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H. R. 5121

To promote the sexual and reproductive health of individuals and couples
in developing countries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 22, 2010

Ms. CLARKE (for herself, Ms. WOOLSEY, Mr. ELLISON, Mrs. MALONEY, Mr. STARK, Ms. CHU, Mrs. DAVIS of California, Ms. WATSON, Mr. GRIJALVA, Ms. KILPATRICK of Michigan, Ms. BALDWIN, Mrs. CAPPS, Mr. MOORE of Kansas, Ms. SCHAKOWSKY, Mr. COHEN, Mr. MEEK of Florida, Ms. LEE of California, and Ms. SLAUGHTER) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To promote the sexual and reproductive health of individuals
and couples in developing countries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Global Sexual and Re-
5 productive Health Act of 2010”.

6 **SEC. 2. FINDINGS AND PURPOSES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) The advancement of sexual and reproduc-
2 tive health is necessary to meeting most of the eight
3 United Nations Millennium Development Goals
4 (MDGs), the current international development
5 framework developed by 189 countries in 2000, in-
6 cluding the United States. Target 5B, which is
7 found under MDG 5 on improving maternal health
8 and which requires achieving universal access to re-
9 productive health by the year 2015, is an essential
10 element in attaining MDGs related to eradicating
11 poverty (MDG 1), achieving universal education
12 (MDG 2), promoting gender equality (MDG 3), re-
13 ducing child mortality (MDG 4), improving maternal
14 health (MDG 5), combating HIV/AIDS (MDG 6),
15 and ensuring environmental sustainability (MDG 7).

16 (2) The report of the United Nations Secretary-
17 General to the 2009 Commission on Population and
18 Development “. . . reaffirms that population, repro-
19 ductive health and gender issues are central to devel-
20 opment and to the achievement of the Millennium
21 Development Goals.”.

22 (3) Throughout much of the world, the lack of
23 access of women, particularly poor women, to basic
24 reproductive health services and information contrib-
25 utes to death and suffering among women and their

1 families, undermines women’s struggle for self-deter-
2 mination, and vitiates the efforts of families to lift
3 themselves out of the poverty in which over a billion
4 of the world’s people live. By allowing individuals
5 and couples to choose the number and timing of
6 their children, reproductive health care gives families
7 and individuals greater control over their economic
8 resources.

9 (4) Aspects of sexual and reproductive health,
10 including maternal mortality and morbidity, repro-
11 ductive cancers, and sexually transmitted infections
12 (STIs), including HIV, account for nearly 20 per-
13 cent of the global burden of ill-health for women and
14 some 14 percent for men, according to the World
15 Health Organization (WHO).

16 (5) Poor sexual and reproductive health is the
17 leading cause of death and disability among women
18 of child-bearing age.

19 (6) School-based education and family planning
20 play an interrelated role in lifting the status of
21 women. Delaying sexual debut, along with contracep-
22 tive use among young women already sexually active,
23 lowers the likelihood that young women will leave
24 their schooling due to pregnancy, and education in-

1 creases the chances that young women will delay the
2 age at which they marry and give birth.

3 (7) Sexual and reproductive health programs
4 can empower women to make informed decisions and
5 better control their lives, and by engaging men and
6 boys in taking responsibility for the sexual and re-
7 productive health of their partners, can contribute to
8 greater gender equality.

9 (8) Access to sexual and reproductive health
10 services, including family planning, has a direct and
11 important impact on infant and child mortality. By
12 allowing women to choose the timing, number, and
13 spacing of their pregnancies, high-risk births are
14 averted, and the children that are born have a great-
15 er chance of surviving to adulthood. Four million
16 newborns die in the first four weeks of life, which
17 accounts for 43 percent of all deaths of children
18 under the age of 5. By providing women family plan-
19 ning services to space their births 3 years apart,
20 rates for infant and under-5 mortality would drop by
21 24 percent and 35 percent, respectively.

22 (9) Increasing access to sexual and reproductive
23 health could significantly decrease pregnancy-related
24 mortality and morbidity by reducing the number of

1 pregnancies that place women at increased risk of
2 experiencing such complications.

