

JULY 2006

IN PARTNERSHIP WITH THE IDS POWER, PARTICIPATION AND CHANGE PROGRAMME



Sexual and Reproductive Health and Rights

This Health Key Issues Guide reviews current policy issues relating to sexual and reproductive health and rights (SRHR), examining questions of definition and exploring key debates. The guide also highlights current and future challenges for attaining greater levels of sexual and reproductive well-being, and considers the role of innovative technologies and approaches in achieving sexual and reproductive health and rights for all.

Development agencies have long addressed issues of sexuality and reproduction. However, traditionally, they have dealt with them in largely negative ways. Whether through population programmes or the use of scare tactics in HIV prevention work, sex and sexuality have been regarded as a problem that needs to be controlled – rather than a positive force that can be part of the solution. Now, as a result of international agreements and activism from non-governmental organisations over the past two decades, new approaches are emerging which recognise sexual and reproductive health and rights as human rights – an end in themselves – as well as being central to health and

well-being. These positive approaches recognise that good reproductive health, and the realisation of sexual rights, including rights to pleasure and fulfilment, are crucial for achieving equity and social justice. Indeed, sexual well-being is integral to human development, underpinning all the major health and development goals. As rates of HIV infection continue to rise, and the sexual and reproductive ill-health of women, men and transgender people threatens international development targets, there has never been a more pressing need to make positive connections between sexuality, health and human rights.



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The online version of this guide is available at www.eldis.org/health/srhr/
This guide is part of the Health Resource Guide on Eldis www.eldis.org/health/



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This guide was produced in collaboration with the **IDS Power, Participation and Change Programme**, with support from DFID, Sida and SDC.

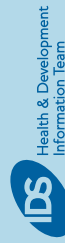


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Cover image: Participating in the local gay pride parade in Curitiba, Brazil, programme staff from the HIV/AIDS testing and promotion of condoms and safe sex an integral part of the festivities. © 2004 Caryl Feldicker. Courtesy of Photoshare.

The **IDS Health & Development Information Team** provides high-quality, accessible information drawn from a diversity of sources, in order to support informed decision-making by policy-makers and practitioners working in health and development. The team is part of the **Health and Social Change Programme** at the Institute of Development Studies.



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What is meant by sexual and reproductive health and rights?

Sexual and reproductive health and rights (SRHR) can be understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing these respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimise health [18], p. 14). However, there is a range of different understandings of SRHR. Some of these understandings focus more on health; others draw attention to the significance of rights in the sexual and reproductive choices of women, men and transgender people.

Featured article: Breaking through: a guide to sexual and reproductive health and rights

This guide, published by the Swedish Association for Sexuality Education, provides a comprehensive introduction to the political debate surrounding sexual and reproductive health and rights (SRHR). It also describes the nature of the opposition to SRHR in international negotiations, lists words and concepts whose meanings have been interpreted differently by progressive and conservative lobbies, and discusses the controversy over the goals that were adopted. [18]



Photo courtesy of The Pleasure Project

Working definitions from the World Health Organization

The World Health Organization (WHO) Department of Reproductive Health and Research provides working definitions of sexual health and rights (www.who.int/reproductive-health/gender/sexual_health.htm). The WHO's working definition of sexual rights includes a right to achieve "the highest attainable standard of sexual health, including access to sexual and reproductive health care services". Other rights listed under sexual rights include rights to sexuality education and bodily integrity, and the right to "pursue a satisfying, safe and pleasurable sexual life". There is no universally recognised definition of SRHR among major international organisations.

Definitions from international agreements

At the International Conference on Population and Development (ICPD) held in Cairo in 1994, the international community for the first time agreed on a broad definition of reproductive health and rights, recognising that "reproductive health is a state of complete physical, mental and social well-being...in all matters relating to the reproductive system" (ICPD Programme of Action: www.unpa.org/icpd/icpd_pos.htm#ch7). In 1995, the Fourth World Conference on Women, held in Beijing, affirmed the definition of reproductive health and rights agreed at the ICPD, and also called upon states to consider reviewing laws which punished women for having illegal abortions [29].

Paragraph 96 of the Beijing Declaration extended the definition of reproductive rights to cover sexuality: "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". Key aspects of sexual rights were included in the definition, although the term itself was rejected.

