

Seizing the Pivotal Moment: NGOs Strategising for Sexual and Reproductive Health and Rights in Asia and the Pacific Post-2014

There are certain points in history that are considered pivotal: this is one of those times. There is a seeming seismic shift in power with the overthrow of some authoritarian leaders and governments, and a concretisation of that power, at a first glance, within two groups—the small, elite, cross-border extremely rich on the one hand, and religious political parties on the other hand. Our world is being shaped, for better or for worse, whether we like it or not. It still remains unclear whether the development community will emerge out of this with a concretised vision of a more equal and equitable world for all human beings, especially for women.

There is a need at this time to fully understand and fully engage. A renewed battle over women's rights, especially their rights over their bodies and their sexuality, clouded by the smoke and mirrors of cultural and religious relativism, masks a movement towards greater control over women and women's lives.

The scenario is further complicated by new movements for democratic governance, greater transparency and accountability and financial governance, as well as North-South divides. Addressing all of these issues are part of the feminist movement's struggles; yet, these movements may not result in the high prioritisation of substantive gender equality as the key demand. These paradigms also contribute to a siloed approach to development, which in turn promotes thinking that rights are relative and negotiable, especially women's rights, or that these rights are secondary rights.



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These are witnessed in negotiations where women's rights issues continue to be used as the bargaining chip. Therefore, the questions around power—who holds powers, and who does not; which groups are vulnerable and to what situations;

whose rights need to be championed—need to be reiterated with greater clarity and persuasion.

This is very apparent in Asia. In recent years, the region has witnessed great transformation of peoples and societies. We have our glittering towers, our fast cars, our luxury markets and our impressive economic growth rates at a time when the rest of the world is having the economic blues. However, for all of us who work on the ground, we know this is just one aspect of reality. The other aspect is that there are deepening inequalities and inequities between countries and within countries in the region. Consider this: the Asian Development Bank (ADB) released a statement in February 2012 that Asia-Pacific is well on its way to conquering poverty—having reduced from 50% to 22% the proportion of people living on \$1.25 a day between 1990-2009.¹ Despite this, 65% of people who are malnourished are in the region.² Asia and the Pacific is home to 578 million of the world's 925 million people who are malnourished, representing almost no change in the absolute number of hungry people in 20 years, despite rapid economic growth in most countries. Of that total, 91% live in just six countries: India, China, Pakistan, Bangladesh, Indonesia and the Philippines.²

Despite progress in access to education for girls, young women continue to lack access to tertiary education, women continue to be employed in informal and vulnerable jobs in unequal numbers, face high rates of violence, and have unequal access to land, financing mechanisms and recourse to justice.

In the area of sexual and reproductive health and rights (SRHR), 63% of the estimated 222 million women who have an unmet need for contraception come from Asia and the Pacific, and while unmet need decreased slightly in South Asia (-0.4%), and there was above average decrease in other sub-regions of Asia (-4.2% in Southeast Asia and -7.7% in Eastern Asia) between 2008 and 2012, unmet need increased by 6.8% in Oceania (the Pacific) in the same period.³ Outside of sub-Saharan Africa, South Asia has the highest number of maternal deaths; an estimated 2.8 million women in Asia and the Pacific suffer from morbidity due to pregnancy and childbirth that in many cases remain untreated and cause lifelong pain and psychological suffering.⁴

Socio-economic inequities are closely inter-linked with higher rates of unintended births. Although total fertility rates have declined sharply to 2.2 children per woman in 2009,⁵ women from the least developed countries, women with lower education, poor women and women who lived in remote, hard-to-reach areas as well as urban slums, have less access to contraception and hence, less control over fertility, and have more children than they actually want.⁴ This is especially pertinent in a region that has seen high but unequal economic development. Marginalised groups, such as migrant women, people with disabilities and indigenous women, particularly have difficulties accessing services and exercising their rights. It is also critical to point out that unintended pregnancies among adolescents and young women in the region are high, with some Pacific countries having the highest in the world and with almost 1 in 10 girls becoming pregnant by age 16 in South and Southeast Asia.⁴

It is easier to view the region with the idea that with more economic development in the long run, gender inequality will be erased. However, this is a deeply patriarchal region. Cultural, traditional and religious values determine the social norms and are regarded as the glue that holds society together. The social context of the region is far from stable, comprising of countries that are largely dependent on global markets and systems and yet, clinging to the differentiating element of 'Asian values.' In many societies, there has also been a return to traditional, cultural

values in the onslaught of globalisation, rapid modernisation and capitalism. The impact has been felt greatest with regards to women's rights and sexual and reproductive rights. There is a lack of progress on the issues that could be regarded as the litmus test for women's rights.

Asia and the Pacific continues to be vulnerable: it is the most disaster-prone region in the world and is not free from conflict. Conflict and disaster have left people more vulnerable than ever before. The region is host to some 10.6 million refugees, and in 2011, has seen the highest number of departures for resettlement in the world.⁶ Climate change will further cause an upward surge in migration in the region. From 2009-2011 alone, there were 55.7 million people displaced by climate-related and extreme weather events in the region.⁷

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The commodification of health and the weakening of health systems have eroded the ability of people to access essential health services, including vital sexual and reproductive health services.

Achieving gender equality is not only about enabling girls and women to go to schools and universities, to go to work, and to go to Parliament; it is about dismantling existing inequitable power structures. We cannot conclude that power has shifted in any meaningful way in our region to provide full equality to women: equal opportunity, equal access, equal power and equal citizenship.

To demonstrate the bias in systems (and the system is biased towards men, heteronormativity, education,

power and status beyond the usual class, caste, race and geographical location differentials) is no easy task in any society. It is not easy to identify the problem, to name it, to provide solutions for it and most of all, for public buy-in—to communicate it.

It is no easy task because there exists a paradox: that the individual, even when critiquing systems which fail society, somehow thinks that the system is going to work in his/her favour.

Despite this, as an NGO community, representing the voices of those who are not heard, marginalised or dismissed, we have to try our best to ensure that this pivotal moment actualises in a paradigm which is based on the desire for a more equal and equitable world for all, especially for women.

The Beyond ICPD and the MDGs regional meeting organised by ARROW, with support from the German government and UNFPA, intended to locate SRHR within a broad development agenda. It aimed to look at the inter-linkages between SRHR and what we anticipate to be the deeply political issues of poverty, food security, migration,

climate change and health rights that will be driving the next development framework.

In the past, ARROW consistently reported on the status of fulfillment of the ICPD PoA across Asia at the +5, +10 and +15 anniversaries, as we see this as critical to ensuring government accountability. In preparation for this meeting, we also embarked on a questionnaire survey participated in by about 50 key organisations in the region in order to gauge the perspectives of organisations working on the ground. Additionally, at this meeting, we have ensured that more than 120 representatives from different organisations and movements across generations invigorate the discussion and develop the agenda for Asia and the Pacific.

There seems to be several windows of opportunity for us NGOs working in the SRHR arena. The first is the ICPD review process which is happening at the global, regional and national levels. One part of this is the Operational Review, which presents the opportunity to use a technical positioning of critical, and yet much contested issues, such as access to safe abortion services, young people's access to comprehensive sexuality education and sexual rights in a framework of a technical UN document which cannot be diluted by negotiation. Another opportunity is the proposed world conference on women, which provides the opportunity to provide the impetus for women's equality and equity. A third opportunity is the MDG review process and the upcoming new development framework, which again provides an opportunity for us, as the SRHR community, to be proactive and proposed a full development goal on SRHR to provide drive and momentum to our agenda. It is important to us as NGOs to engage within these processes, and it is as important to innovate outside of the box and to

drive thinking on the ways and means of repoliticising the SRHR agenda.

Finally, it is necessary to ask the difficult, critical, and the big questions. Do the current, existing systems work for women? Can these be made to work for women? Is the need to innovate within systems? Or is the need to replace these systems?

Endnotes

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About This Special Bulletin Edition

This *ARROWs for Change* Special Edition crystallises the presentations, conversations and discussions made at two regional meetings that ARROW convened on 2-4 May 2012 in Kuala Lumpur, Malaysia, with the support of the German government through GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit) and of the United Nations Population Fund (UNFPA). These meetings are: "Beyond ICPD and the MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific Region" and "Opportunities for NGOs at National, Regional and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement."