3 (10) An estimated 215,000,000 women in devel-
4 oping countries have an unmet need for effective,
5 modern contraceptives and would like to postpone
6 childbearing, space births, or want no more children
7 but are not using a modern method of contraception.
8 Providing modern contraceptives to fill this unmet
9 need would avert an estimated 53,000,000 unin-
10 tended pregnancies each year, thereby preventing
11 150,000 women from dying of pregnancy-related
12 complications, 600,000 children from losing their
13 mothers, and 25,000,000 induced abortions.

14 (11) Complications due to pregnancy and child-
15 birth are the leading cause of death among women
16 ages 15 to 19. Each year, an estimated 550,000
17 women worldwide die from complications related to
18 pregnancy, childbirth, or unsafe abortion. Another
19 50,000,000 women annually suffer long-term illness
20 or permanent physical impairment from such causes.

21 (12) Unsafe abortion accounts for 13 percent of
22 maternal deaths worldwide. More than half of abor-
23 tions (55 percent) in the developing world are un-
24 safe. Of the 19,000,000 unsafe abortions that take
25 place each year, most occur in the developing world.

1 Around 70,000 women die and millions more suffer
2 serious injuries from the complications of unsafely
3 performed abortions. Abortion rates are similar in
4 countries whether abortion is illegal or legal. How-
5 ever, death and injury from unsafe abortion is great-
6 ly reduced where abortion is legal for a broad range
7 of indications and where safe abortion is accessible.

8 (13) Meeting the need for family planning serv-
9 ices and pregnancy-related care, by doubling the cur-
10 rent global investment for both, would reduce mater-
11 nal mortality by 70 percent and deaths to newborns
12 by 44 percent. These goals can be achieved for
13 \$1,500,000,000 less than the cost of achieving ma-
14 ternal and newborn health alone. Every dollar in-
15 vested in family planning saves \$1.40 in maternal
16 and newborn health care services.

17 (14) Worldwide, women of childbearing age ac-
18 count for more than half of people living with HIV/
19 AIDS. Integrating reproductive health services, in-
20 cluding family planning, with HIV prevention pro-
21 grams, such as those for voluntary counseling and
22 testing and prevention of mother-to-child trans-
23 mission, is essential to effectively combating HIV/
24 AIDS and other STIs.

1 (15) The world is witnessing the largest genera-
2 tion of young people in history—almost half of the
3 world’s population, some 3,000,000,000 people, is
4 under the age of 25. Unmet need for sexual and re-
5 productive health services is highest among this age
6 cohort. Fewer than 5 percent of the poorest sexually
7 active youth use modern contraception.

8 (16) The WHO has identified unsafe sex as the
9 second most important risk factor for disability and
10 death among young people in the world’s poorest
11 communities. Forty-five percent of all new HIV in-
12 fections occur among young people.

13 (17) Sixty percent of unsafe abortions in Afri-
14 ca, 42 percent in Latin America and the Caribbean,
15 and 30 percent in Asia are performed on women
16 under the age of 25.

17 (18) The WHO has identified a 4-pronged ap-
18 proach to preventing HIV infection in infants, which
19 includes prevention of unintended pregnancy among
20 HIV-infected women as a key strategy to prevent
21 mother-to-child transmission of HIV.

22 (19) According to the United States Agency for
23 International Development, enabling HIV-positive
24 women who want to avoid a pregnancy with contra-
25 ceptive services can prevent an additional 55,000

1 child deaths and avert more than 150,000 unin-
2 tended pregnancies in high HIV prevalence coun-
3 tries.

4 (20) Demographic factors exacerbate problems
5 related to environmental sustainability. The past
6 century of population growth has put increasing
7 pressure on natural resources as the scale of human
8 needs and activities expands. At the same time, ac-
9 tual family size in most developing countries remains
10 greater than the desired family size. Access to family
11 planning services helps couples to determine their
12 own family size, hence mitigating the depletion of
13 natural resources like clean water, air, and land.

14 (21) Practices like early marriage, female gen-
15 ital mutilation, and early sexual debut adversely im-
16 pact the sexual and reproductive health of young
17 people in many developing countries, and strong bar-
18 riers exist to providing the information, services, and
19 other forms of support that young people need to
20 lead healthy sexual and reproductive lives.

21 (22) Comprehensive sexuality education seeks
22 to help young people develop the interpersonal skills
23 necessary for the formation of caring, supportive,
24 and non-coercive relationships and the ability to ex-
25 ercise responsibility regarding sexual relationships

1 by addressing such issues as abstinence and the use
2 of condoms, contraceptives, and other protective sexual
3 health measures.