“There is no universally recognised definition of SRHR among major international organisations”

Definitions from non-governmental and campaigning organisations

During the 1980s, women's movements and other activist groups began mobilising around issues relating to reproduction and sexuality [1]. More recently, activists from groups stigmatised for their sexual practices have

gained in strength and increasingly worked together. For example the "Rainbow Planet" coalition (see www.vampnews.org/vol01no04/world.htm) at the World Social Forum in Mumbai in 2004 united lesbians, gay men, bisexuals and transgender people (LGBT) alongside sex workers and people living with HIV and AIDS (PLWHA). Some definitions of SRHR by non-governmental organisations (NGOs) and campaigning organisations include:

- IPPF Charter on Sexual and Reproductive Rights: www.unfpa.org/swpr/1997/box8.htm
- Women's Health Project South Africa – Sexual Rights Charter: www.wits.ac.za/whp/rights.htm
- World Association of Sexology Declaration of Sexual Rights: www.tc.umn.edu/~colem001/was/wdeclara.htm

What's your definition?
 These definitions are examples only. Do you have a definition of sexual and reproductive rights that you would like to recommend? If so, please email the author: s.jolly@ids.ac.uk
Recommended readings: [1], [18], [21], [23], [28], [30], [32]



Key debates in sexual and reproductive health and rights

Why are sexual and reproductive health and rights important?

The presence or absence of rights relating to sexuality and reproduction has a huge impact on how people live and die, on their physical security, bodily integrity, health, education, mobility, social and economic status and other factors that relate to poverty. The Millennium Development Goals (MDGs) fail to provide a specific goal relating to sexual and reproductive health and rights. However, as the following examples illustrate, sexual rights and reproductive health underpin the other goals relating to gender equality, maternal health, HIV and AIDS and poverty alleviation, and are crucial to the achievement of the goals overall [10].

Ensuring maternal health and safe motherhood

Women often lack the rights or the opportunities to make choices around reproduction. Population control policies, pressure from family members, and social and cultural norms may restrict their options. In many countries, women have difficulty accessing family planning services [3]. Cost, illegality or stigma around abortion can also make it very difficult for women to access abortion services. A cultural preference for sons may encourage women to terminate pregnancies when the foetus is female, or engage in female infanticide. According to the World Health Organization

(WHO), 19 million women have unsafe abortions and 68,000 women and girls die from these botched and unsanitary procedures each year [16]. Other groups such as HIV positive people face pressure not to have children, rather than being able to make an informed choice and receiving the necessary support to safeguard their own and their children's health [14].

See also: Access to services and information in the Health topic guide on sexual and reproductive health: www.eldis.org/health/sexrepro/access.htm.

Preventing sexual and gender-based violence

In many societies, women have limited opportunities to establish their own households and live alone, or to pursue sexual relationships outside marriage. Men also

experience pressure to marry and have families. Meanwhile, violence in the context of sexual relationships (intimate partner violence) is common across the world, and marital rape continues to be unrecognised by many legal systems. Due to gender inequalities, and lack of negotiating power, women are more likely to be at the receiving end of such violence [6]. This also places them at greater risk of sexually transmitted infections including HIV (see: [Links between violence against women and HIV and AIDS – www.eldis.org/hivaids/](http://www.eldis.org/hivaids/)) and HIV and AIDS – www.eldis.org/hivaids/gender/vaw/). In addition, intimate partner violence has been shown to have an adverse effect on reproductive health [12].

People who do not marry or conform to accepted forms of heterosexual behaviour also face discrimination and violence; indeed, some sexual violence is rooted in homophobia (fear or hatred of homosexuality). The impacts of such discrimination are wide-reaching. One study in Bangladesh showed that “feminine” boys were more likely to be bullied in school, drop out and end up in poverty [9]. Homophobic violence can lead to death: in October 2004, in Sierra Leone, Fannyam Viola Eddy (see www.mask.org.za/article.php?cat=sierra Leone&id=482), founder of the Sierra Leone Lesbian and Gay Association, was brutally raped and murdered [26], p. 16).

See also: Social and cultural issues in the Health topic guide on sexual and reproductive health: www.eldis.org/health/sexrepro/soccul.htm.

Ending genital mutilation

Gender discrimination is literally embodied through practices of genital mutilation (also known as female genital cutting) of girl children in some parts of Africa and the Middle East. These practices prevent the girls affected from enjoying a healthy and satisfying sexual life,

Featured article: Anatomy of a backlash: sexuality and the ‘cultural’ war on human rights

This paper from Human Rights Watch highlights the growing alliance of conservative forces, or fundamentalists, which is threatening progress made over the past decade in linking sexuality, health and human rights. The author argues that these forces, although diverse (including Muslim fundamentalists and the Christian right), share a common target: sexual rights and sexual freedom, particularly relating to sexual orientation. [26]

prevents any USAID money going to family planning agencies that provide or promote abortion or even give abortion information in counselling sessions, which has resulted in the closure of some services [2]. The US Trafficking Victims Protection Act and the Bush administration's Global AIDS Act of 2003, both forbid funding to any group which does not explicitly oppose prostitution and sex trafficking. This includes any organisation engaged in sexual health outreach or HIV prevention work with sex workers [25].