The extensive discussions and conversations at these two regional meetings led to three important, concrete outcomes. The first was the development of the Kuala

Lumpur Call to Action, which spells out 12 specific demands of more than 120 activists and advocates from across generations and organisations and movements in the Asia-Pacific region from governments, international organisations, including the United Nations agencies, development partners, and other duty bearers, to prioritise SRHR agenda for sustainable development in the region (download at: www.arrow.org.my/APNGOs/KL_Call_to_Action.pdf). The second was the development of sub-regional action plans and a regional action plan for advocacy in the lead-up to 2014. Finally, the meeting led to the formation of the Asia-Pacific Partnership for SRHR and Sustainable Development, an alliance that would work towards ensuring the follow-up of the meeting outcomes.

Please access the full meeting report at: www.arrow.org.my/APNGOs/Proceedings%20Report_Final.pdf



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Reframing the Horizon of Possibilities: SRHR and Women's Rights in Asia and the Pacific

The neo-liberalisation of feminisms, culture, politics and history. This article reflects on the broader political moment—the current global political and economic configuration—and its implications for our work as feminists and SRHR activists in Asia and the Pacific.

I want to raise two issues for discussion. The first concerns the naturalisation of neoliberal values in mainstream feminism (in the Global South and the North). The dismissal of structural issues and intersectional analyses, the hollowing out of feminist notions of empowerment, and the corresponding valorisation of the consumer-citizen are symptoms of this naturalisation.

Second, I want to address recent polarisations among feminists on the relationship between culture, religion and rights. Increasingly, we find that politics and economy are culturalised; that is, political and economic problems are reframed as cultural problems. At the same time, questions of culture and religion are deeply politicised. Meanwhile, women's rights and empowerment discourses have become entangled with securitisation discourses, giving rise to uncomfortable complicities with imperial agendas.

Multiple crises and the historical moment. We are at a juncture not just before the 2014 ICPD meetings, but after one of the most wrenching financial crises globally, the repercussions of which will be felt for a long time. Unregulated financialisation and corporatisation have produced unimaginable wealth and unprecedented inequality. Inequality is not only at the level of resource and income distribution, but also in terms of agenda setting, prioritisation and decision-making.

Development as usual is NOT working—despite the accompanying rhetoric of democracy and human rights.

Opportunities and beginnings. Nevertheless, this is a hopeful moment. The Beyond ICPD and MDGs meeting is happening after the Occupy Wall Street protests, and after the Arab uprisings. Moments like this, of instability and disruption, open up spaces for new beginnings, new ways of understanding and re-imagining the world.

Emerging alliances have forced commentators to rethink older narratives about priorities, patriarchies and solidarities. Events in Egypt, for instance, remind us that viewing the world through a secularism/Islamism lens is profoundly flawed, for feminists and others. Secular regimes by themselves do not guarantee the protection of women's rights and the promotion of gender equality.

The meeting is also happening in a time of a War on Women, or rather of multiple wars on women. In the United States, women's rights are dangerously imperiled. Reproductive rights are under vicious assault, ironically enough, through the appropriation of the language of individual rights. For instance, anti-abortion groups are lobbying for the recognition of a fertilised egg as a person with rights. Debates rage over whether or not health care providers have the right to refuse emergency contraception to rape survivors, or if states legislatures should ban abortion, even in cases of rape and incest. In an election year, US feminists have rightly labelled this legislative assault a war on women. In practice, it is a war fought primarily on the bodies of poor and immigrant women.

Feminist futures: Beyond nationalist backlash and neo-colonial rights. But what does all this mean for activists and advocates in Asia and the Pacific? Among other things, the triumphalism of IMF/WB style neoliberalism has naturalised a specific vision and language of progress and development, one in which the market regulates society, rather than society regulating the market. It follows that the market produces visions of the ideal society. All policy is geared toward producing what can be called market citizenship. Among other things, states are not responsible to citizens who must compete as consumers, even of basic services.

In this discursive landscape, the languages of mainstream feminism and neoliberalism have become entwined. Female empowerment is no longer about social transformation, but about the ability of individuals to compete in the market and the freedom to consume.

The privileging of individual autonomy undermines collective efforts for social transformation, and erases social relations of power.

In real life, agency and choice do not unfold in a vacuum. The landscapes of power—castes, class, religion and sexuality, all inflected by markets, media and the state—critically shape individual women's worlds and choices. We must be vigilant about celebrating a notion of individual agency that shifts the responsibility and the risk of success/failure to individual women, leaving states and markets unaccountable.

Finally, when priorities are set elsewhere, the overall effect is an increasing narrowing of the language of what is possible to hope for. Should female empowerment be reduced to the capacity to compete in the marketplace?

'Rights' versus 'Culture'? What happens when 'culture talk' replaces political analysis? What work does the selective invocation of tradition/religion do geo-politically?

First, by casting culture as the source of all oppression, this discourse provides fodder for right wing forces, both to defend rigid notions of culture, and to represent feminism as a western/imperialist ideology.

Second, by privileging the cultural, questions of class, inequality and lop-sided growth within and between nations are displaced. Further, the threat of extremism can become a cover or excuse for neoliberal abuses—which are not seen as abuses, but as necessary for women's freedom.

Third, because it speaks in the name of women's and human rights, feminists in/from the Global South are presented with an untenable choice—denounce their

'culture' or their feminist ethics. This is a false choice. We do not want to feed into those binaries or replay battles between nationalists and colonisers.

The racist and missionary overtones that underlie efforts to 'save' African/Asian/Arab/Muslim women from their cultures closely echo colonial efforts of an earlier era. I suggest, as have others, that we cannot understand right-wing backlash and popular outrage without taking into account the enduring legacies of our colonial histories and their relation to our imperial present. We have to ask, for instance, why policy interest in female genital cutting or veiling arises in times of economic and social crises in the North, and at the same time as popular anxieties over migrant racial Others.

We are having our agenda hijacked not just by the right wing but in the name of women's rights, which is a very dangerous trend. Feminists who want to fight against global inequality and for social justice must refuse to take sides, and chart out an autonomous zone. They must confront both ethno-nationalist/religious backlash, and the hijacking of rights discourse by neo-colonial forces. As feminists, we need to find different registers for solidarity.

We must find a way to extract ourselves from the kind of futile battle that took place at the

Commission on the Status of Women this year, where two weeks of lobbying and wrangling by governments and NGOs failed to produce, for the first time, an outcome document. No doubt conservative forces, including the OIC and the Holy See, instrumentalised the issue of early marriage, but they were effective because they drew on sentiments generated by real histories of colonial and imperial exploitation and extraction.

My point is not that religion or culture is never a problem but that effective interventions call for nuanced analyses of the entanglements of culture, geo-politics and the economy.

It is time to change the terms of the debate and reset the agenda. That means we must confront power; not work within its parameters. We cannot do this if feminist NGOs are funded by sources that reproduce the values of the neoliberal economy. The moment calls for great vigilance, and a remapping of our imaginations.

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Universal Access to Sexual and Reproductive Health in Asia and the Pacific:

How Can We Get from Here to There?



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The ICPD Programme of Action calls on governments to realise universal access to reproductive health:

“All countries should strive to make accessible, through the Primary Health Care system, reproductive health to all individuals of appropriate ages as soon as possible, and no later than the year 2015.” (ICPD PoA paragraph 7.6).¹

Defining universal access. Access to sexual and reproductive health (SRH) is a wider goal than access to services for SRH, and depends on broader social determinants of health. The focus of this paper is access to SRH services, one of the crucial determinants of sexual and reproductive health.

Universal access to SRH services may be defined as “the absence of geographic, financial, organisational, socio-cultural and gender-based barriers to care.”² There are two sets of factors that influence access: supply-side or health system factors, which include affordability, availability, acceptability and quality; and demand-side factors, such as lack of information and decision-making power, restrictions on mobility, social exclusion and discrimination.