4 (23) The United Nations has estimated that the
5 minimum financial requirements for sexual and re-
6 productive health, including family planning and ma-
7 ternal health, are roughly \$23,500,000,000 in 2009
8 and increase to approximately \$33,000,000,000 in
9 2015. The minimum financial requirement for HIV/
10 AIDS is estimated at \$24,000,000,000 in 2009, and
11 increases to \$36,200,000,000 in 2015. As agreed in
12 the International Conference on Population and De-
13 velopment's Programme of Action, which the United
14 States committed to, developed-country donors are
15 responsible for one-third of the total cost needed per
16 year. Developing countries are responsible for the re-
17 maining two-thirds.

18 (24) The United States has had a history of
19 supporting and recognizing the fundamental health
20 and human rights of all people through the signing
21 or ratifying of various international agreements.
22 Those agreements include the Universal Declaration
23 of Human Rights (1948), the International Coven-
24 ant on Civil and Political Rights (1966), the
25 International Covenant on Economic, Social, and

1 Cultural Rights (1966), the Convention on the
2 Elimination of All Forms of Discrimination Against
3 Women (1979), the Convention on the Rights of the
4 Child (1989), the International Conference on Popu-
5 lation and Development Programme of Action
6 (1994), and the United Nations Millennium Devel-
7 opment Goals (2000).

8 (25) The United States has been the largest
9 donor to international family planning and reproduc-
10 tive health efforts over the last 40 years and has
11 been an unparalleled source of leadership and inno-
12 vation in the field. Nonetheless, it has not met its
13 fair share of financial assistance to global sexual and
14 reproductive health programs. Now is the time to
15 shore up the United States political and financial
16 commitment in order to satisfy the large unmet need
17 for these services, thereby helping to improve wom-
18 en's sexual and reproductive health worldwide.

19 (b) PURPOSES.—The purposes of this Act are to—

20 (1) authorize assistance to improve the sexual
21 and reproductive health of individuals and couples in
22 developing countries; and

23 (2) implement comprehensive sexual and repro-
24 ductive health programs offering a continuum of

1 care that are responsive to the sexual and reproduc-
2 tive health needs of young people and adults.

3 **SEC. 3. STATEMENT OF POLICY.**

4 The following shall be the policy of the United States
5 Government:

6 (1) All individuals and couples shall have the
7 basic reproductive right to decide freely and respon-
8 sibly the number, spacing, and timing of their chil-
9 dren and shall have the information and means to
10 do so, and the right to attain the highest standard
11 of sexual and reproductive health.

12 (2) All individuals and couples also shall have
13 the right to make decisions concerning reproduction
14 free of discrimination, coercion, and violence, as ex-
15 pressed in human rights documents.

16 (3) The promotion of the responsible exercise of
17 these reproductive rights for all people shall be the
18 fundamental basis for sexual and reproductive health
19 programs supported by United States Government
20 assistance.

21 (4) The principle of free and informed consent
22 must underlie all sexual and reproductive health pro-
23 grams and services. This principle applies to individ-
24 uals whether they choose to continue or terminate
25 their pregnancies—thus, forced pregnancies as well

1 as forced abortions or sterilizations are prohibited.
2 Decisions relating to contraceptive use should be
3 made on an informed and voluntary basis after ade-
4 quate information, counseling, and services are pro-
5 vided on a range of methods.

6 (5) Incentives and disincentives should not be
7 used in family planning programs in order to meet
8 numerical population targets or quotas for fertility
9 goals. Instead, governments should use other indica-
10 tors, such as unmet needs, to define family planning
11 goals.

12 (6) In sexual and reproductive health programs
13 funded by the United States Government, special at-
14 tention should be paid to serving the needs of young
15 people.

16 **SEC. 4. ASSISTANCE TO SUPPORT THE ACHIEVEMENT OF**
17 **UNIVERSAL ACCESS TO SEXUAL AND REPRO-**
18 **DUCTIVE HEALTH.**

19 (a) ASSISTANCE AUTHORIZED.—The President is au-
20 thorized to provide assistance in order to support the
21 achievement of universal access to sexual and reproductive
22 health in developing countries and to ensure individuals
23 and couples in developing countries can freely and respon-
24 sibly determine the number, timing, and spacing of their
25 children and have the means to do so.