These externally imposed constraints to realising SRHR have coincided with a backlash against sexual rights in a number of developing countries. This backlash has focused on sexuality, particularly the right to express



Left: Doris, a member of the International Federation of Women Lawyers (IFWL), Rivers State Chapter, participates in activities honouring International Women's Day on March 8, 2002 at Shark's Stadium, Port Harcourt in Rivers State, Nigeria. Doris is holding a poster providing information on the CEDEPA-funded Engendering Legislative Issues (ELI) project. Under ELI, a bill was passed in Rivers State banning female genital mutilation (FGM). © 2002 Centre for Development and Population Activities, Courtesy of Photoshare.

Health services have failed to acknowledge sexuality and the sexual rights of different groups, including people living with HIV and AIDS [17].

Over the past decade, there has been a move towards integrating the human rights agenda of the 1994 International Conference on Population and Development (ICPD) Plan of Action (see www.unfpa.org/icpd/icpd_poa.htm#ch7) into public health approaches. This has led to intersectoral collaboration between the fields of law, human rights and reproductive health [15]. However, in international negotiations on sexual and reproductive rights, the language of health is used in preference to that of human rights (which is deemed more controversial) and there is still a pressing need for greater dialogue and integration between the two approaches [30].

See also: Rights and advocacy in the Health topic guide on sexual and reproductive health: www.eldis.org/health/sexrepro/rights.htm. *Recommended readings:* [8], [9], [10], [14], [15], [17], [21], [23], [24], [30], [32]

Public health versus rights based approaches

Access to protection against unwanted pregnancy and sexually transmitted infections is fundamental to sexual and reproductive health and rights. However, realising sexual rights is about more than enabling access to health services and information. Conventional public health and population concerns have dominated negotiations on sexual and reproductive health and rights, with a focus on family planning, targeting married women, rather than on sexuality and sexual rights. The HIV and AIDS pandemic has also led to an emphasis on sexual risk (violence and disease) rather than on pleasure and freedom [23].

The role of new technologies in realising SRHR

Some new technologies are being developed and promoted for contraception and prevention of sexually transmitted infections (STIs), particularly HIV and AIDS. These include the female condom and microbicides. Both these technologies have been promoted as solutions for women who lack the negotiating power to insist that their male partners wear condoms. It has been proposed that microbicides may even be used without the knowledge of the penetrating partner.

Although a technical fix is not a solution to gender inequalities in sexual interactions, such technologies may help reduce transmission of HIV and AIDS and other STIs, as well as providing the means for women to take control over their sexual health. Research ranging from Brazil to Sri Lanka has shown high levels of acceptability of the female condom and preference for it over the conventional condom by both women and men (HIV and AIDS key issues guide to the female condom: www.eldis.org/hivaids/prevention/femalecondom.htm).

Featured article: Sexual rights: much has been said, much remains to be resolved

This paper revisits the ongoing debate on human rights and sexuality. It notes that conventional public health and population concerns regarding family planning and the AIDS pandemic have shifted the sexual liberation agenda towards sexual risk. Consequently, the interpretation of sexual rights has generally been negative, emphasising victimisation, including gender-based violence and rape, as well as sexual and reproductive health problems. [23]

The main obstacle to greater use of the female condom at present is its significantly higher cost than the “male” condom. With microbicides, the main challenge is to develop a safe and effective technology, as well as increasing investment from the private sector to ensure its viability (HIV and AIDS key issues guide to microbicides: www.eldis.org/hivaids/prevention/microbicides.htm).

More and better technologies are no substitute for rights. However, they can make it easier for people to protect themselves and each other, as well as providing new possibilities for pleasure in safer sex. Sexual and reproductive rights also place an obligation on policymakers to invest in research and health systems to enable affordable access to these new technologies.

A more positive approach to sexual and reproductive health and rights

Challenging negative views of sexuality and reproduction

In the past, advocates of sexual and reproductive health and rights have focused on the negative: sexual violence, sexually transmitted infections, and reproductive ill-health. Fighting sexual violence is an important cause in its own right. However, the focus on rape is also strategic because it fits with traditional ideas of protecting women's chastity, and of men's sexuality as being "out of control" [23]. Combating violence and disease is also less controversial than arguing for the rights of people to make their own choices around sexual activity, especially if these choices include sex outside accepted marriage forms, such as same sex sexual activity [9].

Traditionally, public health has focused on family planning, and the prevention of disease and violence through health promotion and other interventions. Talking about sexuality and sexual pleasure have been seen as outside the remit of reproductive health services. However, calls are now being made to frame sexuality and reproduction in more positive terms, encompassing pleasure, equality and individual empowerment, linked to broader health and well-being [31].