Access to SRH services: The current scenario. Formidable barriers have been encountered in moving forward towards universal access to SRH services, ranging from lack of political will to outright opposition, and inadequate commitment of financial resources. A recent assessment of progress towards universal access to sexual and reproductive health services in 21 countries in Asia and the Pacific³ highlighted the considerable gap between the present situation and the desired goal post.⁴

For example, more than a fifth of all women in the

reproductive age group had unmet need for contraception in the vast majority of countries examined. In eight countries, more than 50% of women delivered with no skilled help. Access to safe abortion services was poor, and unsafe abortions accounted for 10-16% of all maternal deaths in the region. Barring a few exceptions, coverage by anti-retroviral (ARV) therapy was below 50% of all people living with HIV, while coverage by ARV of pregnant women living with HIV was lower than 25% in all but four countries. Sexuality education in secondary school curricula focused more on knowledge and less on life skills. Contraceptive prevalence rates were low, suggesting that sexually active adolescents may not have the means to control their fertility. While between a quarter and half of the adolescent girls had knowledge related to HIV testing, less than 5% of adolescent girls actually got tested.⁴

Macro-factors affecting universal access. Attempts towards realising universal access to sexual and reproductive health in Asia and the Pacific will have to take cognisance of the social determinants of health: poverty and social and economic inequalities, hunger and malnutrition, unemployment, poor living and working conditions of the people, and the disadvantages that women experience as a result of gender-power inequalities. Economies in crises do not lend themselves to improvement in people’s well-being.

Another overarching challenge that needs to be tackled is the fragmentation of ICPD’s comprehensive sexual and reproductive health agenda into narrow silos of ‘maternal health,’ ‘HIV and AIDS,’ and ‘other sexual and reproductive health needs’ (which receive more lip service and less

investment or political commitment). There is need, not only to revive the ICPD agenda, but to expand it to include the needs of population groups who have remained invisible within this agenda—e.g., people of diverse sexualities, persons with disabilities and older persons.

Significant barriers to accessing SRH services are posed by gender-power inequalities in society. Women's limited decision-making power, including on matters relating to their own health, is an important determinant of contraceptive use and practice of safe sex. Restrictions on women's mobility, women's hesitation and lack of experience in travelling unescorted and social norms against being examined by male providers are all factors discouraging use of sexual and reproductive health services in the limited number of instances where they are available and affordable. Health system blindness to gender-related barriers exacerbates these difficulties.

Health system barriers to universal access. There are a number of health-system barriers to universal access, of which financial barriers would be one of the most important. Out-of-pocket health expenditure is substantial and acts as a deterrent to seeking sexual and reproductive health care in many countries. One approach to addressing financial barriers has been through targeted interventions, some of which impose conditionality for financial assistance. While these have succeeded in increasing overall utilisation, they have been unable to achieve full coverage of the poorest groups and unable to fulfil their objective of mitigating catastrophic health expenditure. Needless to say, even those covered would only get access to care if services were actually available.

There are also huge gaps in availability of services. The health professional/population ratio and the bed/population ratio fall considerably short of requirement in the majority of countries examined.⁴ They are also often distributed unequally across different regions of the country and across rural and urban locations. Availability of reproductive health commodities are also a concern for many countries, especially for those dependent on donor funding and imported supplies.

Legislative restrictions on safe abortion services and policies that restrict the access of adolescents and young people to several sexual and reproductive health services are another major supply-side barrier. Even where policies are favourable, social norms prevent many women and girls from using services, and health providers may themselves act as gatekeepers to prevent access to services.

What would be the way forward in addressing these barriers? How do we get from here to universal access?

An agenda for action

- Universal access to sexual and reproductive health needs to be seen within the context and the larger goal of universal access to health care overall. Siloed approaches that narrowly focus on one specific area, such as reproductive health or HIV and AIDS, could result in inefficient investment of resources in weak health systems (and may

even result in their further weakening) and not achieve the desired goal.

- Reducing the proportion of health expenditure from out-of-pocket payment and increasing the proportion of government spending should be one of the first action points in any intervention towards universal access.

- Tax-revenue-based funding aimed at universal rather than targeted coverage, and including a reasonably wide range of sexual and reproductive health services to offer adequate financial protection would be the path to pursue. For countries with a narrow tax base, a beginning could be made with a narrower essential services package with a commitment to progressively widening the package.

- Substantial investment in increasing availability of services overall and prioritising closing the gap in distribution of services across rural/urban locations and geographic regions of the country are important areas for immediate action.

- There is insufficient evidence on the ability of social franchises in reproductive health to justify the considerable donor investments on such schemes. These resources may be better invested in strengthening availability and better distribution of health care services, increasing the availability of human resources and achieving reproductive commodity security.

- Consultation with communities about appropriate and acceptable health care services is essential to greater usage. In many instances, negotiation and cooperation between state health care providers and community-based organisations can resolve the cultural and social barriers to access.

- Last but not least, investment and action are needed in increasing health system responsiveness to gender-based inequalities deterring access to much needed services. Some examples are: making services available at suitable locations and timings, integrating different sexual and reproductive health and other needed services, and facilitating women's informed participation in their own health care.

Endnotes

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Facing Reproductive Health Risks: Women as Food Producers and Buyers

Women in agriculture. It has long been acknowledged that women contribute a substantial share of their labour and time to agriculture.¹ On average, women constitute about 43% of the agricultural labour force in developing countries. In East and Southeast Asia, this is about 40-50%. On the other hand, this is just over 30% in South Asia, although this average masks changes in countries within the region. In many countries in the region, women's share in the agricultural labour force has increased in the past 20 years.^{2,3}

These women are smallholder farmers engaged in the processes of producing and selling food, i.e., from making nurseries and planting to harvesting, drying and selling.

In India, a large number of women are employed informally—as unpaid workers—usually on family farms and agricultural enterprises. They are also heavily involved in the care of livestock at a small scale.

Women are just as prominent in fisheries and aquaculture, where they comprise about 30% of total employment in fisheries.⁴ It has been noted that women mainly do subsistence and commercial fishing, but their role is most significant in fish processing and marketing.³

Agriculture remains to be the most critical source of employment for rural women. For years, they have been facing challenges that severely limit their effective participation in agriculture. They do not have access to the most basic resources that they need to be able to be productive—land, water, credit, technology, extension services and crop insurance.³

Evidence shows that women are less likely to own and operate land in South Asia.⁵ In India and Nepal, for example, less than 10% of women own lands.⁶ Without land, women do not have assets and their security of tenure is temporary. Moreover, they could not gain credit; in most countries, women who could get credit is about 5-10% lower than men. Without credit, women would hardly have the money to buy seeds and fertilizers or to invest in irrigation and water pumps.³

The FAO State of the Food and Agriculture 2010-2011 calculated that if women had access to agricultural inputs, this would increase agricultural productivity, on average, by 2.5-4%. FAO further argues that an increase in agricultural productivity by this much would result in the reduction of undernutrition by 12-17%.

Reproductive health risks

As food producers. Smallholder farmers, many among them women, run the risk of acquiring diseases that affect their reproductive system. Available studies demonstrate specifically the linkages between the use of pesticides and pregnancy outcomes, as well as the effects of these on sperms.⁷

For instance, a retrospective cohort study was conducted to compare pregnancy outcomes in farming households that used pesticides conventionally with those that practiced integrated pest management (IPM)⁸ in Nueva Ecija, Philippines, from 1998 to 1999. This study showed that the incidence of spontaneous abortion was significantly

higher among conventional pesticide users (CPUs) than among the IPM households. Similarly, birth defects were more common among CPUs than the IPM group.⁹

An earlier study in Shanghai, China in 1992 showed similar results, although this was not focused on pesticides alone. The study was conducted in 29 hospitals in Shanghai and the sample included 1,875 perinatal deaths and newborns with birth defects. It examined mother's

exposure to occupational radiation, chemicals, noise and pesticides. On the effects of pesticides, the study found that women exposed to pesticides during pregnancy had an increased risk of threatened abortions, as well as giving birth to small-for-gestational age babies. The study also found that higher than expected numbers of congenital anomalies in the central nervous system were identified among women exposed to pesticides during the first trimester of pregnancy.¹⁰

In 2003, there was a study that explored the association between greenhouse workers' exposure to specific pesticides and spontaneous abortion among their spouses. The results of the study revealed that there was a significantly higher rate of spontaneous abortion among spouses of workers exposed to pesticides in comparison with spouses of the unexposed workers.¹¹

As for the effects of pesticides on human sperm, a systematic review carried out in 2008 showed that the studies were uncertain as to the potential of these pesticides to cause DNA damage and numerical chromosomal damage. The review calls for further research and studies.⁷

Outside of pregnancy outcomes and sperm parameters, there are few studies conducted that relate reproductive health and rights to food security and hunger.