1 (b) ACTIVITIES SUPPORTED.—Assistance provided
2 under subsection (a) may be used to—

3 (1) expand access to and use of voluntary fam-
4 ily planning information and services, to enable indi-
5 viduals and couples to avoid unintended pregnancies
6 and other risks to sexual and reproductive health,
7 including those associated with pregnancy, reproduc-
8 tive tract infections, and sexually transmitted infec-
9 tions (STIs), including HIV;

10 (2) improve public knowledge of contraceptives,
11 including where methods may be obtained, and risk-
12 reduction strategies, and to promote the benefits of
13 family planning and other sexual and reproductive
14 health care to individuals, families, and commu-
15 nities, including through the use of education and
16 awareness programs, mass media, and community
17 mobilization and outreach;

18 (3) increase the responsiveness of sexual and
19 reproductive health programs to the needs of the in-
20 tended beneficiaries during the entirety of their sex-
21 ual and reproductive lives, including young people
22 and older adults;

23 (4) reduce the incidence of unsafe abortion, in-
24 cluding research on the health consequences of un-
25 safe abortion, and provide for the equipment and

1 training necessary for medical treatment of the con-
2 sequences of unsafe abortions;

3 (5) notwithstanding any other provision of law,
4 provide safe abortion, to the extent permitted by the
5 laws of the recipient country;

6 (6) promote the integration of family planning
7 services in HIV and other STI prevention, treat-
8 ment, care, and support;

9 (7) integrate family planning services with ma-
10 ternal and newborn health care, especially in
11 antenatal, post-partum, and post-abortion care set-
12 tings;

13 (8) ensure the consistent availability and af-
14 fordability of high quality sexual and reproductive
15 health supplies and services, including male and fe-
16 male condoms, for the prevention of HIV and other
17 STIs;

18 (9) encourage the abandonment of female gen-
19 ital mutilation, early marriage, early childbearing,
20 and other harmful traditional practices that have
21 negative reproductive health consequences;

22 (10) prevent and repair obstetric fistula;

23 (11) promote the constructive engagement of
24 men and boys, the empowerment of women and
25 girls, and more equitable gender norms in order to

1 improve health outcomes and support the adoption
2 of healthy reproductive behaviors;

3 (12) prevent and mitigate gender-based vio-
4 lence;

5 (13) provide comprehensive sexuality education
6 for young people;

7 (14) prevent, diagnose, and treat, where appro-
8 priate, infertility and cancers of the reproductive
9 system and refer as appropriate;

10 (15) develop improved methods of safe and ef-
11 fective contraception and related disease control
12 through investments in biomedical research, with
13 particular emphasis on methods which—

14 (A) are likely to be safer, easier to use,
15 more efficient to make available in developing
16 country settings, and less expensive than cur-
17 rent methods;

18 (B) are controlled by women, including
19 barrier methods and microbicides;

20 (C) are likely to prevent the spread of
21 STIs; and

22 (D) encourage and enable men to take
23 greater responsibility for their own fertility and
24 the protection of their partner;

1 (16) support an enabling environment for
2 women to access sexual and reproductive health care
3 services by working with communities to identify and
4 lower or remove barriers to access, including finan-
5 cial, gender, socio-cultural, and transportation bar-
6 riers;

7 (17) train health care professionals on edu-
8 cating individuals, including young people, about
9 their sexual and reproductive health care options, in-
10 cluding family planning options; and

11 (18) foster conditions to create favorable policy
12 environments, improve quality, strengthen systems,
13 and contribute to the sustainability of family plan-
14 ning and other reproductive health programs.

15 **SEC. 5. ASSISTANCE TO REDUCE THE INCIDENCE OF UN-**
16 **SAFE ABORTION AND ITS CONSEQUENCES.**

17 (a) ASSISTANCE AUTHORIZED.—The President is au-
18 thorized to provide assistance to reduce the incidence of
19 unsafe abortion in developing countries and provide care
20 for women experiencing injury or illness from complica-
21 tions of unsafe abortion in developing countries.