Recommended readings: [9], [14], [17], [21], [23], [31], [32]

Challenging gender stereotypes in SRHR

A shift towards a more positive view of sexuality and reproduction means acknowledging that women have desires. These may not always fit with traditional views of female chastity and passivity. It also means recognising that everyone is entitled to sexual pleasure and desire. Women living with HIV [14], women with disabilities, and lesbians have often been denied the right to their own sexuality and treated as victims or deviants [9]. Adopting a positive approach poses challenges for education and health services. It requires them to move beyond stereotyped views of women's and men's sexualities and recognise the complexities around gender.

Some HIV prevention programmes have begun engaging with men about gender and sexuality as a means of achieving behaviour change [8]. A positive approach to sexuality and reproduction also requires services to respond to the diversity of sexual practices, supporting more open discussion about sexuality, and encouraging greater safety in people's sexual particular practices [24].

Recommended readings: [8], [9], [14], [17], [21], [23], [24], [30], [33]



Right: A man holds his child outside the Family Guidance Association Reproductive Health Service Clinic in Nazareth, Ethiopia. © 2007 Haney Nelson, Courtesy of Photoshare.

Left: An adolescent couple in Mexico embrace affectionately. Currently 450,000 babies are born in Mexico to mothers under the age of 20. Because of Mexico's successful family planning campaigns targeting youth, parents see a brighter future for their children. © 2000 Rick Maiman/David and Lucile Packard Foundation, Courtesy of Photoshare.



“New approaches are emerging which recognise sexual and reproductive health and rights as human rights – an end in themselves – as well as being central to health and well-being.”

Linking sexuality, health and human rights

What is the case for a positive approach to sexual and reproductive health and rights (SRHR)? Poor reproductive health and lack of sexual rights are symptoms of gender, class and other inequalities. They also create further disempowerment, preventing those affected from taking a full and active role in their communities, as well as having a negative impact on their broader health and well-being. By contrast, good reproductive health, and the realisation of sexual rights, including pleasure, joy and fulfilment, are inextricably linked to equity and empowerment, and underpin all the major health and development goals. Development discourses have traditionally portrayed sexuality and reproduction as problems that need to be controlled. However, through international agreements and activism from non-governmental organisations in the past two decades, new approaches are emerging which recognise sexual and reproductive health and rights as human rights – an end in themselves – as well as being central to health and well-being. If health and development goals are to be achieved, this affirming and positive view needs to be adopted more widely.

Recommended readings: [3], [9], [10], [13], [14], [23], [24], [26], [30], [32]

Also see the IDS policy briefing on Sexuality and Development www.ids.ac.uk/ids/bookshop/briefs/PB29.pdf

Featured article: Sex for pleasure, rights to participation, and alternatives to AIDS

This IDS working paper examines the ways in which participation of sexual minorities and/or dissidents is framed in the development industry. It focuses on the placement of sexual minority rights and struggles for well-being within an HIV and AIDS framework. The author identifies and considers alternative strategies for realising sexual rights, particularly through the adoption of a rights based approach to development, and including the affirmation of sexual pleasure as a basic human right. [9]

Recommended Readings

This section provides summaries of recommended readings, referenced in pages 1 – 7 of this guide. All references are available freely online.

1 Reproductive and sexual rights: charting the course of transnational women's NGOs

Women's movements in the 1990s: what impact on international agreements relating to reproductive and sexual rights?
Petchesky, R.P. / United Nations (UN) Research Institute for Social Development (UNRISD) (2000)

This UNRISD paper assesses the role played by women's movements in the 1990s in the creation and implementation of international agreements related to reproductive and sexual rights. The paper looks at four main areas: (1) the vision of reproductive and sexual rights developed by feminists over the past three decades; (2) the impact of the women's coalition on the United Nations conferences of the 1990s; (3) the efforts of women's NGOs to hold governments accountable to international commitments and to transform reproductive and sexual rights into concrete policy; and (4) recent concerns that NGO activism may contribute to the weakening of state power and thus state responsibility.

The paper concludes that participation by women's health NGOs in both United Nations conferences and national-level implementation processes has been broadly beneficial, and has led to a broader understanding of the profound structural changes needed for reproductive and sexual rights to become a reality for all. However, the author argues that a commensurate strategy is still lacking. Greater efforts are needed to build coalitions with other social movements, and to formulate effective measures to regulate the privatisation of social services and impact on macroeconomic policies and institutions.