In order to move forward on the agenda of women in agriculture and address their reproductive health risks, it is essential that we address macro-economic and structural issues.

As food buyers and consumers. Price increases affect poor women and men who spend most of their money on food. While these price hikes do affect men, women are affected disproportionately because of their roles as caregivers and as being responsible for ensuring food security for the household: they work in more jobs or work longer hours; and sell property and assets.^{12,13} Girls and young women entered into sex work in Kenya and Zambia as a way to cope with increase in food prices, which also reportedly increased their risk of pregnancy and of contracting HIV.^{13,14}

Price hikes also result in women eating cheaper, less nutritious and less food than they would if food were accessible.^{12,13} This further exacerbates women's poor health and nutrition in contexts where traditional norms hold that women and girls are the last and least to eat, after men and boys, and impacts on their health and nutritional status. While much of the research on gender inequalities in food allocation are done in South Asia, this has also been documented in Southeast Asia and the Pacific, such as Papua New Guinea and the Philippines.¹⁵ Chronic undernutrition can have adverse health consequences for women, especially during pregnancy and childbirth. Iodine deficiency during pregnancy could result in stillbirth, spontaneous abortion and congenital abnormalities, while vitamin A deficiency causes night blindness.^{15,16} Iron and folate deficiency could result in anaemia, which is debilitating and life-threatening, if left untreated.

Ways forward. In order to move forward on the agenda of women in agriculture and address their reproductive health risks, it is essential that we address macro-economic and structural issues. International, regional and national efforts should strengthen the smallholder farmers, bearing in mind that many of these are women.

Efforts should focus on realising women's rights and entitlements, including governments promoting and protecting women's property and inheritance rights; women having access to resources—from inputs to post-harvest and marketing facilities—that are indispensable to agricultural productivity; and women having the ability to capture a fair value of their produce.

Organising smallholders and food producers into cooperatives or associations is also important. As part of this, capacity building, especially of women, on the agro-ecological way to produce food and on the food chain—including management, procurement, logistics and marketing, among others—need to be carried out. It is also important to facilitate knowledge sharing among smallholders and food producers; ensure that indigenous traditional modes of planting be shared and practiced together with acceptable forms of technology, and ensure that smallholders, particularly women, participate in decisionmaking processes of national and local governments.

It is also critical to support smallholder farmers in moving from unsustainable modes of agricultural production to agro-ecological ways to produce food. Governments and development partners must support smallholder farmers through social protection measures, such as cash transfers and food-for-work programmes, among others.

Finally, research on the various stages of the food value chain and how these affect SRHR should be undertaken.

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Addressing Sexual and Reproductive Health and Rights in the Context of Climate Change

The Asia and Pacific region encompasses some of the world's most vulnerable zones to climate change—the Ganges/Brahmaputra valleys, Bangladesh, the Maldives, the Marshall Islands and Tuvalu. It is home to many small island states, and features arid and high mountain zones and densely populated coastal areas that are considered particularly vulnerable to climate change. Rising sea levels threaten islands that are at risk of being submerged. The region also has many tropical and temperate forests that are increasingly experiencing deforestation, and is home to many indigenous peoples who are more vulnerable due to their greater dependence on forests and other natural resources to meet their subsistence and livelihood needs. The region has many climate change refugees, also known as climate change forced migrants, who have had to shift to secure their livelihoods in increasingly tenuous circumstances.

Given the glaring gender inequalities that exist in the Asia and Pacific region, coupled with the fact that the region will be severely impacted by climate change, it is crucial to understand the risks brought by climate change, and put in place policies, processes and programmes to reduce them.

Climate change has social consequences—it exacerbates the underlying causes and intensifiers of inequalities, including poverty, gender power imbalances, HIV and AIDS and food insecurity. It magnifies inequities between rich and poor countries and between rich and poor people within countries.

Moreover, men and women are differently impacted by climate change, because their roles and responsibilities are differently constructed. Women in much of the developing world depend on natural resources to meet the livelihood needs of their families, and are natural resource managers and leaders in grassroots environmental struggles. Consequently, to mitigate and adapt to climate change conditions, women and girls must be empowered, so they can take action to enhance environmental protection, and use technologies that are less polluting/energy intensive. Greater attention needs to be given to address the health needs of women and girls in the context of climate change.

However, some environmentalists and population control advocates, instead of examining the underlying causes of inequalities, make simplistic links between climate change and population growth, asserting that more people result in more GHGE that exacerbate global warming. They focus on reducing birth rates to address climate change, ignoring other demographic factors that are integral components of the population-climate change equation. Urbanisation trends,

Climate change refers to changes in climate over time. Higher temperatures lead to a build-up of Greenhouse Gas Emissions (GHGE) in the earth's atmosphere, giving rise to climate change, as seen in unpredictable and unnatural weather patterns, drought, desertification, floods and cyclones. The largest emissions of GHGE (both historical and current) originate in developed countries. The military industrial complex is a primary source of emissions, as are large-scale corporate practices that pollute the environment on a grand scale and emit a huge share of GHGE.

immigration patterns and, perhaps most importantly, per capita resource consumption, all interact with population size to affect the environment.

Singling out only one factor—birth rates—as the problem and the solution is doomed to be ineffective. A narrow focus on reducing population through family planning to address climate change, as was seen by some environmentalists and the family planning lobby, in the lead up to Rio+20, has many drawbacks. It could undermine women's sexual and reproductive health and rights (SRHR), and foil efforts to attain a comprehensive approach to reduce climate change.

The outcome document of the Rio Summit did not have references to addressing climate change through population reduction. However, it is alarming that the Vatican, with a few conservative governments, attempted to block references to gender quality and women's rights, including to SRHR, claiming that these have nothing to do with sustainable development. While the outcome document in the end affirmed gender equality, the International Conference on Population and Development Programme of Action (ICPD PoA) and the Beijing Platform of Action (BPfA), and included sexual and reproductive health, it remains disappointing. It did not make any reference to sexual and reproductive rights, did not acknowledge linkages between gender and climate change and, overall, did not exhibit full commitment to real progress across all pillars of sustainable development.

Building on the evidence at hand, and resisting ideologically motivated efforts to link climate change with fertility reduction, sexual and reproductive health (SRH) is best treated as a subset of women's health issues. As women's health is compromised, so is their SRH needs and concerns. It is also crucial to put rights at the heart of any intervention. Here I spotlight the numerous ways in which climate change

indirectly impacts SRHR, and offer some recommendations so as to ensure that the research, resources, appropriate policies and services are directed to promote and protect SRHR in the context of climate change.

Climate sensitive sectors particularly impacted by climate change include: Agriculture and Food Security, Energy, Water and Forests. Women are key food, fuel and care providers. Climate change has serious ramifications on food security, impacting availability, access, utilisation, as well as the stability of food supplies. Reduced food intake makes pregnant women more vulnerable, affecting maternal health, which could lead to low-birth weight babies and heighten the risks for child mortality and malnutrition, as well as maternal mortality. In the area of water resources, climate change would reduce the potable drinking water available, and the quality of water would be jeopardised. This would likely lead to an increase in vectors and viruses associated with higher temperatures and heat induced by climate change. Pregnant women and girls are more susceptible to water-borne diseases, particularly malaria that leads to anaemia with consequences for maternal mortality.

