
SEXUAL RIGHTS INITIATIVE RESPONSE TO REQUEST FROM THE PRESIDENT OF THE GENERAL ASSEMBLY FOR CONTRIBUTIONS TO THE HIGH-LEVEL EVENT ON THE ROLE OF WOMEN, THE YOUNG AND CIVIL SOCIETY

GENDER EQUALITY & WOMEN'S EMPOWERMENT

A human rights-based approach was promoted at both the 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women in Beijing. Through the ICPD's Programme of Action 179 governments committed to ensuring the realization of reproductive rights for all, including women and adolescents and to providing a comprehensive range of sexual and reproductive health information and services. At Beijing 189 States achieved consensus that the "human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."ⁱ

Laws, policies and regulations that impede access to women and girls' sexual and reproductive health information and services must be changed. These include, for example: third-party authorization requirements for adolescents' access to contraception, abortion and HIV testing and counselling; laws criminalizing abortion or imposing restrictions on the conditions under which an abortion can be sought; laws criminalizing adult consensual sexual activity; laws criminalizing unintentional transmission of HIV; and laws and policies allowing conscientious objection of a provider to hinder women's access to a full range of services. In line with the realization of the right to health of all individuals, particularly women and girls, the post-2015 development framework must strive to remove legal, regulatory and administrative barriers to the realization of women and girls' sexual and reproductive rights, including rights to sexual and reproductive health.

The MDGs addressed different components of sexual and reproductive health in silos, namely maternal health and HIV. Today, goal 5 on maternal health is the least likely to be achieved. To address this, a human rights based approach must be applied. A human rights-based approach to health requires and consists of a holistic and integrated approach. In the context of women and girls' sexual and reproductive rights of women and girls, the Post-2015 development framework must outline standards which must be met in relation to health facilities, goods and services: availability, accessibility, acceptability and quality. However, rights to sexual and reproductive health cannot be realized through only the provision of services. The dominant assumptions underlying the structural determinants of sexual and reproductive health of different population groups must be identified and addressed. The post-2015 development framework must therefore recognize changing systems of power and decision-making at all levels and in all spaces, including the household, community, workplace, state and non-state institutions at a local, national, sub regional, regional and international level, and addressing root causes of various forms of gender and social inequalities.

In adopting a human rights-based approach is critical to ensuring policies and programmes related to women and girls' sexual and reproductive health incorporate comprehensive information and services related to contraception and family planning; safe abortion services and post-abortion care; pregnancy care (antenatal and post natal care, skilled birth attendance, referral systems, and emergency obstetric care); assisted reproductive technologies; prevention, treatment, and care of sexually transmitted

[This contribution is posted on behalf of the Sexual Rights Initiative (SRI), a collaborative project of six partner organizations: Action Canada for Population and Development, Akahatá – Equipo de Trabajo en Sexualidades y Géneros, the Coalition of African Lesbians, Creating Resources for Empowerment in Action (CREA, India), the Egyptian Initiative for Personal Rights, and the Federation for Women and Family Planning (Poland). The SRI aims to advance human rights related to sexuality, i.e., sexual rights within global policy processes.

www.sexualrightsinitiative.com]

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infections and HIV; prevention and treatment of infertility; and prevention, treatment and care of reproductive cancers, provided in an integrated manner. This also entails support for health systems strengthening, through carefully designed efforts to strengthen the provision of comprehensive and integrated sexual and reproductive health information and services.

Accountability is central to every stage of a human rights-based approach, and includes not just transparency but meaningful participation by all affected populations and civil society groups at all levels of decision-making, implementation and review, and access to justice. The OHCHR technical guidance on maternal morbidity and mortality, among other UN documents and actors emphasize that it is also essential that women and girls, as rights-holders, are aware of their entitlements and are empowered to claim their sexual and reproductive rights including rights to sexual and reproductive health. The post-2015 development framework must pay particular attention to marginalized groups such as women, girls, adolescents, ethnic and racial minorities, indigenous women, women with disabilities, sex workers, women living with HIV, trans*ⁱⁱ, women who have sex with women, migrant and displaced women and rural women, and empower them to claim their human rights.