22 (b) ACTIVITIES SUPPORTED.—Assistance provided
23 under subsection (a) shall be used to—

24 (1) ensure access to family planning services to
25 prevent unintended pregnancies;

1 (2) ensure that women who experience an unin-
2 tended pregnancy have access to reliable information
3 and compassionate counseling on all of their options,
4 including access to antenatal care and safe abortion
5 when permitted by the laws of the recipient country;

6 (3) where local laws permit abortion, support
7 safe abortion services, including referrals, and sup-
8 port the training of abortion providers and the nec-
9 essary equipment and commodities for surgical and
10 medical abortion; and

11 (4) support emergency treatment for complica-
12 tions of induced or spontaneous abortion, including
13 provision of services and training and equipping of
14 providers.

15 (c) ELIGIBILITY FOR ASSISTANCE.—Notwithstanding
16 any other provision of law, regulation, or policy, in deter-
17 mining eligibility for assistance authorized under this sec-
18 tion, sections 104, 104A, 104B, and 104C of the Foreign
19 Assistance Act of 1961 (22 U.S.C. 2151b, 2151b–2,
20 2151b–3, and 2151b–4), foreign nongovernmental organi-
21 zations—

22 (1) shall not be ineligible for such assistance
23 solely on the basis of health or medical services, in-
24 cluding counseling and referral services, provided by
25 such organizations with non-United States Govern-

1 ment funds if such services are permitted in the
2 country in which they are being provided and would
3 not violate United States Federal law if provided in
4 the United States; and

5 (2) shall not be subject to requirements relating
6 to the use of non-United States Government funds
7 for advocacy and lobbying activities other than those
8 that apply to United States nongovernmental organi-
9 zations receiving assistance under part I of the For-
10 eign Assistance Act of 1961.

11 **SEC. 6. ASSISTANCE TO PROVIDE SEXUAL AND REPRODUC-**
12 **TIVE HEALTH SERVICES DURING EMER-**
13 **GENCY SITUATIONS.**

14 (a) ASSISTANCE AUTHORIZED.—The President is au-
15 thorized to provide assistance, including through inter-
16 national organizations, national governments, and inter-
17 national and local nongovernmental organizations, to en-
18 sure that sexual and reproductive health services are pro-
19 vided in developing countries at every phase of a humani-
20 tarian emergency, including early recovery.

21 (b) PRIORITY.—In providing assistance authorized
22 under subsection (a), the President shall give priority to—

23 (1) those reproductive health services that are
24 essential in emergencies, whether they are conflict or
25 natural disaster settings, to save lives and help sur-

1 vivors fulfill their potential even under the most dif-
2 ficult circumstances; and

3 (2) building local capacity and improving na-
4 tional systems whenever possible during displace-
5 ment and early recovery.

6 (c) ACTIVITIES SUPPORTED.—Assistance provided
7 under subsection (a) shall be used to—

8 (1) direct the Secretary of State and the Ad-
9 ministrators of the United States Agency for Inter-
10 national Development to implement the Minimum
11 Initial Services Package (MISP), a set of life-saving
12 priority activities that must be put in place in the
13 earliest days of an emergency and that is set out in
14 the Sphere Project’s Humanitarian Charter and
15 Minimum Standards in Disaster Response;

16 (2) among other activities, establish critical re-
17 productive health coordination mechanisms, prevent
18 sexual violence and assist survivors by providing es-
19 sential medical care including psychosocial services,
20 prevent transmission of HIV and other sexually
21 transmitted infections (STIs), ensure access to
22 emergency obstetric and newborn care, to contracep-
23 tive methods, and to treatment of STIs, continue
24 antiretroviral treatment, and lay the groundwork for
25 comprehensive reproductive health care; and

1 (c) ACTIVITIES SUPPORTED.—Assistance provided
2 under subsection (a) shall be used, among other things,
3 to—

4 (1) provide universal and affordable access to—

5 (A) evidence-based comprehensive sexuality
6 education and reproductive health education, in
7 consultation with local communities, in and out-
8 side schools to ensure young people can delay
9 sexual debut and make informed decisions
10 about their sexual and reproductive health; and

11 (B) youth-friendly comprehensive sexual
12 and reproductive health care, including activi-
13 ties described in section 4(b), as appropriate;

14 (2) coordinate the achievement of the goals of
15 sexual and reproductive health programming for
16 young people in United States Government-funded
17 programs;

18 (3) educate implementers on best practices in
19 adolescent and youth programming and delivery and
20 for effective dissemination of policy guidelines re-
21 garding adolescent and youth programming; and

22 (4) incorporate the recommendations of young
23 people in program design and service delivery ori-
24 ented for young people.

