IWDA INTERNATIONAL WOMEN'S DEVELOPMENT AGENCY

SUPPORTING AND TRUSTING WOMEN, IN ALL THEIR DIVERSITY

IWDA POSITION PAPER ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

This paper outlines IWDA's position on sexual and reproductive health and rights (SRHR). IWDA supports the rights of all people to comprehensive, accessible and affordable SRHR. IWDA engages in SRHR advocacy through our participation in the International Consortium on SRHR, supporting SRHR service providers and advocates through coalitions such as We Rise, and other partnership mechanisms. We advocate for the rights of women in all their diversity, as well as people of diverse gender identities and sex characteristics, including the right to comprehensive SRHR education, care and abortion.[1,2] We recognise that diverse groups, including people with disabilities experience greater barriers to fulfilling their SRHR because of the intersectional nature of the discrimination and disadvantage that they experience related to their gender and other aspects of their identity.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ARE AN IMPERATIVE FOR GENDER EQUALITY

Fulfilling people's sexual and reproductive health and rights (SRHR) involves providing all people, regardless of sexual orientation, gender identity and expression, sex characteristics, age, religion, ethnic background, socio-economic class or any other intersectional identity, the information they need to make informed choices about sexual practices and health, relationships and pregnancies.[3] This information must be paired with accessible, affordable and comprehensive SRHR services—including abortion.[4]

SRHR encompasses comprehensive sexuality education (CSE) which must cover all matters related to puberty, relationships, sexual health, fertility and birth.[5] In many contexts, people may have SRH information but not the power and freedom to act on this information or to access services. Therefore, creating enabling environments through strengthening relevant legal and policy frameworks and transforming social norms can help to fulfil people's SRHR.

The centrality of sexual and reproductive health and rights (SRHR) for gender equality is enshrined in the 1994 Programme of Action arising from the International Conference on Population and Development (ICPD) held in Cairo. This represents a global consensus that fulfilling the rights of women and girls is central to development and that SRHR is central to women's rights. These agreements were reiterated in Beijing at the Fourth World Conference on Women in 1995. Where people's reproductive and economically productive lives intersect, there are increased time, financial, physical and emotional burdens—these burdens fall disproportionately on those who give birth and are primary care givers, who are largely women. When women do not have control over their reproductive lives, they have less control over other aspects of their lives, including over productive engagements with paid work, limiting progress towards gender equality.

Access to SRHR care and CSE is a fundamental human right. Women, girls and all people should be able to decide how they live their lives: controlling one's fertility is a foundational part of this. No one should be forced into sex or marriage, or be forced to continue or end a pregnancy against their will. In a world that is increasingly hostile towards the fundamental rights of women and gender diverse people, it is vital that liberal democracies such as Australia continue to defend the global rules based order to ensure that human rights—including all peoples' sexual and reproductive rights—are protected and upheld.

PROMOTE WOMEN'S LEADERSHIP & PARTICIPATION	STRENGTHEN WOMEN'S SAFETY & SECURITY	ACCELERATE WOMEN'S ECONOMIC EMPOWERMENT	ADVANCE SYSTEMIC CHANGES TOWARDS GENDER EQUALITY
By advocating for the rights of women and people of diverse genders and bodies to take on leadership positions and participate in political systems.	By promoting the rights of all people to safe and healthy sexual and reproductive lives—including healthy relationships, informed consent, access to quality healthcare and to live free from the threat of sexual violence.	By empowering women to control their productive and reproductive lives, and advocating for policies that enable parents to manage work/life balance.	By demanding a consistently funded, comprehensive and gender-transformative SRHR policy and programming, and by holding Australia accountable for its international commitments.

1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND GENDER-BASED VIOLENCE

There is a link between high levels of gender inequality and gender based violence (GBV), and low levels of access to SRHR. People experiencing GBV often have reduced bargaining power, and are less able to negotiate condom usage: this, in turn, increases the risk for STIs, HIV and unwanted pregnancies.[6] It also perpetuates power imbalances that prevent women from engaging in paid labour, pursuing educational opportunities or taking on leadership opportunities within their communities.[7]

The concept of consent, for instance, is central to an individual's fundamental human rights as well as SRHR. Unfortunately, many people have grown up with the understanding that, in heterosexual marriages, fulfilling a man's sexual desires is a woman's duty. This form of GBV is called marital rape, and has yet to be criminalised in more than 100 countries globally.[8] In the Pacific, which has some of the highest rates of GBV in the world, our partners are working to advance SRHR in the fight to end gendered violence by providing services to survivors and working to break down inequitable norms around sex and consent. The Fiji Women's Rights Movement (FWRM)'s GIRLS program creates opportunities for adolescent girls to work together to unlearn and counter gendered stereotypes, bullying and sexism. Through this program, young Fijian girls are provided a safe space to learn and question cultural norms around relationships and consent.

