



## **An Advocacy Brief: Post 2015 Development Agenda**

### **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS BEYOND 2014: OPPORTUNITIES AND CHALLENGES**

#### **Introduction**

Sexual and reproductive health and rights (SRHR) are integral to development. Sexual and reproductive health covers a wide spectrum of issues encompassing contraception, maternal health, adolescent pregnancies, sexually transmitted infections including HIV/AIDs to sexual and reproductive cancers. Sexual and reproductive rights include respect for bodily integrity, the right to choose one's partner, the right to decide on sexual relations and having children, the right to have a safe, pleasurable and satisfying sex life, the right to be free from coercion or violence and without fear of infection and pregnancy, and the right to have access to information and services. SRHR are interlinked with all key development agendas: gender equality, poverty, inequality, health, migration, climate change, conflicts, and food and nutritional security.<sup>1</sup> The fulfilment of SRHR for all is vital to the achievement of shared global development goals. Achieving SRHR and equality of women and girls is essential for a world that is just, inclusive and sustainable.

The SRHR agenda has been attested to, mentioned and signed onto in a range of international documents especially the 1994 International Conference on Population and Development Programme of Action (ICPD POA) which firmly put SRHR on national agendas. Recognizing the importance of human-rights approach to population and development and fulfilling SRHR is also promoted in other international resolutions/conventions:

- UN Universal Declaration of Human Rights (1948)
- The Alma-Ata Declaration adopted at the International Conference on Primary Health Care (1978)
- UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979)
- Beijing Platform for Action (1995)
- UN Millennium Declaration (2000)
- 2005 World Summit Outcome Document
- Maputo Plan of Action (2006) and the Maputo Protocol on the Rights of Women in Africa
- 2001 Declaration of Commitment on HIV/AIDS and subsequent commitments in the 2006 and 2011 Political Declarations on HIV and AIDS
- UN Commission on Population and Development Resolution (2009)
- UN Human Rights Council Resolutions on Maternal Mortality and Morbidity (2009-2012)
- UN Human Rights Council Resolution on the Rights of the Child (2012)
- UN Millennium Development Goals (MDG) Summit Outcome Document (2010)
- UN Secretary-General's Global Strategy for Women's and Children's Health (2010)
- UN Human Rights Council Resolution on Sexual Orientation and Gender Identity (2011)
- ICPD Global Youth Forum Declaration ('Bali Declaration') (2012)

Twenty years after 179 governments signed on to the ICPD POA, there are still gaps and challenges in achieving SRHR globally. Reports produced by regional networks in monitoring ICPD 20 years after,

reveals that there are barriers in achieving the goals in the ICPD and more needs to be done for the fulfilment of SRHR. In the different regions women and young girls, especially the poor and marginalised, are the most vulnerable when there are no sufficient SRHR financing and legislations in place, and when SRHR information and services are not available.

Though there are gaps and challenges in achieving SRHR, there are also gains and opportunities for achieving SRHR for all. Global development processes, such as the 20-year review of the ICPD PoA in 2014 and of the BPPA in 2015, are taking place to take stock of the achievements of governments and development stakeholders and to agree on the next global development agenda. Governments must renew commitments and be ambitious about fulfilling and advancing SRHR for all. This is an opportune time to collaborate and take needed steps to further meet international commitments to SRHR and ensure that the next development agenda is inclusive of SRHR.

This brief will present the challenges and opportunities of achieving SRHR, and put recommendations for policy makers to uphold. It aims to guide policy makers to ensure that SRHR is included in the post 2015 development agenda.

## Context Analysis

Twenty years after the signing of the ICPD PoA, governments were able to achieve some progress. There has been recognition of providing universal access to SRHR and policies have been put in place. Although actions have been taken at the national levels, there are significant gaps and challenges that need to be addressed. This is to be expected as the ICPD PoA was a bold, holistic and visionary program for development. Globally, the current challenges to the fulfilment of SRHR are persistent poverty, gender inequality, climate change and resulting disasters, and political fragility of states. The year 2014 is a crucial time to recommit to addressing the gaps and challenges in the fulfilment of SRHR.