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC7704

2 Breaking the silence: the global gag rule's impact on unsafe abortion

Global gag rule: restricting NGOs' rights to free speech and association and encouraging unsafe abortion

The Center for Reproductive Rights / Center for Reproductive Rights, formerly known as the Center for Reproductive Law and Policy (CRLP), New York (2003)

This report focuses upon the impact of the gag rule on organisations that have accepted funding from the U.S. Agency for International Development (USAID) and are therefore 'gagged' from advocating for abortion. The report also will consider the gag rule's bar on providing or counselling on most abortion-related services.

The paper demonstrates that each of the four countries selected for this study (Ethiopia, Kenya, Peru, and Uganda) have very restrictive abortion laws that contribute to high rates of maternal injury and death by forcing women to resort to illegal and unsafe abortions. In addition, NGOs and

governments in each of the four countries receive substantial funding from USAID for family planning and reproductive health programs. The four countries were also chosen because they are at different stages of abortion law reform and at different stages in the development of their still nascent democracies.

Interviews in each country reveal that the gag rule's effects differ by country, the legal status of abortion and the extent to which USAID funds local NGOs. But in all instances, the global gag rule undermines fundamental cornerstones of U.S. foreign policy by restricting NGOs' rights to free speech and association, and their ability to freely participate in civil society and democratic institutions for the purposes of improving safe and legal access to abortion.

In contrast, the global gag rule imposes no restrictions on NGOs working to criminalise abortion or make the procedure less safe and accessible. This report documents the litany of harms caused by the global gag rule. These consequences range from censoring civil society organisations around the world to condemning women to unsafe abortion. The report then takes a closer look at the public health crisis of unsafe abortion on a global scale and follows with a comparative discussion of the epidemic in terms of the laws, policies and social contexts of the four countries under study. It also highlights international commitments to eradicate unsafe abortion and conclude with a call to repeal the gag rule.

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC13207

3 A rights-based approach to reproductive health

Approaching reproductive health as a human rights issue

Outlook; Kols, A.; UNFPA / Program for Appropriate Technology in Health (PATH) (2003)

This article, published by Program for Appropriate Technology in Health (PATH), highlights the need for reproductive health programmes to collaborate with experts in the fields of ethics, law and human rights in order to address the multiple factors that affect women's and men's reproductive health. Key benefits of an integrated rights based approach are identified. These include the provision of an ethical framework for public health practitioners; the positive influence of international treaties, which put pressure on governments to provide adequate health services; and identification of health issues such as maternal mortality as human rights or social justice concerns, which raises their profile and level of urgency for policy makers.

The article also includes guidance on implementing a rights based approach, drawing on the principles of human rights to guide policy, programme design and service delivery, including clients' access to information, quality of care, and the relationship between clients and providers. It also highlights the advocacy role of health providers, and the capacity of human rights education to empower community members to realise their own reproductive rights. The article concludes by calling for renewed efforts to honour the rights based agendas of the Cairo and Beijing conferences on reproductive health.

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC14914

4 Oh! This one is infected!: women, HIV & human rights in the Asia-Pacific region

Addressing women's higher vulnerabilities to HIV in the

Asia-Pacific region
Paxton, S. / International Community of Women Living with HIV/AIDS (ICW) (2004)

This paper, commissioned by the UN Office of the High Commissioner for Human Rights, sets out to explain the varied reasons why a significant majority of women in the Asia Pacific region are disproportionately at risk of infection. It also documents specific examples of discriminatory attitudes and actions against HIV-positive women in the region as a result of their HIV status, and concludes with recommendations of action by and for all levels of society to counteract these human rights violations.

The paper finds that the reasons why women and girls are more vulnerable to HIV infection can be grouped within three categories: biology, economic status, and social and cultural norms. They include examples such as:

- there is more virus in sperm than in vaginal secretions (biology)
- many women have to exchange sex for material favours for daily survival (economic status)
- if women refuse sex or request condom use, they risk abuse (social and cultural norms)

Women and girls also face 'programmatically vulnerability', where the organisational structures and development policies of health services are gender-blind and as a result do not address these women-specific vulnerabilities. More importantly, this gender-blindness may even uphold and exacerbate discriminatory practices against women.

The paper proposes a number of actions to challenge the inequality between men and women which drives the epidemic. Broadly, it calls for a gender-based response. Programmes responding to human rights violations of people living with HIV should be gender-sensitive so that they are designed to:

- challenge and transform those cultural norms that are harmful
- enhance women's participation in decision-making
- remove social and cultural barriers to women's improved health and dignity

Because operationalising such a gender-based perspective is difficult, the paper stresses the need to strengthen the enforcement mechanisms of the treaty bodies that monitor compliance of international conventions, such as CEDAW, that are designed to act as international instruments of accountability to this end.