As women and girls are primary collectors of water and fuel for household use, they already are traveling further for these resources. Traveling longer distances poses a risk factor for women and girls as they become more vulnerable to sexual assault, made worse in times of conflict. There is evidence that walking longer distances with heavy loads has led to higher rates of miscarriage. The loss of medicinal plants, due to loss of forests, affects resource poor women who rely on these plants for treatments, including treatment for their sexual and reproductive health.

Climate change-induced disasters also have implications for SRHR. Evidence shows that women and girls are more vulnerable in times of disaster as protections from partners and families are in disarray. Post-disasters witness increases in early marriage, school dropouts, sexual harassment, trafficking and greater incidence of sexually transmitted infections (STIs) and violence towards women and girls.

To promote and protect SRHR, it is necessary to:

- Further develop the evidence base regarding the linkages between climate change, gender and SRH;
- Conduct research on the causes of climate change, pollution from fossil fuels and the SRH impacts;
- Identify the key policy, resource, and institutional gaps to ensure that issues of SRH and climate change are a priority in the future;
- Ensure that adaptation strategies are responsive to gendered vulnerabilities;
- Increase investment in rights-based sexual and reproductive health services, including contraception, that uphold the ICPD Programme of Action principles;
- Ensure that disaster relief resources, strategies and tools include and address GBV and SRH for women and girls, as well as for people of diverse gender and sexual orientation;



Photo by Edrissa Mayenne Magat

Locals and a rescue team brave the flooded streets to bring a pregnant woman, about to give birth, to a nearby hospital in Metro Manila, Philippines. A large part of the metropolis was flooded due to non-stop rains. Like many other countries in the region, the Philippines is vulnerable to the impacts of climate change.

- Ensure that all national plans addressing climate change adaptation and mitigation plans include the provision of SRH services, delivered in the context of primary health care, accessible to marginalised women and youth, and not just narrowly targetting family planning;
- Ensure that the particular vulnerabilities of adolescents are addressed so they do not drop out from school, face early marriage or are more vulnerable to unwanted pregnancies, STIs and sexual violence as a consequence of climate change;
- Support women's leadership in multi-faceted climate change responses;
- Refute and challenge discourses that blame women's fertility for climate change; and finally,
- Ensure that the +20 review processes for ICPD and Beijing, the MDG review process, the Sustainable Development Goals, and the new post-2015 development agenda recognise the importance of women's rights, including their sexual and reproductive health and rights, as critical to sustainable development; and set goals and targets to reach universal access to SRH and advance sexual and reproductive rights, within a wider frame that addresses poverty, gender inequality and environmental concerns and ensures social justice.

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Navigating Borders, Negotiating Bodies: Sexual and Reproductive Health and Rights of Women Migrant Workers in Asia and the Pacific

Asia and the Pacific have experienced massive migration flows in the last three decades. In 2010, Asia had 61.3 million international migrants, representing close to 29% of the total global figure.¹ Meanwhile, in the Pacific, there were approximately six million international migrants in 2010 (3% of the total migrants). Significantly, women comprise 42.1% of migrants in Asia and 51.3% of migrants in the Pacific from ages 20–64.¹ Among the top ten emigration countries worldwide, five are from the region, namely: China, Bangladesh, India, Pakistan and the Philippines.²

Migration, especially in the South and South East Asian subregion, is dominated by labour migration, with countries that either send (e.g., Bangladesh, Indonesia, the Philippines) or receive (e.g., Korea, Malaysia, Singapore, Thailand) migrant workers.

While not the subject of this article, it should be noted that apart from labour migration, Asia and the Pacific also experience the movement or displacement of people due to disasters and internal conflicts. China and Pakistan experienced unusually heavy floods in mid-2010, which displaced over 15 million and 11 million people respectively.³ In the same year, Bangladesh, China and the Philippines also experienced severe storms.³ The Pacific subregion was severely affected in 2009 when wildfires swept through Australia and an earthquake of magnitude 8.1 hit Samoa, followed by a tsunami.⁴

Migration, Gender and SRHR. Migration, as a process and an experience, plays out differently for women and men. Migration can enable women to improve their lives and change oppressive gender relations. However, it can also entrench traditional roles and inequalities and expose women to new vulnerabilities as a result of precarious legal status, exclusion and isolation.⁵

The gender dimensions of migration are nowhere more pronounced and evident than in the area of sexual and

reproductive health and rights (SRHR).⁶ In national and global discourses on human development, SRHR issues are among the most contested domains. In the case of migrant workers, their sexuality and reproductive health are subject to state regulations and policies. Most migrant workers, especially those from the service sector and low-skilled/semi-skilled categories, migrate as a single unit and are not allowed to bring their families. They are also subjected to pre-departure and post-arrival screening for

pregnancy, sexually-transmitted infections (STIs) and HIV as a requirement for overseas work in all the Gulf States and in Asian countries such as Malaysia, Singapore and Taiwan. Testing positive for these tests will render them ‘unfit’ to work. In countries with very restrictive settings, women migrants are forbidden to interact socially and sexually with men they are not married to.⁷

Migration impacts on the SRHR of women migrants, who travel with their sexual histories and SRHR notions and practices. Women migrants experience sexual and reproductive health issues, which are often a result of their day-to-day life at work, as well as from their social and sexual interactions with people they meet. There are several factors that impact greatly on their SRH

status and these include their level of knowledge about SRHR, their employment and legal status, and their access to SRH services and information.

In a study conducted by Action for Health Initiatives (ACHIEVE), Inc. with Filipino women migrant domestic workers in Hong Kong, among the SRH myths mentioned were: “the Pap smear is for ‘cleaning’ the vagina” and “wearing a wired bra is bad for the breast.”⁷ In another study among female migrant domestic workers in Sri Lanka, over 50% of the women believed HIV could be transmitted by mosquitoes, over 25% did not know that condoms could provide protection from HIV, and a

Migration impacts on the SRHR of women migrants, who travel with their sexual histories and SRHR notions and practices. Women migrants experience sexual and reproductive health issues, which are often a result of their day-to-day life at work, as well as from their social and sexual interactions with people they meet.

majority believed that someone with HIV or AIDS could not look healthy.⁸

A crucial determinant of migrant workers' SRH status is their employment status. Being legally employed entitles them to certain benefits such as health insurance, which is mandatory in some countries like Hong Kong and Singapore. However, having insurance is not a guarantee that they will avail of the services due to several reasons, such as, the negative attitude of their employers, the fear of job termination once an illness is confirmed, the possible costs that they might incur if the insurance coverage is limited, and cultural and communication barriers.

Migrants do not leave their sexual and reproductive lives behind once they cross the immigration border. Without correct knowledge and behavioural intent to protect themselves from risks, they could end up experiencing a host of SRH-related problems. In places where contraception is not readily accessible, available or affordable, migrant women who engage in unprotected penetrative sex run the risk of getting pregnant or contracting an STI, including HIV, which could result to deportation. Some end up seeking unsafe and clandestine abortion facilities to avoid the threat of losing their jobs. Women migrant workers, particularly those working in the service sector, are also vulnerable to violence and abuse. Many domestic workers experience sexual abuse from male members of the household they are employed in. In countries like the Gulf States, women who get pregnant as a result of forced or coerced sex, get imprisoned, whipped and deported.⁷

Challenges and Opportunities. Women migrant workers are confronted by the intersecting dimensions of race, citizenship, class, gender and sexual orientation and gender identity, amongst others. Addressing their SRHR entails anchoring it on their human rights as migrant workers. However, very few destination countries have taken steps to ensure access to social and legal protection for migrant workers, including access to health services. The 1990 UN Convention on the Protection of the Rights of Migrant Workers and Members of their Families, which entered into force in July 2003, only has 46 States Parties which are mostly origin countries for migrant workers.

Despite the challenges, there are a number of countries in the region, who have begun to take proactive steps to address health issues of women migrant workers. These include: development of policies that provide registered migrant workers with access to basic health services such as in Thailand and Hong Kong; implementation of

programmes such as pre-departure orientation for migrant workers in the Indonesia and the Philippines; and, creation of structures or mechanisms such as an inter-ministerial migration and health committee in Sri Lanka.