People experiencing violence have less control over their SRHR

Breaking down harmful norms around issues like consent is a crucial part of gender equality—and SRHR

Marital rape, a form of GBV and violation of SRHR, is legal or not criminalised in 112 countries

2 COMPREHENSIVE SEXUALITY EDUCATION

Ensuring access to comprehensive sexuality education (CSE), especially for young people, is a crucial part of gender equality: people of all genders and sexual orientations have the right to understand their bodies and engage in critical discussions around sex, consent, pleasure, relationships and family. CSE leads to lower rates of earlier pregnancy, lower HIV and STI transmission rates, healthier relationships, better understanding of consent and higher rates of gender equality.[9]

CSE includes menstrual hygiene management, a central SRHR issue.[10] People who menstruate face discrimination and harassment from their communities because of harmful myths and norms surrounding menstruation. MHM is a particular challenge for people living in rural or remote areas that may not have access to adequate WASH facilities or MHM products. Including MHM in CSE—both for people who menstruate and those who do not—helps to reduce discrimination and barriers to access.

CSE can shift the focus from the reproductive elements and male-centric narratives surround sex in a way that promotes gender equality. For instance, Akhaya Women, one of IWDA's partners in Myanmar, conducts education sessions for women, including Buddhist nuns, on self-pleasure and the non-reproductive aspects of sex and sexual intimacy. This not only shifts deeply cemented views around the purpose of sex, but draws attention to the historically ignored realm of female sexual pleasure.

Comprehensive sexuality education covers puberty, relationships, consent, pregnancy, sex and sexual health for people of all genders and sexual orientations

CSE is the single best way to prevent early pregnancy, enabling girls to stay in school and determine their futures

CSE should include the reproductive and non-reproductive aspects of sex

3 CARE AND SERVICES

Accessing sexual health services—such as pap smears, cervical cancer screening, long-term, short-term and emergency contraception—is a basic human right.

When people who can get pregnant have access to contraception, they are less likely to have an unwanted pregnancy. More than half of the global unmet need for contraception—where women want to delay or prevent pregnancy but are not using any method of contraception—is in Australia's neighbouring countries.[11,12] Preventing unwanted pregnancy is an important aspect of reducing unsafe abortion, and decreasing the global maternal mortality rate (211 deaths per 100,000 live births).[13]

In areas with high rates of gender based violence, providing survivor-informed services is crucial. Family Support Centre, one of our partners in the Solomon

Contraception allows people of all genders to plan their fertility—and enables people who can get pregnant to decide whether and when to have children

222 million women around the world want to avoid or delay pregnancy but are not using any method of contraception

55% of unmet need for contraception is in the Pacific and Asia region

Islands, is part of a consortium of organisations and service providers that provide immediate medical services for survivors of GBV—this includes gynaecological services for survivors of sexual assault and rape.

4 RIGHT TO CHOOSE

No one is in a better position to decide whether it is the 'right' time to bear a child than a pregnant person: pregnant people should have the power to exercise their right to bodily autonomy and access affordable and comprehensive sexual health services, including abortion.

Unsafe abortion occurs when a pregnancy is terminated by a person lacking the necessary skills, in an environment that does not meet minimum medical standards, or both. This occurs most often in communities that have made abortion illegal or inaccessible. Unsafe abortion is a leading killer of women: approximately 7 million people are admitted to hospitals each year in developing countries as a result of unsafe abortion, and between 4.7%-13.2% of maternal deaths can be attributed to unsafe abortion.[14] If the need for modern contraception and quality care was met, unintended pregnancy could be reduced by 75%, induced abortions by 74%, and maternal deaths by 73%.[15]

IWDA knows that pregnant people are in the best position to decide whether to carry a pregnancy to term

Access to safe abortion decreases maternal mortality rates

25% of all pregnancies end in abortion—slightly more than half of these occur because the pregnancy was unintended (WHO 2019)

RECOMMENDATIONS:

Recommendation 1: Affirm Australia's leadership in realising SRHR rights in the Pacific and Asia region aligned with the SDGs by championing SRHR through international forums including the Human Rights Council and Commission on Status of Women;

Recommendation 2: Invest at least $50m per year in contraception and contraception-related information and services in Asia and the Pacific as per the commitments made during 2012 Family Planning Summit and to continue supporting partner governments in six Pacific countries to reduce unmet need for family planning and internationally-compliant comprehensive sex education as per commitments made under the 2019 Nairobi Summit;

Recommendation 3: Direct investment to organisations that deliver accurate, comprehensive and inclusive SRHR services and information on the ground in the Pacific and Asia region, and to ensure that information and services are relevant to local needs.

