



POSITION PAPER

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

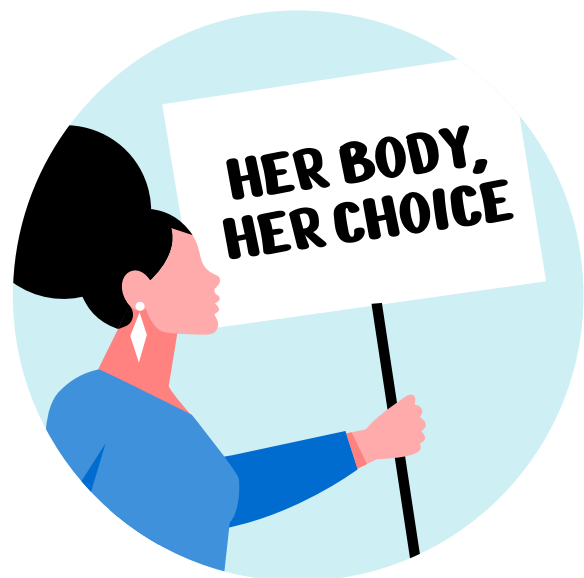
Sexual and reproductive health and rights (SRHR) enable all human beings to decide over their own bodies, have healthy social relations and good reproductive health. SRHR relate to our most intimate relations, health and family life. Everyone should have the right to decide if, when and how many children they want. Everybody should be able to express their gender identity and sexual orientation without facing violence or discrimination. Access to good maternal health, comprehensive sexuality education, affordable contraceptives, and free and safe abortion are important measures that enable sexual and reproductive health for all.

SRHR AND GENDER EQUALITY

Full sexual and reproductive health and rights are fundamental prerequisites achieving gender equality. SRHR are key to women's opportunity to take part in social, economic and political life. The right to decide and exercise control over one's own body, sexuality and reproduction is fundamental for all people. But in many places in the world, women are denied these rights. The control of women's bodies continues to be one of the major challenges to achieve gender equality in the world. When women lack the ability to control their own bodies, health and the size of their families, they are also denied the control of planning for their education, income and future.

The world's poorest women and girls are disproportionately affected by the lack of SRHR. Globally, HIV is the leading cause of death among women of reproductive age. Developing countries have disproportionately high levels of maternal and child mortality. Thanks to better access to health care, maternal mortality has been almost reduced by half in the past decades. However, every day, approximately 830 women die from preventable causes related to pregnancy and childbirth, and 99 percent of maternal deaths occur in developing countries.¹ Maternal mortality can be prevented, but all too often decision-makers do not prioritize women's health. Especially women's right to their sexuality continues to cause controversy.

One of the most important measures to achieve gender equality and sustainable development is to enable all human beings to decide over their sexual and reproductive lives. Young people constitute a majority of the world's population today. They are in critical need of comprehensive sexuality education to counter gender stereotypes and sexual violence, and to learn to respect other people's choices of consensual intimacy and sex.



¹ WHO, Maternal health fact sheet, 2016 <http://www.who.int/mediacentre/factsheets/fs348/en/>

INTERNATIONAL AGREEMENTS ON SRHR



In 1994, the Cairo declaration was adopted by 179 countries which confirmed all people's right to decide over their own bodies and their sexuality. The declaration was a ground-breaking statement on sexuality and human rights.²

So far, there is no international agreement on sexual health rights. A collection of already agreed rights make up a provisional description of sexual health rights, including; freedom from violence and coercion, and non-discrimination based on gender or gender identity, access to sexual and reproductive health care services, comprehensive sexuality education, respect for bodily integrity, choice of sexual partner, choice to be sexually active or not, consensual sexual relations, consensual marriage, choice of whether or not, and when, to have children, and to pursue a satisfying, safe and pleasurable sexual life.

In 1995, the Fourth World Conference on Women confirmed that the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.³

The Agenda 2030 is an important international agreement which confirms the crucial role of SRHR to achieve sustainable development. Several of its goals include targets relating to SRHR, while for example access to abortion and comprehensive sexuality education are missing. Agenda 2030 require member states to take steps to end discrimination and eliminate violence against women and girls as well as harmful practices, such as child, early and forced marriage and female genital mutilation, to reduce maternal mortality, and to end trafficking.⁴

At the level of the UN, however, conservative countries form unholy alliances to water down agreements on SRHR within the framework of human rights mechanisms of the UN system. Resolutions on the protection of the family or on traditional values serve the purpose of countering women's individual rights and SRHR, including the rights of LGBTQI-persons.⁵

² United Nations International Conference on Population and Development in Cairo, 1994.

³ Beijing Declaration and Platform for Action, 1995, paragraph 96.

⁴ IPPF 2015, Sustainable Development Goals, A SRHR SCO Guide to National Implementation, p4. https://www.ippf.org/sites/default/files/sdg_a_srhr_guide_to_national_implementation_english_web.pdf

⁵ Lesbian, gay, bi-sexual, transgender, queer and intersex persons.