In order to address SRHR needs of migrant workers, multi-sectoral collaboration at the country level and cross-border cooperation between countries of origin and destination must be strengthened. Such approach is enshrined in the Millennium Development Goal (MDG 8), which promotes global partnerships for development, including migration. SRH and migrants' rights advocates should also utilise platforms such as the framing of the post-2014 sustainable development goals (SDGs) and the International Conference on Population and Development (ICPD), which will mark its 20th year on 2014.

At the regional and global level, existing bodies and platforms that address migration and/or health, such as the UN, World Health Assembly, Global Forum on Migration and Development, ASEAN, SAARC, and the Secretariat of the Pacific Council should be constantly monitored and pushed to address the issues and engage civil society organisations and migrant workers' associations in the response.

Addressing SRHR is about integrating key human rights

concepts into sound public health approaches. The key principle is to eliminate disparities in access to health services, facilities and goods between migrant workers and host populations, bearing in mind the financing implications into existing health systems. It also means creating an enabling environment for migrant workers to enjoy and fulfill their health rights, including sexual and reproductive health and rights.

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Moving Beyond the Religious and Secular Divide¹

Commonly referred to as 'religious fundamentalism' and/or 'religious extremism',² the use of religion as a political tool to control women and to curb the support for their human rights has been extensively observed in the past 20 years. This can be seen as a response to the recognition of reproductive rights of women for the first time at the International Conference on Population and Development (ICPD) in 1994 by governments around the world.

Fundamentalist groups manipulate religious sentiments amongst people of faith to impose narrow and conservative interpretations of religious texts, treating historical religious teachings outside its context and evolving capacity. When fundamentalist notions take the form of a political agenda and is transformed into vicious actions targeted at certain vulnerable and marginalised groups, it translates into religious extremisms³ that adversely affects the society as a whole. In either case, whether fundamentalist ideologies or extremist actions, the problem is not religion per se but its politicisation. The use and misuse of religious sentiments in favour of a certain socially dominant group is at the root of religious extremisms today.

Asia and the Pacific as a region is particularly vulnerable to religious extremisms, given the presence of almost all the major religions of the world in this region coupled with geo-political regional tensions. Religious extremisms in the region are mostly rooted in the post-colonial nationalist agenda of local political forces.^{4,5}

Fundamentalists/extremists groups in Asia and the Pacific use religion against human rights—particularly against sexual and reproductive rights—in several ways, including:

- Labelling sexual rights as a Western agenda that is imposing new forms of imperialism in order to make the traditional society and ways of life of the people in the region defunct; and
- Claiming to counteract that the religious extremists impose the traditional misogynist interpretations of religious texts and teachings and do so quite selectively.

Despite using religion as a basis for their actions, the approaches taken by the fundamentalists/extremists are anything but religious. This is evident in the way cultural values are packaged as strict religious tenets by the Muslim fundamentalist groups in Pakistan, as exemplified in the Hudood Ordinance.⁶ This is also seen in the out-of-context literal interpretation of religious texts by the Catholic fundamentalists in the Philippines to bar women's access to contraceptives and safe abortion.⁴ And this is evident in Fiji,

where the fundamentalists took every opportunity to reverse the inclusion of 'sexual orientation' in the Bill of Rights, and preached that "homosexuality will cause God to unleash natural disasters and poverty upon the country."⁷ Similarly, some Buddhist movements in East Asia promote the patriarchal versions of archaic religious teachings to justify the gender inequality prevalent in their societies.⁸ On the other hand, in India, Hinduism is being used as an umbrella to uphold the nationalist identity against Muslims who are considered as the 'enemy,' and women's bodies are used to preserve the traditions of Hindutva.⁵

Although the approaches and strategies taken by fundamentalist groups placed in the various religions in the region are different, there is one common theme across all these approaches—the control of bodies and identities, particularly of women, young people and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.⁹

Nevertheless, such approaches are inherently problematic as they are clearly patriarchal, based on cultural misogynist interpretations and selectively used against women and other marginalised groups only. It thus presents opportunities for women's rights activists. It provides us an opportunity to highlight the gaps in understanding of sexual and reproductive rights, to demystify the culture and human rights dichotomy, and to further present progressive alternatives that are contextualised to specific cultures and religious communities.

However, there is little collective effort from the civil society to strategise against the adverse effects of religious fundamentalists and extremists on the women's rights agenda in the region. There are two reasons for this: one is external to the women's rights movements in the region, while the other is an internal factor based on the politics of the movements themselves.

The external factor is that religious extremisms function in different countries and communities in local contexts that are foreign to a collective identity of the region.¹⁰ The issue becomes more complex when mixed with local cultures and politics that do not respond to one-size-fits-all strategy of countering extremisms.

The internal factor includes the lack of consensus among the women's rights and feminist movements in the region on whether to work within the framework of religion or to create secular spaces to counteract religious extremisms.¹¹ Working within the framework of religion requires engaging with religion, its followers and users at all levels. This calls for an indefinite struggle by women's rights activists

and supporters given the non-existing space for debate in religious arenas for women. It is to this end that some feminists and women's rights activists prefer working within secular spaces of the human rights framework to advocate for SRHR of all.

In either case, we have to move beyond the critiques of fundamentalist/extremist ideologies and strategies, and form transformative movements across the region and across faiths that present alternative visions of the society. A proactive approach at this would suggest that we work on some basic principles and strategies. Actions can include:

Recognising that demonising religion wholesale is problematic. There is a need to recognise that religion as a practice of faith is not problematic in itself, and that many followers of religion value it. When countering religious extremisms, women's rights and SRHR activists need to clarify our position on religion as an identity and practice of faith versus religion as a political tool barring sexual and reproductive rights of women, young people and LGBTIQ people.

Constructing clear demarcations between culture and religion.

One of the major strategies of fundamentalists/extremists is to package cultural practices as religious precepts and often treating both—religion and culture—as homogeneous, immanent and inflexible. We must create clear distinctions between culture and religion. In light of that, we need to challenge the discriminatory practices, policies and laws that are driven by conservative religious interpretations and misogynist cultural reasoning.

Reinterpreting religious texts from a women-centred and feminist perspective. Lastly, we need to push for the involvement of women's movements in rethinking and reshaping religions, highlighting rights-based perspectives on gender and sexuality issues. Where such efforts have already been made, the knowledge needs to be shared widely across the board and used as evidence in our advocacy initiatives at all levels.

Currently, there are alliances and movements functioning on global level to counteract religious fundamentalisms/extremisms, deconstructing their ideologies and monitoring their strategies. These alliances include the Association for Women's Rights in Development (AWID), the Coalition for Sexual and Bodily Rights in Muslim Societies (CSBR), Musawah, Women Living under Muslim Laws (WLUML), and, the most recently founded, Global Interfaith and Secular Alliance: Working for Reproductive and Sexual Rights (GISA), which is co-convened by ARROW and the Catholics for Choice.

These movements provide a strong base for solidarity. However, given the fact that fundamentalist strategies take different forms on national and regional levels, SRHR activists must engage themselves with the communities living under various institutional religions. In the process, we must bring forward the evidence of realities of women and other marginalised groups on the ground, and make the case for reshaping religions as armours of equality and social justice.

Endnotes

- 1 This paper is based on the author's reflections on the presentations and discussions on 'Religious Extremisms and Its Impact on the Sexual and Reproductive Health and Rights of Women and Young People in Asia and the Pacific.' This is one of the themes at the regional meeting, 'Beyond ICPD and MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific Region' organised by ARROW in Kuala Lumpur on 2-4 May 2012.
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- 9 Time and again, research in the region has identified religious extremisms among the major obstacles of achieving sexual and reproductive health and rights for all as it promotes stereotypes based in gender and promotes inequality of sexes. This has been well-documented in: *The Centre for Reproductive Rights (CRR) and the Asian-Pacific Resource and Research Centre for Women (ARROW). 2005. Women of the World: Laws and Policies Affecting Their Reproductive Lives*. Kuala Lumpur: CRR & ARROW.
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... we have to move beyond the critiques of fundamentalist/extremist ideologies and strategies, and form transformative movements across the region and across faiths that present alternative visions of the society.