## Challenges

### Poverty

Reducing poverty and the gap in income inequalities remain key challenges that need to be addressed. The gap between the rich and the poor due to neo-liberal policies and privatisation continues to widen and this has impact in fulfilling SRHR of all people. Poverty is also interlinked with other development issues such as gender inequality, food security and food sovereignty, climate change and migration. In an ICPD monitoring report<sup>2</sup> of 21 countries in Asia-Pacific in 2013, it was noted that the increasing trend in privatisation of healthcare coupled with higher rates of out-of-pocket expenditures is a barrier towards universal access to SRHR. Socio-economic conditions play a role in the access to SRH services. Poor women with no education and women who live in remote hard-to-reach areas have less access to contraception and SRH services. In MENA countries<sup>3</sup>, disparities in access to reproductive healthcare also persist, where poorer, less educated and rural women face barriers to adequate and affordable healthcare services. The socio-cultural crisis in Central and Eastern European (CEE) regions in 1990s<sup>4</sup>, brought devastating conditions, increasing

inequity, and huge gender gap in economic activities. This impacted the ability of women to access necessary health services, including sexual and reproductive health services.

### *Gender Equality*

Gender inequalities and gender power imbalances also continue to challenge the fulfilment of SRHR. In Asia-Pacific<sup>5</sup> countries, gender inequalities are rooted in socio-cultural practices which are male-dominant including son-preference. In Middle East and North African (MENA) countries,<sup>6</sup> cultural and religious discourses are barriers to recognizing SRHR of young people, and women's autonomy over their bodies is highly debated due to the patriarchal context; most visible in the high number of cases of violence against women. Women and young people are also excluded from participating in political processes and decision-making processes hence appropriate policies cannot be formulated by the state. Lastly, diverse women in the Latin American and Caribbean region<sup>7</sup>, such as lesbians, indigenous women and women with disabilities, experience discrimination and violation of their rights to sexual and reproductive health. Achieving gender equality and gender power balance involve eliminating all forms of violence and discrimination against women and recognising their rights to control their own bodies.

### *Climate Change*

Climate change greatly affects the lives and conditions of people especially the poor who contribute insignificantly to the release of fossil carbon.<sup>8</sup> Climate change induced disasters such as floods, cyclones, droughts, storms and tsunamis have an adverse impact on a nation's development and on the lives of people. Climate change exacerbates already existing inequalities and inequities. While disasters do not distinguish between rich and poor people, and between high and low income countries, the effect of disasters is lowest in high income countries<sup>9</sup>. Hence, low income countries are most affected by disasters and women and young people are most affected because of their socio-economic positions and their lack of access to resources. Women and young people's participation is needed for both adaptation and mitigation actions, and disaster risk reduction strategies.

### *Political Fragility of States*

In the last two years, news reports have been documenting a rise in political conflict between states and within states. This ranges from attacks waged by rebel groups and religious extremists upon governments as well as acts of aggression which threaten national sovereignty of states. The resulting devastations including the loss of lives and the unprecedented flow of refugees into border areas and other countries are crises that require the channelling of resources and attention. In such situations, states are unable to address health and socio-economic development of their countries.

### *Political Will to Achieve SRHR for All*

Stronger political will is needed to fulfil SRHR for all. The monitoring report in Asia Pacific noted that government commitment to achieve the ICPD PoA was not consistent across all issues and across all countries. Meanwhile, in Latin America and the Caribbean, the monitoring report which studied seven countries,<sup>10</sup> showed that there are barriers to the application of the ICPD PoA. These include inexistence of legislation that ensures the exercise of sexual and reproductive rights, the influence of religious hierarchies on public policies and education programmes, and the reduction of sexual and

reproductive education and rights programmes. In Central European countries<sup>11</sup>, political power continues to be generally held by men and there is a prevalence of deep-seated gender stereotypes that women are primarily viewed in their roles as mothers and wives. This continues to hamper the realization of SRHR in the region.

There is also a lack of realization of SRHR as a priority in both national and international agendas. The comprehensive SRHR agenda, envisioned in the ICPD PoA, has been sliced and diced into silos of 'maternal health,' 'HIV and AIDS,' and 'family-planning.'