Recommendation 4: Advocate for and support safe abortion in countries where abortion is legal in accordance with DFAT's *Family Planning and the Aid Program* (2009), and, in countries where abortion is illegal or heavily restricted, to work with partner governments to expand access to abortion services as part of overall efforts to improve SRHR.

ENDNOTES:

[1] IWDA advocates for the rights of all women and people of diverse sexual orientations, gender identities and expressions. Much of the research on reproductive health is framed around a binary understanding of sex, however not all female-bodied people and people with female reproductive systems identify as women, and not all women have female reproductive systems. In order to accurately represent the evidence base, when citing research IWDA will match the language used by the source material. In other cases, when we say "women" we mean all those who identify as women, and when talking about the physiological aspects of reproduction we will use gender neutral language.

[2] The Consortium; The Consortium, "The Consortium: International Sexual Sexual and Reproductive Health and Rights," The Consortium (blog), 2013, https://isrrconsortium.wordpress.com/about/.

[3] DIVA for Equality, "Unjust, Unequal, Unstoppable: Fiji Lesbians, Bisexual Women, Transmen and Gender Non-Conforming People Tipping the Scales Toward Justice" (Diverse Voices and Action (DIVA) for Equality, 2019), https://drive.google.com/file/d/1D2YiPOQb_erOxBK2rdRt45Z8mEB1no0z/view?fbclid=IwAR0VKGvGoLNwxE-VScAZJCWh2inzP-HkSwtykKL7c0MAbcfRYdIwtwbJKPE&usp=embed_facebook.

[4] In addition to accessibility, it is important to create an enabling environment so that people of all genders and sexualities feel that they have the freedom to access information and services without reprisal or shame.

[5] Burnet Institute, "Sexual and Reproductive Health," 2019, https://www.burnet.edu.au/health_issues/17_sexual_and_reproductive_health.

[6] Bonnie Shepard, "Addressing Violence against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets" (Geneva, Switzerland: UNFPA, 2010), 15.

[7] Shepard, "Addressing Violence against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets."

[8] The World Bank, "SDG Atlas 2017: Gender Equality," The World Bank, 2016, http://datatopics.worldbank.org/sdgatlas/archive/2017/SDG-05-gender-equality.html; Women Deliver, "These Statistics About Gender Inequality Will Keep You Up at Night," Equal Measures 2030 (blog), 2017, https://womendeliver.org/2017/statistics-gender-inequality-will-keep-night/.

[9] UNESCO, "Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review" (Paris: UNESCO, 2015), https://unesdoc.unesco.org/ark:/48223/pf0000243106.

[10] Yasmin Mohamed et al., "The Last Taboo: Menstrual Hygiene Management in the Pacific," 2017, 2.

[11] The Consortium, "The Consortium: International Sexual Sexual and Reproductive Health and Rights."

[12] More than one-quarter of married women with unmet need cite concerns about the side-effects and risks of contraception; 24% say they have sex infrequently or not at all; 23% say they or others close to them oppose contraception; 20% are breastfeeding/have not resumed menstruation following childbirth. Lack of knowledge or access is infrequently cited globally, except in West and Middle Africa, where these reasons make up approximately 10% of unmet need. Guttmacher Institute, "New Study Examines Why Women in Developing Countries Who Wish To Avoid Pregnancy Do Not Use Contraceptives," Guttmacher Institute, 2016, https://www.guttmacher.org/news-release/2016/new-study-examines-why-women-developing-countries-who-wish-avoid-pregnancy-do-not.

[13] This means that for every 100,000 babies born alive, 211 women die in childbirth or from birth-related complications. UNICEF, "Maternal Mortality," UNICEF DATA, 2019, https://data.unicef.org/topic/maternal-health/maternal-mortality/.

[14] WHO, "Preventing Unsafe Abortion," Fact sheet (WHO, 2019), https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion.

[15] Guttmacher Institute, "Induced Abortion Worldwide," Guttmacher Institute, 2016, https://www.guttmacher.org/fact-sheet/induced-abortion-worldwide.

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