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Sexual and Reproductive Health and Rights in Asia and the Pacific: Political Commitment and Partnerships

It is sobering to think that it is about 20 years since the signing of the International Conference of Population and Development Programme of Action (ICPD PoA), and 15 years since the Millennium Development Goals (MDGs) established global benchmarks for critical social indicators.

Both documents call the political leaders of the world to action. Both documents have also struggled in their purpose—possibly because of their focus on what were devalued as ‘women’s issues’ being pushed by a small group of feminists. However, as those agendas have been unpacked and negotiated for nearly two decades at various meetings, it has been clearly established that they cannot be dismissed as solely ‘women’s issues.’ They are human rights and development issues, and must be central to the equitable and sustainable development agenda of every nation.

From the macro perspective, much has been achieved in the last two decades. We have moved from ‘women’s issues’ to a human rights agenda. However, many of our nations still face a fundamental challenge: How can the macro rhetoric in global, regional and national documents be changed into a new reality for women and young people at the micro level?

It is critical to influence Parliaments and political agendas throughout the region. In 1994, most Parliaments of the region signed up to the ICPD Programme of Action, and they have reaffirmed this commitment many times. Almost every country has also committed to other legally binding human rights treaties and conventions. Some countries have made considerable progress on particular aspects of sexual and reproductive health and rights (SRHR), in line with ICPD and towards achieving the MDGs.

However, in general, progress remains inconsistent and, today, inequity continues to grow between countries and within countries. This is happening in a region interconnected by denial of human rights for the most marginalised and by gender injustice, in which women often

face inequality from birth and are vulnerable to violence. It is a region in which most young people cannot access life-saving information and clinical services, despite their desires and needs.

Our Governments have stated their commitment to a human rights framework for sexual and reproductive health issues by signing and re-committing to international conventions. One would hope that nations are genuine in their enthusiasm to be signatories to international conventions, but the reality faced when Parliamentarians return home from such meetings is that there is a very long distance between these international conventions and our people.

There is much work to be done throughout our region to remove reproductive and sexual health issues from criminal law. Politicians need to be bold on these matters because evidence has shown that criminalisation of issues related to consensual adult sexual behaviours and reproductive health are not in the best interests of public health management and are an abuse of human rights.

To maximise limited resources, partnerships are needed to address some of the structural problems faced in service delivery. Nations need to address the disconnect that exists between the government and the people, and engage with communities in culturally sensitive ways without compromising the rights-based approach. For many nations, capacity to engage at community level is limited, but genuine partnerships can make it happen.

Too often, politicians and civil society discuss the same issues but in isolation of each other. Politicians often want to be seen as the ‘deliverers’ of services, while civil society often views politicians and bureaucracy with suspicion. The power of genuine integrated partnerships can break down these barriers. Over the last 15 years, meetings, such as the “Beyond

ICPD and MDGs: NGOs Strategising on Sexual and Reproductive Health and Rights in Asia and the Pacific” and its outcome document, the Kuala Lumpur Call to Action 2012, have been instrumental in working towards a paradigm shift in the relationships between civil society and government.

Some nations are now witnessing the benefits of the power of integrated partnerships, and are becoming proactive in facilitating such partnerships with NGOs and

churches. The bottom-up aspect of the partnership is critical, because the key to success in addressing SRHR lies in the community, and that is where the NGOs and churches excel in their work.

There is a need for a paradigm shift in mindsets at all levels of society for our families and communities to have access to services, take ownership of their sexual and reproductive rights, and build inclusive communities. The HIV epidemic has made nations and the global society face the reality of differing sexualities, and societies are slowly accepting that reality. As a member of the Global Commission on HIV and the Law, I have been privileged to participate in dialogues, that have given a voice to sexual minorities who find access to sexual health services extremely difficult.

Political commitment is essential for the needed legal reform to respect the rights of all people. The legal aspects of unsafe abortions face the same barriers in the political arena, as have the issues of same-sex relationships and sex work. There is much work to be done throughout our region to remove reproductive and sexual health issues from criminal law. Politicians need to be bold on these matters because evidence has shown that criminalisation of issues related to consensual adult sexual behaviour and reproductive health are not in the best interests of public health management and are an abuse of human rights. Just as integrated partnerships are essential for sustainable change to happen in communities, political commitment is necessary too if the needed changes in policy, legislation and budget allocations are to become institutionalised and sustainable.

Most important, if we are committed to the SRHR agenda, we must make space for meaningful involvement of young people. When a young girl dies from an attempted abortion, we blame her. We ignore the unnecessary deaths of young people from HIV-related opportunistic infections in an atmosphere of stigma, shame and blame. We fear that sexual and reproductive health education in school will encourage promiscuity. We need political champions to challenge the injustice and the myths in the reality faced by young people.

It is essential to keep sexual and reproductive health and rights on the political agenda. However, this is often difficult in nations where politics is male-dominated, as in the Pacific reality. Civil society often does not hold Parliamentarians accountable, and political commitment is rare when contentious issues become polarised debates. The SRHR agenda needs to be taken to Parliament by identifying political champions, organising forums and Parliamentary hearings to make space for civil society voices to be heard, and documenting the economic and social costs of not prioritising SRHR in the national agenda.

In the Pacific, civil society can become silent or resistant to issues of sexual and reproductive health rights because of the double-edged sword of church health care and religious

doctrinal interpretations. Political leadership is needed, but it is rare if it appears to challenge church, culture or popular attitudes. Political commitment increases with committed civil society partnerships.

The usual political focus on economic growth too often comes at the expense of health, human rights and education. Without this broad investment, women and young people in our region cannot achieve sustainable development—and ICPD will remain a dream!

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Beyond Availability: Querying Access to Opportunities for NGOs in the Lead-up to 2014¹

The next two years present opportunities for activists and advocates to put women's and young people's rights, including their sexual and reproductive health and rights (SRHR), more centrally and firmly within a comprehensive sustainable development agenda.

The international development community will focus on a review of progress towards reaching the International Conference on Population and Development Programme of Action (ICPD PoA) in 2014. This review, along with the review of the Millennium Development Goals (MDGs) and the outcomes of the Rio+20 Summit, will help shape the new global development framework to which world leaders will commit in 2015. This new global agenda will dictate how development funds will be channelled and which areas of work and who among communities and groups will be prioritised.

It is critical that NGOs and social movements, particularly those from the Global South, be able to engage fully in these processes. Questions then arise, what platforms are available for participation, and how can NGOs strategically engage in these processes?

CSO engagement in the ICPD review process.

The regional consultation, "Opportunities for NGOs at National, Regional and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement," provided a valuable space for representatives of women's rights, youth, SRHR and other social movements in Asia and the Pacific to start conversations with UNFPA delegates around these questions.

Kwabena Osei-Danquah and Noemi Espinoza, Executive Coordinator and Civil Society Partnerships Specialist, respectively, of UNFPA New York's ICPD Beyond 2014 Secretariat, presented the plans for a comprehensive ICPD review process at the global, regional and national levels. This is for carrying out the UN General Assembly Resolution 65/234, which extends the timeframe for implementing the ICPD PoA beyond 2014, in acknowledgement that many of the goals remain unmet.

UNFPA affirmed that civil society organisations and young people are considered as key stakeholders in the ICPD agenda. In order to strengthen the process and reports, a number of stakeholder groups, members of civil society and research organisations have already been asked for input on the planned review process. Consultative meetings have already been held in New York, and a global stakeholder meeting was done in December 2011 in Istanbul.

Further opportunities for civil society to engage in the review process from 2012 to 2014 are manifold. These include participation in capacity strengthening activities to effectively contribute to the ICPD review process; engagement with governments for the country questionnaires and participation in the Global Survey's national consultations and validation workshops. Civil society can also participate in global conferences on three themes (youth, human rights and maternal health/women's health); in the Asia-Pacific Population Conference (APPC) organised by UNESCAP; as well as in the 47th session of 2014 CPD and the UN General Assembly Special Session (UNGASS) in September 2014 (see Table 1 for the full timeline).