The paper also recommends five practical ways of moving forward:

- political leadership: governments, faith-based organisations, the business community, the UN, the World Bank and bilateral donors can facilitate rapid change by enacting gender-sensitive policy and practice, providing examples of best practice, and influencing public opinion and awareness
- radical changes to formal health service policy and provision: health care staff should provide adequate, non-judgemental and equitable access to information, services, barrier methods and drugs; health policy should be overhauled and health staff should receive more support
- support for contributions of HIV-positive people: HIV-positive women should be involved as speakers and advocates, decision-makers within individual organisations and networks of organisations, leaders within HIV networks, and as providers of self-help support to other HIV-

Recommended Readings

- positive women
- contributions by other civil society organisations and individual women and girls should be supported for example financially
- creating a supportive and enabling environment across society; the role and efforts of community-based, school-based, work-place and faith-based initiatives should be fostered [adapted from author]

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC14994



Left: A billboard in Bujumbura, Burundi encourages couples to get tested for HIV before marriage. © 2005 Heinrich A.F.M. Jansen, Courtesy of PhotoShare.

5 Overcoming barriers to reproductive health care in post-conflict Afghanistan: a participatory study

Communication is key: strategies for improving access to family planning services in Afghanistan

Marie Stopes International / Marie Stopes International (MSI) (2004)

Produced by Marie Stopes International, this research study looks at barriers to the use of family planning and other reproductive health services in Afghanistan. Findings showed that family planning was generally given approval for economic and health reasons, although this was often conditional on having a certain number of sons. Those giving approval included groups traditionally opposed to family planning, such as male community and religious leaders. However, research also showed that women were required to seek permission from their husbands to attend family planning clinics, and were expected to provide persuasive arguments to justify using reproductive health services. Other key barriers were the perceived harmful effects of family planning, and women's expectation that their husbands wanted larger families (an assumption that did not always match the husbands' actual attitudes and beliefs).

The study concludes that economic and health arguments are most likely to persuade people to use family planning services. It recommends activities to encourage communication between spouses, and the use of community-wide education to dispel myths about harmful side effects and provide accurate information on family planning methods. Overall, it highlights the use of active participation through discussion groups as key to influencing behaviour change. [adapted from author]

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC15577

Recommended Readings

6 Power in sexual relationships: an opening dialogue among reproductive health professionals

No more skirting the issue: tackling power in sexual relationships key to combating HIV/AIDS

Population Council / Population Council, USA (2011)

This report, produced by the Population Council, summarises the proceedings of a meeting to discuss the role of power in sexual relationships. The discussions indicate that gender-based power inequalities hinder communication between partners, limit the ability of individuals and couples to talk about or achieve desired child spacing and family size goals, limit effective use of reproductive health services, undercut men's and women's attainment of sexual health and pleasure, and increase substantially their vulnerability to HIV/AIDS and other sexually transmitted infections.

Participants agreed that inequality in sexual relationships was a vital issue in public health and social development, and identified a need for greater efforts to address this issue through continuing theoretical work, descriptive psychological and sociological analysis, and operations research. Evidence presented indicated that changes in behaviour and attitudes are possible, and that many men and women in less-developed countries are ready to discuss the issue of inequality in sexual relationships. For those leading the fight against HIV/AIDS, changing the dynamics between men and women within sexual relationships, and empowering the weaker partner, have become vital points of intervention. [adapted from author]

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC15669

7 Female genital cutting: breaking the silence, enabling change

Sustainable solutions to female genital cutting involve empowerment, participation and respect for culture

Masteron, J. M.; Swanson, J. H. / International Center for Research on Women (ICRW), USA (2000)

This report, from the International Centre for Research on Women (ICRW) and The Centre for Development and Population Activities (CEDPA), synthesises the experiences, lessons and recommendations from three PROWID (Promoting Women in Development) projects addressing female genital cutting (FGC). Following a brief examination of the occurrence of FGC and efforts to eliminate the practice within a human rights framework, the report describes three different strategies used to address FGC in Egypt, The Gambia and Senegal:

- (1) reproductive health and rights education classes, (2) the recruitment of positive role-models to advocate within the local community, (3) and collaboration with the community to design an alternative rite of passage curriculum.

Drawing on the lessons learned in each case, the report finds that

successful efforts to end FGC involve: integrated approaches that address FGC from its myriad perspectives; women's empowerment and concepts of rights; the participation of role models and effective advocates; and support from international NGOs. It concludes that, in order to promote a sustainable end to FGC, programmes must develop innovative approaches that both empower communities to abandon FGC freely and encourage political participation at all levels. They must also respect and celebrate culture, and build on community values.

