals and principles for the national family policy;
- delineating national family policy lines of action.

The Conceptual Framework is based on family values passed down through history and on concepts of family welfare that are consistent with the Constitution and other legislation.

The Conceptual Framework maintains that, in its protection of motherhood, fatherhood and childhood, the state shall provide care for groups of individuals which, although not formed on a marital basis, are connected by either close blood kinship bonds, upbringing, mutual support or joint household operations.

### **3.2. Implementation of the National Family Policy shall be founded on the following principles:**

3.2.1. **The family priority** – which is based on the historically and scientifically validated reliability of the family as the primary institution of society that ensures expansion of the welfare and progress of the nation, the society and the state, since the marriage-based family provides the best environment for comprehensive and full development of the natural abilities and social skills of all its members as individuals.

3.2.2. **Fostering the culture of life** - in that the concept of the national policy is founded on the promotion of responsible fatherhood and motherhood as well as on respect for life and human dignity at every stage in the development of the human personality, and, in particular, by giving priority to those children, elderly and disabled who lack proper care, as well as to those women in doubt as to whether to preserve conceived life or whether to personally raise a newborn infant.

3.2.3. **Complexity** – in that the extent of support includes all family-performed functions that ensure the economic, social and spiritual well-being of the family.

3.2.4. **Differentiation** – in that assistance is provided in a differentiated way in the prevention of family crisis or erosion, taking into consideration actual family welfare needs.

3.2.5. **Subsidiarity** – in that the assistance and support provided to a family maintains and promotes family self-sufficiency capabilities in all areas of family life, i.e., assists the family in responsibly carrying out those tasks which it is capable of accomplishing by its own efforts rather than taking over and duplicating family functions. In order to support and enhance the principle of *subsidiarity* it is necessary to train family research and family counseling specialists, to expand the educational and social support system by developing programs for educating adolescents about family preparation, for parent education and counseling, for forming family mutual support groups that help families in solving issues that they face and in strengthening family stability.

3.2.6. **Gender equality** – in that the support which is provided to a family helps its members to express and exercise their natural and acquired abilities and to maintain individuality, and in this way to best serve in the carrying out of the family mission which is expressed through primary family functions.

#### **4.1. Family policy lines of action in the areas of culture, child upbringing and education**

In order to assist the family in raising an individual who is capable of comprehending the world and competent in solving personal and public problems independently or jointly with others, the system of culture and education shall be based on a close collaboration between family, school and society.

The aim – to assist the family in preparing children and adolescents for self-sufficient lives and for the creation of functional and harmonized families, so as to raise mature, moral and independent individuals who are capable of building lives of their own and of sustaining society.

##### **Goals**

4.1.1. To implement school programs that provide education on family life and sexuality, that foster mature, independent and critically thinking personalities, that help to prepare students for family life, and that promote the understanding and fostering of family values.

4.1.2. To cultivate responsibility and respect for human life from its conception to natural death.

4.1.3. To strengthen universal, community, civic and ethnic values and respect for others, to mold a positive belief in the equality of man, and to cultivate a sense of responsibility for one's own behavior and its consequences, as well as the capability to resist negative influences.

4.1.4. To provide parents, guardians and caretakers with the knowledge and skills required for adequate communication with a child.

4.1.5. To ensure favorable conditions for parents to spend their leisure time with their children, and to support family-oriented cultural, athletic and entertainment events.

4.1.6. To expand the informal education of children and to develop a system of psychological, pedagogical and social support that is accessible to every family. Organization of pre-school and child day care facility based activities shall be considered of special interest.

4.1.7. To authorize a national broadcaster to promote family values by delivering coverage of positive examples.

#### **4.5. Family policy lines of action in the area of family health**

Health is the ultimate physical, mental and social well-being.

The aim – to increase the potential for family health, to execute policies that are conducive to family health, and to encourage family members to take active participation in public health promotions.

### **Goals**

- 4.5.1. To ensure high quality healthcare services for all family members and to improve the quality of life at every stage of human life.
- 4.5.2. To promote a safe, family-health-enhancing environment by carrying out programs for the prevention of harmful habits and by improving the quality of early disease diagnostics.
- 4.5.3. To provide multi-level (psychological, informative, counseling, caregiver training, etc.) assistance to family members caring for patients.
- 4.5.4. To focus on improvement of family mental health, in particular. To support programs which provide assistance to the entire family in the presence of addiction, mental illness or the risk of suicide.
- 4.5.5. To ensure access to information about the function of fertility and the physiology of the reproductive system, and also about the adverse effects of artificial contraceptives and about their contraindications. To expand the scientific base for restoration of fertility in married couples.
- 4.5.6. To expand the complex healthcare system covering both the mother and the child. To improve the system of services involving pregnant women consultation and education, delivery, and neonatal and infant healthcare.
- 4.5.7. To develop a counseling system for women experiencing crisis pregnancy. Abortion is considered an extreme solution; thus a woman who has chosen to have an abortion shall be provided with psychological counseling as well as social, legal and other types of support.
- 4.5.8. To improve child and adolescent healthcare services by etching the basics of a healthy lifestyle in children's minds. To create a basis for health-enhancing school system development.