All these activities are expected to contribute to three main outputs, which will be presented to a Special Session of the General Assembly (UNGASS) for the GA to reaffirm support for ICPD: a report of the whole review; the Secretary General's summary of that report with key recommendations; and an Index report which will include those areas that governments consider to be critical.

Looking at access. Kiran Bhatia, Gender Advisor of the UNFPA Asia and the Pacific Office rightly acknowledged at the consultation that civil society has a key role to play in pushing the agenda, through evidence and analyses of the barriers to action, including financial barriers. The availability of the above platforms for civil society engagement is acknowledged and appreciated.

Nevertheless, availability is just one aspect of the equation. Access to the above platforms is a bigger challenge, and will be of greater concern. The Kuala Lumpur dialogue between UN delegates and NGOs raised several issues for further consideration by UNFPA, UNESCAP and the rest of the UN system, governments, donors, international and regional NGOs, and youth advocates and activists.

The need for full availability and accessibility of information about the ICPD review process. Several representatives of national NGOs raised the concern that at the time of the regional dialogue, full information about the ICPD review process is not yet clear at the national level, among NGOs and even among some of the UN country offices and their government counterparts. It is imperative that this be addressed immediately. The publishing of the review timeline in the ICPD Beyond 2014 website is a good start, and regular and more detailed updates would be needed. Contact persons for each aspect

of the review process, including at the country level, also need to be made available online and publicly.

The issue of representation: Who is 'civil society' and why are young people not part of it? Concerns were also raised about the use of the term 'civil society' instead of NGOs and/or social movements, as the former can be defined too broadly. 'Civil society' can include conservative organisations that push for agendas that are detrimental to women's and youth SRHR and can roll back the gains of ICPD. Indeed, at the 56th session of the Commission on the Status of Women and at the Rio+20 Summit, the Holy See has again worked in tandem with conservative governments to stall discussions and to prevent progressive language related to reproductive and sexual rights to be included in the document.

Additionally, the privileged position of some national NGOs, particularly of organisations that are not independent of the government, was also brought up in the discussion. Participants raised a need to involve autonomous NGOs with a legitimate mandate from their stakeholders, especially women's and youth rights organisations that address issues of marginalised groups. The binary divide between 'civil society' and 'youth' was also queried, considering that youth activists and youth groups need to be integral and work together with women's rights groups and other members of 'civil society.'

Representation of organisations from the Global South in the international thematic conferences, CPD session and UNGASS is also critical to fully reflect the needs and realities of women and young people in the 'developing' world, and needs to be adequately addressed.

The role of the private sector in the review process was also questioned. Care needs to be taken that their involvement is really limited only to social media companies enabling engagement of those not physically attending the regional and global meetings, rather than directly lobbying or providing input on the agenda.

Transparent criteria, nomination and selection processes for participation in the conferences need to be in place, together with a space for NGOs to advocate for and nominate delegates. UNFPA needs to play a more proactive role in getting governments to open up spaces for substantive NGO engagement at the national level.

Funding and resources for civil society participation in the review process. While there are two sources of funding to

facilitate NGO participation—via the UNFPA country offices and through the resources being mobilised to help with global survey and CSO/government participation at the various conferences—it was revealed that UNFPA's engagement is primarily for advocacy and not for providing financial support. Sufficient investments, particularly for groups from the Global South who would need greater support, need to be raised and allocated to ensure full participation.

Meaningful engagement: Equal valuation of NGO input. Beyond participation at the conferences, NGO input into the country questionnaires and the reports is critical. UNFPA revealed a plan to utilise research institutes and consultants to collate data and do the initial analysis in order to boost government responses. It was suggested that

UNFPA and governments needed to be willing to partner with NGOs who have expertise in this process. Moreover, a parallel process for NGO submission, similar to the CEDAW shadow reporting and the Universal Periodic Review reporting processes, need to be considered to fully ensure that NGO input is included.

How to enforce ICPD? A big criticism to this whole process that has been acknowledged by UNFPA is that it will not culminate in a renegotiation of the ICPD PoA, and that no new deadline was set by the UN General Assembly for targets to be achieved. This makes persuading governments to complete the goals of the ICPD

PoA and to be held accountable for the commitments more challenging.

Convincing and evidence-based reports clearly demonstrating critical areas needing urgent implementation, as well as credible processes, would be important towards achieving government accountability. To assure this, however, the above suggestions for ensuring access, as well as for valuing NGO input, need to be in place.

While not letting go of this comprehensive ICPD agenda, it is critical to push for new deadlines when the targets will be achieved. It is also important to keep pushing for issues that are still left unaddressed—such as unmet need for contraception, maternal mortality and morbidity and gender-based violence—and add those which are new, emerging or which were too contentious to be incorporated in the ICPD PoA, either fully or at all, such as safe abortion as part of reproductive rights, sexual rights and the impact of climate change on SRHR.

Representation of organisations from the Global South in the international thematic conferences, CPD session and UNGASS, is also critical to fully reflect the needs and realities of women and young people in the 'developing' world, and needs to be adequately addressed.

Table 1: ICPD Beyond 2014 Global Review Timeline

TIME		ACTION
2011	December	Global CSO Stakeholder Meeting, Istanbul, Turkey, 9-10 December 2011
2012	March	Draft Global Survey instruments shared with UN system and CSO/youth stakeholders for feedback
	April	Template for Country Implementation Profile (CIP) finalised—following expert review
	25 May	Draft ready for translation prior to circulation to governments
	May	Regional stakeholder consultation meetings <ul style="list-style-type: none"> • For Asia-Pacific: Opportunities for NGOs at National, Regional and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement, 4 May 2012, Kuala Lumpur, Malaysia • For Africa: Accra Consultation, 5-6 March 2012 • For Caribbean: Caribbean Consultation: 12-13 April 2012 • For Eastern Europe and Central Asian: Istanbul Consultation, 17-18 April 2012 • For Latin America and the Caribbean: Uruguay Consultation, 9-10 May 2012
	7-21 June	Governments review questionnaire
	27 June	Questionnaire revised based on comments of governments
	March - June	Capacity building initiatives at country level
	12 July	Global Survey Instruments distributed by Regional Commissions for circulation to Governments
	July - October	Completion of the Global Survey Questionnaire, including national stakeholder meetings to validate responses
	November	Data compiled/coded and made available to Regional Commissions
	December	Global Youth Forum, Bali, Indonesia, 4-6 December 2012
2013	March	Analysis of country data and completion of regional reports by Regional Commissions
	April/May	46th Session of the Commission on Population and Development, 22-26 April 2013 Global Conferences on Human Rights and on Maternal Health/Women's Health
	June - September	Regional Population Conferences: ECLAC - June; ESCWA/LAS- July; ESCAP- September; ECA/AU- August/September; ECE-TBD
	December	Draft Global Report/Report of Secretary-General completed
2014	April	47th Session of the Commission on Population and Development
	April/May	6th International Parliamentarians Conference (IPCI)
	June/July	Secretary-General's Index Report on 47th CPD Debate completed
	September	United Nations General Assembly Special Session on ICPD Beyond 2014

Source: *What is next?* In ICPD Beyond 2014 website. <http://icpdbeyond2014.org/whats-next/>

Finally, it is also very important to engage not just with the ICPD review, but also with discussions about the new development framework and the Sustainable Development Goals (SDGs). In the past, ICPD was eclipsed by the MDGs, hampering achievement of progress.

Let us not let history repeat itself. Let us keep women and young people, particularly the most marginalised amongst them, and their sexual and reproductive rights, at the centre of discussions.

Endnotes

- ¹ This article draws heavily on the proceedings report of the regional meeting written by Gill Greer, which can be accessed at <http://bit.ly/PA0k0f>, as well as presentations and discussions at the dialogue.
- ² "Opportunities for NGOs at National, Regional and International Levels in the Asia-Pacific Region in the Lead-up to 2014: NGO-UNFPA Dialogue for Strategic Engagement" was organised by ARROW on 4 May 2012, in Kuala Lumpur, Malaysia after another two-day regional meeting to set the SRHR agenda and strategise beyond ICPD and MDGs, with the support of GIZ and UNFPA.

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