THE RIGHT TO FREE AND SAFE ABORTION CARE

One of the most contentious rights under SRHR relates to the right to access free and safe abortion care. All women should have the right to decide over their own body, but in many countries abortion care is illegal, restricted or inaccessible. Where free and safe abortion is not accessible, women are forced to pay for expensive abortion care or to use unsafe methods.

Around 5–13 percent of maternal deaths are due to unsafe abortion.⁶ Experience shows that criminalizing abortion never prevents unwanted pregnancies. Instead, legal restrictions on abortion often cause high levels of illegal and unsafe abortion. What prevents unwanted pregnancies, is comprehensive sexuality education and access to affordable contraceptives.

Around 25.5 percent of the world's population reside in 66 countries where abortion care is entirely prohibited or only permitted to save a woman's life. Some countries have less restrictions, allowing abortion care for socio-economic reasons, after rape or for mental health reasons. The most liberal abortion laws are found in 61 countries, comprising 39.5 percent of the world's population. These countries permit abortion without restriction as to reason, and the woman makes the decision about whether to terminate a pregnancy.⁷

In many places where Kvinna till Kvinna works, nationalism and conservatism is on the rise, causing a backlash against women's rights and a return to traditional gender roles. In Europe, traditional opponents to abortion rights, usually composed of conservative religious groups, are today finding new allies in right-wing populist parties. Across Europe, these populist parties to a varying degree try to restrict the right to abortion. In Sweden, the only party looking to restrict the right to abortion is the Sweden Democrats.

In 2017, the United States reintroduced the global gag-rule by the Mexico City Policy, a ban on US federal funding to international family planning institutions that offer advice and counselling on abortion.⁸ However, many donors do provide sustained funding to abortion care and the long-lived myth that abortion care is always controversial is sometimes counterproductive to the struggle for women's right to decide over their bodies.⁹



⁶ WHO, 2017, Preventing unsafe abortion fact sheet. <http://www.who.int/mediacentre/factsheets/fs388/en/>

⁷ The Center for Reproductive Rights, 2017, The World's Abortion Laws Map. <http://www.worldabortionlaws.com>

⁸ To learn more about the policy, see for example PAI, 2017, Understanding the Global Gag Rule. <http://trumpglobalgagrule.pai.org/understanding-the-policy/>

⁹ The Swedish Government responded to the US policy by raising its SRHR funding and the initiative "She Decides", together with Belgium, Denmark and the Netherlands. <http://www.government.se/press-releases/2017/03/government-increasing-support-to-sexual-and-reproductive-health-and-rights/>

SRHR IN TIMES OF CRISIS AND CONFLICT

In times of crisis and conflict, women are vulnerable to ruptures in basic health services. Conflict causes heightened risk of early marriage, trafficking, rape and sexual violence, unsafe abortions and unattended births. A third of all maternal mortality cases take place in crisis and conflict affected regions, where already fragile health-care systems are further strained.

Women and girls make up around 50 per cent of refugees, internally displaced or stateless population. Per 2014 estimates, 26 million women and girls of reproductive age live in fragile contexts.¹⁰ International agreements on SRHR apply to crisis situations and conflict-affected countries, but fragile states may be unwilling or unable to prioritise the needs of women and girls. Family planning and safe abortion care are among the least funded areas of health interventions.

The Women, Peace and Security agenda is a comprehensive framework of women's rights in times of violent conflict, crisis and the prevention of conflict. The agenda makes up a global commitment to end sexual and gender based violence in conflict and crisis and states that sexual violence during conflicts can be considered a war crime or a crime against humanity.

Unattended births, lack of contraceptives, unsafe abortion, HIV and aids are some of the gravest security threats to women in conflict and crisis. Despite this, the Women, Peace and Security agenda does not explicitly connect women's security with access to SRHR. In 2013, however, the UN Security Council in resolution 2122, noted the need for access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination.



In humanitarian settings, women's and girls' need for safe abortion services increases. Regular contraceptive services are inaccessible and women may want to postpone childbearing to after the crisis. Sexual violence often increases during emergencies, causing unwanted pregnancies. Therefore, humanitarian organisations should always provide safe abortion as a lifesaving part of comprehensive reproductive health care. The Minimum Initial Service Package is a series of recommended actions to respond to reproductive health needs in humanitarian settings.¹¹

¹⁰ Ipas, 2017. <http://www.ipas.org/en/News/2017/March/The-crisis-of-reproductive-care-in-humanitarian-settings.aspx>

¹¹ UNFPA, 2015, What is the Minimum Initial Service Package? <http://www.unfpa.org/resources/what-minimum-initial-service-package>

TERMINOLOGY

Sexual and reproductive health and rights (SRHR)

Sexual and reproductive health and rights include, for example, access to sexual and reproductive health services, the ability to exercise one's rights over one's body, comprehensive sexuality education, maternal care, access to commodities such as contraceptives, and HIV and AIDS prevention and treatment.