The post-2015 development framework, in meaningfully integrating a human rights-based approach in its implementation, must hold states accountable to ensuring both public and private health care providers do not violate the rights of women and girls accessing sexual and reproductive health services. The framework must recognize and address social structures and inequalities, including laws and policies that prevent women and girls from accessing reproductive and sexual health information and services. Similarly, in the context of international assistance and cooperation, the framework must hold donors accountable, to ensuring that their activities abroad do not violate women and girls’ human rights.

At its core, the post-2015 development framework must be grounded in international human rights standards, and in its implementation all stakeholders, including governments, must utilize a human rights-based approach. It must assist States in meeting its obligations to ensure the realization of all human rights, including sexual and reproductive rights and rights to sexual and reproductive health, and their development commitments must be in consonance with these obligations. It must prioritize process and approach, particularly a human rights-based approach, rather than deliverables, outcomes and numbers. Mechanisms for participation and accountability must also be established and strengthened, and adequate resources allocated to enable these efforts. Accelerated efforts by States to realize women and girls’ sexual rights, must be prioritized within the post-2015 agenda.

YOUTH & ADOLESCENTS SEXUAL AND REPRODUCTIVE RIGHTS

Today, there are 1.8 billion young people between the ages of 10-24 who should be guaranteed access to the comprehensive sexual and reproductive health services and sexuality education that they need for a healthy and fulfilling life. Regrettably, this is not the case, as evidenced in the facts:

- Globally, complications arising from pregnancy and childbirth are the leading cause of death for young women aged 15-19 years
- Over 222 million women around the world do not have access to modern contraception and over 33 million women have an unintended pregnancy each year while using a contraceptive method; young women aged 15-19 are twice as likely to lack access to the contraception they want and need as women over twenty
- An estimated three million unsafe abortions occur globally every year among adolescent girls
- Globally, less than 30% of young women have comprehensive and correct knowledge on HIV

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- Each day, more than 2500 young people are infected with HIV and more than half of all new STI infections (180,000 million) are among youth

This is caused by various inequalities faced by children and youth, including, first and foremost, that they are not recognized as sexual beings by their parents, teachers, health workers and policy-makers, among others. Sexuality is a central and intrinsic aspect of every human being from infancy onwards. Unfortunately, a combination of social taboos around sexuality and age-based inequalities marginalize adolescents and youth in terms of claiming and exercising their sexual and reproductive rights. While these taboos have different nuances in different societies, it can be said safely that this is a universal phenomenon.

Young people's sexual health and rights are also hindered through discriminatory legal and/or administrative stipulations that do not take into consideration their evolving capacities. Adolescents may need to obtain authorization from their parent, guardian or spouse for medical treatment in general – as is the case in several countries – or specific sexual and reproductive health services such as HIV testing and counselling, contraceptive information and commodities, STI prevention and abortion. Fear and stigma often deter adolescents from obtaining such consent and they may forego seeking information or accessing a service, or they may seek out back-street providers. Further, statutory rape laws and other laws prescribing minimum age of consent for sexual activity – if too high and not taking into consideration the evolving capacities of adolescents – act as a barrier in accessing sexual and reproductive health information and services.

The inequalities faced by young people are further compounded by inequalities based on their gender, marital status, sexual orientation, disability, race and ethnicity, HIV status and socio-economic status, among other factors. For example, adolescents with disabilities are even less likely to receive comprehensive sexuality education tailored to their needs than their able-bodied peers. Trans*ⁱⁱⁱ adolescents are at an increased risk of dropout from formal education. And, adolescents and youth living in poverty are less likely to be able to access quality sexual and reproductive health services than those with access to resources. It is therefore crucial that the Post-2015 development framework systematically address inequalities in order to improve the lives of adolescents and youth. It must also ensure that all policies and programmes be tailored to respect, protect and fulfil the rights of those most marginalized youth on the basis of the above-mentioned inequalities.