1 **SEC. 8. STRATEGY TO INTEGRATE AND LINK SEXUAL AND**
2 **REPRODUCTIVE HEALTH SERVICES.**

3 (a) STRATEGY REQUIRED.—

4 (1) IN GENERAL.—The President shall develop
5 and implement a strategy to improve and create
6 linkages among the various components of sexual
7 and reproductive health with each other and with
8 other global health care services, delivery, and poli-
9 cies in order to meet the goal described in paragraph
10 (2).

11 (2) GOAL DESCRIBED.—The goal of better link-
12 ages and integration referred to in paragraph (1) is
13 to ensure that individual men and women are pro-
14 vided with a continuum of sexual and reproductive
15 health services that meet their needs. Integration
16 does not require that all of these services should be
17 provided by the same clinician or even in the same
18 setting; rather, there should be a mechanism in
19 place, so that every person has access to the sexual
20 and reproductive health services he or she needs, ei-
21 ther directly or by referral.

22 (b) ELEMENTS.—The strategy required by subsection
23 (a) shall include the following:

24 (1) In general, at the program level, supporting
25 health systems to link the various components of
26 sexual and reproductive health services both in terms

1 of health system management, such as integrating
2 commodity and supply systems, training, super-
3 vision, data collection and analysis, and service pro-
4 vision, to ensure that people have access to a full
5 range of services in their community.

6 (2) In general, such services should include pre-
7 vention of ill-health, provision of information and
8 counseling, screening, diagnosis and curative care
9 and referral for a full range of sexual and reproduc-
10 tive health and other health and social services.

11 (3) With respect to linkages and program inte-
12 gration of sexual and reproductive health services,
13 such services shall include activities described in sec-
14 tion 4(b).

15 (4) With respect to linkages of sexual and re-
16 productive health services with other global health
17 services, such services shall include—

18 (A) counseling about and referrals to other
19 related health services such as addressing new-
20 born, infant, and child health (including edu-
21 cating families about proper antenatal and de-
22 livery care, breastfeeding, hygiene, and inter-
23 ventions for neonatal infections and life-threat-
24 ening childhood illnesses), malaria, tuberculosis,

1 neglected tropical diseases, and proper nutrition
2 for all ages; and

3 (B) referrals to nearby, quality services
4 that cannot be provided by the primary provider
5 and other social services.

6 **SEC. 9. COORDINATION; RESEARCH, MONITORING, AND**
7 **EVALUATION.**

8 (a) COORDINATION.—Assistance authorized under
9 this Act shall promote coordination between and among
10 donors, the private sector, nongovernmental and civil soci-
11 ety organizations, and governments in order to support
12 comprehensive and responsive sexual and reproductive
13 health programs in developing countries.

14 (b) RESEARCH, MONITORING, AND EVALUATION.—

15 (1) IN GENERAL.—Assistance authorized under
16 this Act shall be used for the conduct of formative
17 research and to monitor and evaluate the effective-
18 ness and efficiency of programs.

19 (2) REQUIREMENTS.—In carrying out para-
20 graph (1), the President shall ensure that there is—

21 (A) support for formative research on the
22 determinants of accessing sexual and reproduc-
23 tive health products and services, and adopting
24 healthy behaviors related to sexuality and re-
25 production, to inform program design;

1 (B) support for the ongoing, regular, and
2 systematic collection of information to serve as
3 the basis for monitoring change in population-
4 based outcomes;

5 (C) support for evaluations of pro-
6 grammatic effectiveness by measuring the ex-
7 tent to which change in population-based out-
8 comes can be attributed to program interven-
9 tions or environmental factors;

10 (D) support for operations research that
11 uses appropriate scientific methods to compare
12 different interventions with the objective of in-
13 creasing the efficiency, effectiveness, and qual-
14 ity of programs;

15 (E) support for field research on the char-
16 acteristics of programs most likely to result in
17 sustained use of effective family planning in
18 meeting each individual's lifetime reproductive
19 goals, with particular emphasis on the perspec-
20 tives of family planning users, including support
21 for relevant social and behavioral research fo-
22 cusing on such factors as the use, nonuse, and
23 unsafe or ineffective use of various contracep-
24 tive and related-disease control methods; and

1 (F) support for the development of new
2 evaluation techniques and performance criteria
3 for sexual and reproductive health programs,
4 emphasizing the user’s perspective and repro-
5 ductive goals.