Sexual and reproductive rights

Internationally agreed language includes sexual and reproductive health (SRH), but excludes rights. The R for rights, is key for a rights-based perspective which includes women's right to their sexuality. The R for rights also includes health rights for lesbian, gay, bisexual, transgender, queer and intersex persons. This right-based approach is perceived as more controversial to conservative states and groups than the commitment to provide health care services. This is because women's and LGBTQI-persons' right to their bodily integrity and sexual expression is perceived as challenging gender hierarchies, gender stereotypes and the heterosexual norm.

Sexuality education

Comprehensive sexuality education is the right of everyone. It helps young people make informed choices about sex and relationships, and to counteract myths and false perceptions about sexuality. It aims to prevent sexual harassment, sexual violence, and discrimination of LGBTQI-persons and persons living with HIV and aids. Comprehensive sexuality education improves public health by providing correct information about the human body and sexuality and is adapted to people's ages and specific contexts. It is supportive of people's ability to make their own choices and respect other people's choices of intimacy and sex. It encourages communication, consensual relations, self-respect and a non-judgmental and non-discriminatory attitude. The term "comprehensive sexuality education", rather than "sexual education" encompasses all the above.

Free and safe abortion

Free and safe abortion must be recognized as a human right. Where abortion care is prohibited or restricted, unsafe abortions increase, causing extreme dangers to women's lives, or women are forced to travel abroad or pay for expensive abortion care at underground clinics or quack doctors. Free and safe abortion services are an uncomplicated and inexpensive way of saving women's lives. To reduce the numbers of abortions is not a goal. The person who is pregnant always has the right to decide over her body. However, the most effective measures to prevent unwanted pregnancies are comprehensive sexuality education for all and affordable contraceptives.

HOW KVINNA TILL KVINNA AND ITS PARTNER ORGANISATIONS MAKE A DIFFERENCE

Kvinna till Kvinna advocates for SRHR to be accessible for all, regardless of gender, sexual orientation, gender expression, age, socio-economic status, disabilities, HIV status or location in the world. Kvinna till Kvinna encourages the efforts by the Swedish government and its agencies to pursue a normative dialogue in promotion of SRHR in all foreign relations.

Kvinna till Kvinna highlights the link between women's participation in society and their opportunity to decide over their bodies, family planning and sexuality. By long-term support to women's organisations in conflict-affected areas, Kvinna till Kvinna supports women's rights defenders that safeguard and advocate for women's rights, including the SRHR. Women's groups often form alliances in protection and promotion of legislation against sexual and gender-based violence and the right to abortion.

Women's organisations in Liberia arrange school clubs for girls to meet, discuss and raise their knowledge about sexual abuse and how to prevent pregnancies. In the Democratic Republic of Congo, a women's organisation supports students and teachers to speak up against sexual harassment in schools and the problem of girls being forced to have sex with their teachers.

In rural areas in Georgia, Kvinna till Kvinna supports a local women's organisation to spread awareness to prevent teenage pregnancies and provide reproductive care. In Armenia, a local partner organisation runs meeting places for girls to learn about their rights and SRHR.

Women's organisations in the Balkans, Middle East, Africa and Southern Caucasus receive support from Kvinna till Kvinna to work in multiple ways to prevent sexual and gender-based violence and to assist survivors to receive support and protection. In many conflict-affected areas and in humanitarian settings where health services are lacking, local women's organisations provide health care, gynaecological care, sexuality education and information.



CONCLUDING POSITIONS

- 1.** SRHR are essential to gender equality and sustainable development. Sexual and reproductive health and rights must be accessible to all, regardless of gender, sexual orientation, gender expression, age, financial status, disabilities, HIV status or location in the world. A rights-based approach is essential to address the global gender inequalities which render women and LGBTQI persons exposed to violence, discrimination and lack of adequate health care.
- 2.** In humanitarian contexts and crisis, women's health must be prioritized, and the Minimum Initial Service Package must be implemented. Access to contraceptives, abortion care and comprehensive sexuality education must be financed, as well as psychological and legal support to survivors of sexual and gender-based violence. A rights-based gender perspective must permeate service delivery on SRHR.
- 3.** The right to free and safe abortion is a human right. Women's right to decide about their bodies and to plan their life and family size must never be compromised. In humanitarian settings, the need for safe abortion care increases. Humanitarian organizations should always provide safe abortion services. Access to safe abortions and post-abortion care is a lifesaving part of comprehensive reproductive health care. Donors must fund abortion care and comprehensive sexuality education including information about abortion care.



FOR ALL WOMEN'S RIGHTS
IN EVERY CORNER OF THE WORLD

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