These inequalities faced by adolescents and youth also manifest in the form of stigma and discrimination at the hands of peers, teachers and health personnel. Discrimination and harassment based on factors such as pregnancy, sexual orientation, gender identity and expression leads to negative education and health outcomes. Adolescents and youth may be deterred from accessing sexual and reproductive health services and information due to an experience of stigma or discrimination, or may not access the health system at all due to fear of such an experience. Gender-based discrimination, social control over girls' sexuality and sexual abuse lead to high drop out of girls from formal education systems. Discrimination against and humiliation of gender non-conforming and trans*^{iv} children causes them to drop out as well. Gay and lesbian students across the world face harassment, discrimination and violence in educational institutions, leading to poor education and health outcomes.

The post-2015 development framework must respect, protect and fulfil the full range of adolescents' sexual rights, consistent with their evolving capacities, in order to enable their access to quality education and decent employment. It must recognize and take steps to remove the legal, policy and administrative barriers to adolescents' exercise of their right to sexual and reproductive health. Wide-ranging public education programmes are necessary to eliminate gender stereotypes, change

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restrictive gender norms and promote intolerance of gender-based violence. The post-2015 development framework must encourage states to review existing and create new laws and policies that prohibit gender-based discrimination and all forms of gender-based violence, and their enforcement. Policies and programmes must be developed with the participation of girls and must utilize a gender perspective in order to benefit girls, for example, providing adequate and segregated fully functioning sanitary facilities in schools, and enabling retention in school of adolescent girls that get pregnant.

The post-2015 development framework must guarantee young people and adolescents' access to a comprehensive and integrated package of sexual and reproductive health services and information, and these should be of good quality and acceptable to different groups. This package should include the provision of contraceptive services and supplies (including emergency contraception, post exposure prophylaxis, male and female condoms); safe abortion services and post-abortion care; pregnancy care (antenatal and post natal care, skilled birth attendance, referral systems, and emergency obstetric care); access to assisted reproductive technologies; prevention, treatment, and care of sexually transmitted infections and HIV; prevention, treatment and care of reproductive cancers. Services for victims and survivors of sexual violence and abuse must be integrated with these as well. Health personnel must be trained to provide these services with full respect for children and young people's privacy and in a non-judgmental and non-discriminatory manner.

The absence of comprehensive, evidence-informed education on human sexuality, sexual and reproductive health and gender equality results in perpetuation of gender-based violence and discrimination. It also inhibits adolescent girls' access to sexual and reproductive health information and services. The post-2015 development framework must therefore recognize and guarantee children and adolescents right to comprehensive sexuality education, in accordance with their evolving capacities.

Effective sexuality education must go beyond biology to educate children and adolescents about gender equality, healthy and positive aspects of sexuality, relationships, gender-based and sexual violence, sexual and gender diversity, healthy emotive processes, informed consent and human rights. It should promote empowerment and autonomy by including structured opportunities for adolescents to practice life skills they will need to be able to make free and informed choices about their sexual lives and to explore their attitudes and values. Such education must be free of and aim to eliminate stereotypes, discrimination, and stigma; must respect the evolving capacities of children and adolescents; and must be tailored to meet the specific needs of particular groups e.g. children with disabilities and those living on the streets. Such education must also be secular since often religious fundamentalisms permit and/or promote discrimination based on gender, sexual orientation and gender identity. Comprehensive evidence based sexuality education must form an integral component of education curricula and educators must be adequately sensitized and trained. Such education enables adolescents to make informed decisions about their sexuality, and sexual and reproductive health.

Finally, the Post-2015 development agenda must recognize that adolescents are not vulnerable beings merely in need of protection; they are rights-holders who possess the agency to make informed decisions about their health and lives. This principle, which includes the need for their meaningful participation, should underlie all policy-making at the international, national and local levels as well as the design, monitoring and evaluation of programmes and policies that touch on sexual and reproductive rights.

ⁱ Beijing Platform for Action paragraph 96.

ⁱⁱ Trans* people includes those people who have a gender identity which is different to the gender assigned at birth and/or those people who feel they have to, prefer to or choose to – whether by clothing, accessories, cosmetics or body modification – present themselves differently to the expectations of the gender role assigned to them at birth. This includes, among many others, transsexual and transgender people, transvestites, travesti, cross dressers, no gender and genderqueer people.” GATE – Global Action for Trans* Equality <http://transactivists.org/trans/>

ⁱⁱⁱ Ibid..

^{iv} Ibid..