6 **SEC. 10. DEFINITIONS.**

7 In this Act:

8 (1) **ADOLESCENT.**—The term “adolescent”
9 means an individual who has attained the age of 10
10 years but not 20 years.

11 (2) **COMPREHENSIVE SEXUALITY EDUCATION.**—
12 The term “comprehensive sexuality education”
13 means helping young people develop the inter-
14 personal skills necessary for the formation of caring,
15 supportive, and non-coercive relationships and the
16 ability to exercise responsibility regarding sexual re-
17 lationships by addressing such issues as sexual di-
18 versity, abstinence, and the use of condoms, contra-
19 ceptives, and other protective sexual health meas-
20 ures.

21 (3) **INTEGRATION.**—The term “integration”
22 means joining together different kinds of services or
23 operational programs, either directly or by referral,
24 to ensure more comprehensive services, promote a

1 continuum of care, and to maximize health out-
2 comes.

3 (4) LINKAGES.—The term “linkages” means—

4 (A) the bi-directional synergies in policy,
5 programs, services, and advocacy related to sex-
6 ual and reproductive health, including HIV/
7 AIDS; and

8 (B) refers to a broader human rights based
9 approach, of which service integration is a sub-
10 set.

11 (5) REPRODUCTIVE HEALTH.—The term “re-
12 productive health”—

13 (A) means a state of complete physical,
14 mental, and social well-being and not merely
15 the absence of disease or infirmity, in all mat-
16 ters relating to the reproductive system and to
17 its functions and processes; and

18 (B) implies that an individual is able to
19 have a satisfying and safe sex life and that such
20 individual has the capability to reproduce and
21 the freedom to decide if, when, and how often
22 to do so, including the right of men and women
23 to be informed and to have access to safe, effec-
24 tive, affordable, and acceptable methods of fam-
25 ily planning of their choice, as well as other

1 methods of their choice for regulation of fer-
2 tility which are not against the law, and the
3 right of access to appropriate health-care serv-
4 ices that will enable women to go safely through
5 pregnancy and childbirth and provide couples
6 with the best chance of having a healthy infant.

7 (6) REPRODUCTIVE RIGHTS.—The term “repro-
8 ductive rights”—

9 (A) means those rights that embrace cer-
10 tain human rights that are already recognized
11 in national laws, international human rights
12 documents, and other consensus documents;

13 (B) includes the recognition of the basic
14 right of all couples and individuals to decide
15 freely and responsibly the number, spacing, and
16 timing of their children and to have the infor-
17 mation and means to do so, and the right to at-
18 tain the highest standard of sexual and repro-
19 ductive health; and

20 (C) further includes the right of all couples
21 and individuals to make decisions concerning
22 reproduction free of discrimination, coercion,
23 and violence, as expressed in human rights doc-
24 uments.

1 (7) SEXUAL HEALTH.—The term “sexual
2 health”—

3 (A) means a state of physical, emotional,
4 mental, and social well-being in relation to sex-
5 uality and not merely the absence of disease,
6 dysfunction, or infirmity;

7 (B) includes a positive and respectful ap-
8 proach to sexuality and sexual relationships, as
9 well as the possibility of having pleasurable and
10 safe sexual experiences, free of coercion, dis-
11 crimination, and violence; and

12 (C) further includes the sexual rights of all
13 persons to be respected, protected, and fulfilled.

14 (8) UNMET NEED.—The term “unmet need”
15 refers to nonuse of a modern contraceptive method
16 by an individual who is married or unmarried and
17 sexually active, is able to become pregnant, and
18 wants to stop childbearing or to wait at least 2 years
19 before having a child.

20 (9) YOUNG PEOPLE.—The term “young people”
21 means those individuals who have attained the age
22 of 10 years but not 25 years.

1 (10) YOUTH.—The term “youth” means an in-
2 dividual who has attained the age of 15 years but
3 not 25 years.

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