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC15707

8 Working with men responding to AIDS: gender, sexuality and HIV – a case study collection

Engaging with men is crucial in the fight against HIV/AIDS

International HIV/AIDS Alliance / International HIV/AIDS Alliance (2003)

Across the world, people working on HIV/AIDS now recognise the importance of developing their work with men in order to have a real impact on the epidemic. This has involved identifying what their roles and responsibilities are in different contexts, and developing strategies to work with men on them. This case study collection, produced by the International HIV/AIDS Alliance, presents experiences and lessons from a range of projects that are working with men.

This collection describes not only HIV/AIDS projects, but also other kinds of projects that address other issues relating to men (for example, gender identity, sexuality and violence). It is organised into two parts. Part one provides an overview of HIV/AIDS and working with men, looking at why we should work with men, which men we should work with, what issues should be covered, and how to work with men. Part two contains thirteen separate case studies organised into sections covering background to the project, its goal, the issues it covers, who it works with and how, the results, and lessons from the work. Key findings are as follows:

- Botswana has one of the worst HIV/AIDS epidemics in the world. Men play a central role in the epidemic. One project has focused on male sexuality rather than just HIV/AIDS education and the response has been positive. The number of men's groups has grown in the last five years, and men have reported a number of changes in their sexual attitudes and behaviour.
- In Bulgaria, violence against women is a major issue. One project tackled the issue by providing health and gender education to boys and girls in secondary schools. At the end of the course boys showed less tolerance of violence and the girls showed more self-confidence.
- In Mongolia, there is no visible HIV/AIDS epidemic, but the country is vulnerable to an increase. A project targeting military recruits, focusing on HIV and sexually transmitted infection (STI) risks, used peer educators and prevention supplies. Peer educators have reported a steady increase in demand for condoms.

Lessons drawn include the following:

- The belief that men are not interested in discussing issues of sexual health, gender and sexuality is false. Given the opportunity, men are

willing to learn from other's experiences.

- It is important to be patient and sensitive in developing discussions with men on issues of gender and sexuality.

- In order to be effective in HIV/STI prevention work, it is necessary to work with men and women both separately and together.
- Working with older men or men with strong religious beliefs is a challenge because of their preconceived ideas. The best way is to listen and learn from them, and adapt your information and message based on what they have to say.

- It is necessary to challenge the view that men's attitudes and behaviours are 'fixed by nature'.

- Starting discussions about gender and sexuality issues with communities can lead to controversy and conflict. It is essential to create and maintain strong relationships with formal and informal community leaders.

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC15939

9 Sex for pleasure, rights to participation, and alternatives to AIDS: placing sexual minorities and/or dissidents in development

Sexual rights are a development issue

Gosine, A. / Institute of Development Studies (IDS), Sussex, UK (2004)

This IDS working paper highlights some of the contradictions between rights and participation by examining the ways in which participation of sexual minorities and/or dissidents is framed in the development industry. It focuses on the placement of sexual minority rights and well-being struggles within an HIV/AIDS framework. The author identifies and considers alternative strategies for realising sexual rights, particularly through the adoption of a rights-based approach to development (RBA), and including the affirmation of sexual pleasure as a basic human right.

Given the importance currently placed on the rights of the individual and being inclusive of marginalised groups, the author concludes that a rights-based and participatory approach would provide not only the basis for recognising sexual and sexuality rights, but also be the most appropriate method for doing so. However, this approach would require a major shift in the dominant discourses on sex. This would involve identifying and questioning the assumption and promotion of heterosexuality in development policy and programmes. It would also require a respect for sexual and cultural diversity and the affirmation of sexual pleasure as a right. The author argues that sexual rights are about social justice and human rights, and are therefore a development issue in every respect. [adapted from author]

Available online at:

www.eldis.org/cfr/rdr/rdr.cfm?doc=DOC15942



Above: A group of men march in support of the Green Umbrella family planning campaign launch in Dhaka, Bangladesh. © 1996 CCP, Courtesy of Photoshare.

10 Population, reproductive health and the Millennium Development Goals: how the ICPD Programme of Action promotes poverty alleviation and human rights

Why the ICPD programme of action is key to achieving the Millennium Development Goals

UNFPA / United Nations Population Fund (UNFPA) (2003)

In the year 2000, a set of goals to improve the lives of the poorest people in the world (afterwards called the Millennium Development Goals or MDGs) were adopted at the historic Millennium Summit at the United Nations. Produced by the UNFPA, this document shows how the 1994 International Conference on Population and Development (ICPD)'s Programme of Action can contribute to the realisation of the MDGs.

The ICPD consensus advocates universal access to education and health care, including reproductive health, and pays specific attention to the empowerment of women in relation to these issues.

This paper is divided into four parts, the first part discussing the various Millennium Development Goals and the second and third parts presenting the ICPD and the ICPD+5 goals, a new set of benchmarks based on the progress made towards achieving the ICPD goals five years later. The last section highlights the direct link between ICPD and the MDGs.