### *Opportunities*

Amidst these gaps and challenges, there are opportunities to position and strengthen commitment to the SRHR agenda. Global processes informing and leading to the crafting of the post 2015 development agenda are such opportunities. The global review report, the index report and the Secretary-General's report on the ICPD have made strong recommendations with regards the fulfilment of the ICPD agenda have created and awareness and refocused attention to the SRHR agenda. The five inter-governmental, regional population conferences on ICPD in 2013 produced regional outcome documents (the Montevideo Consensus, the 6<sup>th</sup> Asia-Pacific Population Conference (APPC) outcome document, the Addis Ababa Declaration 2013) have reiterated member states' commitments to SRHR.

In addition, the growing social movements for social justice and increasing involvement of young people who are advocates of SRHR, are also important opportunities. There is also an opportunity for the ICPD agenda to expand to include the needs of population groups<sup>12</sup>, such as people of diverse sexualities, disabilities and the aged.

Well-being of all population groups, especially women and girls, will inevitably contribute to higher productivity, economic growth and poverty reduction. If these opportunities are well-utilised, governments and non-state actors will be able to end the present cycle of poverty, inequity and rights violations.

## **CASE STUDIES**

### ***Nepal***<sup>13</sup>

Nepali women eat last after everyone in the family has eaten. Women sometimes go hungry if there is no food that is left for them. Although this is happening as per tradition, women are also realising that nutritious food is already found in their kitchen. Nanu Ghatani, a social activist and Nepali woman leader, advised that if women in Nepal eat locally available food, such as grains, milk, animal protein and vegetables, then all nutritional needs of women can be met. She added that since there are women's groups in Nepal, women can get information on nutrition and health. Nanu also encourages women to get out of their homes because change starts with self and women are important agents of change in addressing issues of poverty, nutrition and health.

### ***Nigeria***<sup>14</sup>

Nigerian women are the majority of small farmers. They manage farms individually and collectively and they provide most of the labour. Female-headed households are rising because women have lost their husbands to undisclosed

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diseases and divorce. There are many challenges faced by Nigerian women in the North Central Nigeria. A study in 2012 found that farming activities are still done in traditional ways that do not lead to development. These traditional ways of farming are used in the production, processing and marketing. Women are usually exposed to problems that have negative effectives on their economic, social and health lives. This has left the majority of women powerless and vulnerable despite their struggle to make better lives. It is also challenging for women to have access to small loans to uplift their situations because of poverty and their inability to meet the criteria set by micro-finance banks.

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### Key Policy Directions and Priority Actions<sup>15</sup>

- Recognise that sexual and reproductive rights are fundamental human rights.
- Human rights, including sexual and reproductive rights, must underpin the post 2015 development agenda.
- Address development issues holistically. For example, ending hunger and poverty will only happen with the recognition that this should be done in tandem with providing access to education, including comprehensive sexuality education, as well as health services, including for SRHR, water and sanitation.
- Address the challenges of reducing poverty, gender inequality, lack of realisation of SRHR as a priority, climate change, and political will and integrity.
- Guarantee that SRHR is included in the post 2015 development agenda, and that provision of universal access to high quality SRH services is comprehensive, which is not limited to maternal health and family planning, and prioritises youth access to SRHR information and services. Guarantee that SRH programmes are based on human rights framework, including the right to be free from discrimination, coercion and violence, and the principles of bodily integrity, dignity, and respect for diversity as part of affirmative sexuality.
- Eliminate laws and policies that impose barriers to achieving sexual and reproductive rights, and to accessing sexual and reproductive health information and services. Address cultural and religious barriers that do the same.
- Empower women by enhancing leadership and participation, improving access to education and employment, and giving women greater role in decision making in the households, communities and governments.
- Ensure that the Post 2015 development agenda has targets and goals that eliminate disparities between the most marginalised groups and the general population in different countries and regions.
- Assure meaningful participation of civil society and social movements in developing and implementing the new framework, including its monitoring and evaluation.

### Key Definitions

**Reproductive Health<sup>16</sup>:** Reproductive health implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and have access to safe, effective, affordable, and acceptable methods of fertility regulation of their

choice, and to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of healthy infant (WHO).

**Reproductive Rights<sup>17</sup>:** Reproductive rights embrace certain human rights that are already recognised in national laws, international human rights documents, and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (ICPD).

**Sexual Health<sup>18</sup>:** Sexual health implies a positive approach to human sexuality and the purpose of sexual healthcare is the enhancement of life and personal relations, as well as counselling and care related to reproduction and sexually transmitted diseases (adapted, UN).

**Sexual Rights<sup>19</sup>:** Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive healthcare services; seek, receive, and impart information in relation to sexuality; sexuality education; respect for bodily integrity; choice of partner; decision to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life (WHO working definition).

**Universal Access to Sexual and Reproductive Health Services<sup>20</sup>:** The ability of all persons according to their need to receive appropriate information, screening, treatment and care in a timely manner, across the reproductive life course, that will ensure their capacity, regardless of age, sex, social class, place of living or ethnicity [other factors include caste, citizenship, (dis)ability, marital status, sexual orientation, gender identity and religion, among others to decide freely how many and when to have children and to delay or to prevent [or to terminate] pregnancy; conceive, deliver safely, and raise healthy children and manage problems of infertility; prevent, treat and manage reproductive tract infections and sexually transmitted infections including HIV/AIDS, and other reproductive tract morbidities, such as cancer; and enjoy a healthy, safe and satisfying sexual relationship which contributes to the enhancement of life and personal relations (WHO).

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<sup>1</sup> ARROW. (2013). *Sexual and Reproductive Health and Rights for All – NOW!* Kuala Lumpur: ARROW. Retrieved from [http://www.arrow.org.my/publications/SRHR\\_for\\_All\\_Now.pdf](http://www.arrow.org.my/publications/SRHR_for_All_Now.pdf).

<sup>2</sup> Thanenthiran, S., Racherla, S.J.M., & Jahanath, S. 2013. *Reclaiming and Redefining Rights. ICPD+20: Status of Sexual and Reproductive Health and Rights in Asia-Pacific*. Kuala Lumpur: ARROW as cited in Asian-Pacific Resource & Research Centre for Women (ARROW). 2014. *Sexual and Reproductive Health and Rights in the Post-2015 Agenda: Taking their Rightful Place (Advocacy Brief)*. Kuala Lumpur: ARROW. Retrieved from [http://arrow.org.my/download/Advocacy\\_Brief\\_Food\\_Security\\_-\\_website\\_18072014.pdf](http://arrow.org.my/download/Advocacy_Brief_Food_Security_-_website_18072014.pdf).



- <sup>3</sup> Egyptian Initiative for Personal Rights (EIPR). 2013. *Reclaiming and Redefining Rights. ICPD+20: Status of Sexual and Reproductive Health and Rights in Middle East and North Africa*. Cairo: EIPR. Retrieved from <http://www.arrow.org.my/publications/ICPD+20/MENA%20Report.pdf>.
- <sup>4</sup> Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA). 2012. *Reclaiming and Redefining Rights. ICPD+20: Status of Sexual and Reproductive Health and Rights in Central and Eastern Europe*. Warsaw: ASTRA. Retrieved from [http://www.arrow.org.my/publications/ICPD+20/ICPD+20\\_Astra.pdf](http://www.arrow.org.my/publications/ICPD+20/ICPD+20_Astra.pdf).
- <sup>5</sup> Thanenthiran, S., Racherla, S.J.M., & Jahanath, S. 2013. *Reclaiming and Redefining Rights. ICPD+20: Status of Sexual and Reproductive Health and Rights in Asia-Pacific*. Kuala Lumpur: ARROW. Retrieved from [http://www.arrow.org.my/publications/ICPD+20/ICPD+20\\_ARROW\\_AP.pdf](http://www.arrow.org.my/publications/ICPD+20/ICPD+20_ARROW_AP.pdf).
- <sup>6</sup> Egyptian Initiative for Personal Rights (EIPR). 2013.
- <sup>7</sup> Latin America and Caribbean Women's Health Network (LACWHN). 2013. *Latin American and Caribbean Report: LACWHN looks at six Latin America and Caribbean countries: Argentina, Brazil, Colombia, Mexico, Nicaragua, Dominican Republic* Cairo+20, 2012. Quito: LACWHN. Retrieved from [http://www.arrow.org.my/publications/ICPD+20/ICPD+20\\_LACHWN.pdf](http://www.arrow.org.my/publications/ICPD+20/ICPD+20_LACHWN.pdf).
- <sup>8</sup> Silliman, J. (2009). In Search of Climate Justice: Refuting Dubious Linkages, Affirming Rights. ARROWs for Change (15)1 as cited in Thanenthiran, S., Racherla, S.J.M., & Jahanath, S. 2013.
- <sup>9</sup> Thanenthiran, S., Racherla, S.J.M., & Jahanath, S. 2013.
- <sup>10</sup> Latin America and Caribbean Women's Health Network (LACWHN). 2013.
- <sup>11</sup> Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA). 2012.
- <sup>12</sup> Ravindran, T.K.S. 2012. *Universal access to sexual and reproductive health in the Asia-Pacific Region: How far are we from the goal post? Thematic Paper 1*. In Beyond ICPD and MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in Asia-Pacific Region and Opportunities for NGOs at the National, Regional, and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement. Kuala Lumpur: ARROW. Retrieved from [http://www.arrow.org.my/APNGOs/Thematic\\_Papers\\_Beyond\\_ICPD\\_&\\_the\\_MDGs.pdf](http://www.arrow.org.my/APNGOs/Thematic_Papers_Beyond_ICPD_&_the_MDGs.pdf).
- <sup>13</sup> Excerpt from Malyn Ando's interview with Nanu Ghatani, a farmer and the Kavre District Chairperson of the Himalayan Grassroots Women's Natural Resource Management Association (HIMAWANTI) in *The Courage to Change: In Conversation with Nanu Ghatani*, ARROW for Change 20(1) Linking Poverty, Food Sovereignty and Security, and Sexual and Reproductive Health and Rights. Kuala Lumpur: ARROW. Retrieved from [http://www.arrow.org.my/uploads/20140616121147\\_v20n1.pdf](http://www.arrow.org.my/uploads/20140616121147_v20n1.pdf).
- <sup>14</sup> Shitu, S. 2012. *Entrepreneurship and Poverty Reduction: Issues and Challenges Faced by Women Farmers in the Middle Belt Zone (North Central) Africa*. The African Women's Journal. Nairobi: FEMNET. Retrieved from [file:///C:/Users/Erika-NB04/Downloads/FEMNET\\_JOURNAL\\_4\\_-\\_Jun\\_2012\\_-\\_Eng.pdf](file:///C:/Users/Erika-NB04/Downloads/FEMNET_JOURNAL_4_-_Jun_2012_-_Eng.pdf).
- <sup>15</sup> These recommendations are taken from or adapted from a range of advocacy documents, including the following: ARROW and partner's Sexual and Reproductive Health and Rights for All – NOW! ([http://www.arrow.org.my/publications/SRHR\\_for\\_All\\_Now.pdf](http://www.arrow.org.my/publications/SRHR_for_All_Now.pdf)); ARROW's Proposed Additions to the Post 2015 Women's Coalition Feminist Response and Recommendations (to the) Proposed Goals and Targets on Sustainable Development for the Post-2015 Development Agenda; Universal Access Project partners. Briefing Cards: Sexual and Reproductive Health and Rights (SRHR) and the Post-2015 Development Agenda ([https://d3n8a8pro7vhm.cloudfront.net/genun/pages/122/attachments/original/1407607969/SRHR\\_Briefing\\_Cards\\_FINAL.pdf?1407607969](https://d3n8a8pro7vhm.cloudfront.net/genun/pages/122/attachments/original/1407607969/SRHR_Briefing_Cards_FINAL.pdf?1407607969)); ARROW. 2014. Sexual and Reproductive Health and Rights in the Post-2015 Agenda: Taking Their Rightful Place ([http://arrow.org.my/download/Advocacy\\_Brief\\_Food\\_Security\\_-\\_website\\_18072014.pdf](http://arrow.org.my/download/Advocacy_Brief_Food_Security_-_website_18072014.pdf))
- <sup>16</sup> Asian-Pacific Resource and Research Centre for Women (ARROW). 2009.
- <sup>17</sup> Asian-Pacific Resource and Research Centre for Women (ARROW). 2009.
- <sup>18</sup> Asian-Pacific Resource and Research Centre for Women (ARROW). 2009.
- <sup>19</sup> Asian-Pacific Resource and Research Centre for Women (ARROW). 2009.
- <sup>20</sup> Ando, M.M. 2010. *Definitions. ARROWs for Change, The MDGs: A Critical Look and Some Proposals for the Post-2015 Development Framework, 16(1&2)*. Kuala Lumpur: Asian-Pacific Resource and Research Centre for Women (ARROW). Retrieved from <http://arrow.org.my/publications/AFC/v16n1&2.pdf>.