The paper starts by listing the MDGs and then shows how the ICPD Programme of Action contributes to the goals. In particular, the MDGs were concerned with:

- the number of people living in extreme poverty, universal access to primary education and the promotion of gender equality
- a number of health issues such as maternal mortality, HIV/AIDS, malaria and other major diseases
- ensuring environmental sustainability by integrating the principles of sustainable development into country policies and programmes and building a global partnership for development reinforcing the ICPD consensus on population and development which focuses on the same

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rights of universal access to education and health care, including sexual and reproductive health

- making connections between the ICPD goal of empowering women and health care and work outside the home will be better equipped to combat poverty for herself and her family.

The ICPD and ICPD+5 goals were more specifically concerned with issues of education, maternal and infant mortality and sexual and reproductive health and rights, with a focus on women's empowerment in each of these areas. The paper shows how achieving these goals will go a long way to reaching the broader MDGs: Universal access to voluntary reproductive health care and family planning will help reduce the number of unwanted pregnancies, thereby freeing essential resources for the poorest families. It will also help reduce child mortality and improve maternal health. Universal access to education and reproductive health care is crucial in the fight against HIV/AIDS in particular but also against other diseases such as malaria or tuberculosis. Better education will provide better information to prevent transmission of the diseases, and access to health care will also help disseminate information and improve treatment of those infected.

The strain on the environment is crucially related to population growth; it could be significantly reduced if people are better informed about sustainable ways of living.

Available online at:

www.eldis.org/cftrdr/cfm?doc=DOC16996

11 Investing in people: national progress in implementing the ICPD programme of action 1994-2004

Reproductive health and rights moving up the policy agenda: results from a global survey

UNFPA / United Nations Population Fund (UNFPA) (2004)

This report from UNFPA presents results from a global survey of national experiences ten years after the International Conference on Population and Development (ICPD). Programme of Action was agreed in Cairo. Responses indicate that countries have made substantial progress in reproductive health services and information, including measures to address the needs of adolescents, and to prevent and manage sexually transmitted infections (STIs). Most responding countries had taken measures to improve access to education, promote gender equality, and enforce reproductive rights. However, fewer countries reported information-education-communication (IEC) or advocacy strategies, or institutional changes – key elements in realising reproductive rights. Social and cultural factors were cited by many countries as a key constraint to addressing the HIV/AIDS pandemic.

The report concludes that there has been a considerable increase in the awareness and ownership of the ICPD agenda, including the concepts of sexual and reproductive health and rights, by countries of all regions. However, it recommends greater cross-sectoral collaboration, and a more integrated approach to achieving the ICPD objectives as critical

to the attainment of the Millennium Development Goals (MDGs). It also calls for ICPD issues to be infused into broader policy areas, such as poverty, women's empowerment, human rights and environmental sustainability.

Available online at:

www.eldis.org/cftrdr/cfm?doc=DOC17114

12 Reproductive health services and intimate partner violence

Gender inequality and violence are reproductive health issues
International Family Planning Perspectives; Watts, C.; Mayhew, S. / Alan Guttmacher Institute (2004)

Published by Alan Guttmacher Institute, this article highlights findings from a number of small-scale, community-based studies which indicate that intimate partner violence is an important factor affecting women's reproductive health. The authors note that in many countries, violence is perceived as a legal or human rights issue rather than a health issue. They point out that forced sex is associated with a range of reproductive health problems, including HIV and other sexually transmitted infections, unwanted pregnancy, and urinary tract infections. Intimate partner violence also has a significant impact on reproductive health decision-making. It is linked to unwanted pregnancies, especially among adolescent females, and also greatly restricts married women's ability to use contraceptives.

The authors recommend developing interventions which are relevant to local contexts and draw upon the experience and expertise of both reproductive health providers and activists against violence. They stress the importance of training providers in counseling skills, focusing on the need for privacy and confidentiality. They also highlight opportunities for reproductive health providers to document women's experience of violence, as well as for improved intersectoral collaboration and referral. The article concludes that a pragmatic response to gender inequality and violence is needed for the realisation of women's reproductive rights.

Available online at:

www.eldis.org/cftrdr/cfm?doc=DOC17487

13 The missing link! Parliamentary hearings linking sexual & reproductive health and HIV/AIDS

Stronger links needed between sexual and reproductive health and HIV and AIDS

Worthington, T.; Kjaerby, A. M. / All Party Parliamentary Group on P population, Development and Reproductive Health (2004)

This document, from the all-party parliamentary group on population, development and reproductive health, provides a number of

recommendations on strengthening the links between sexual and reproductive health (SRH) and HIV and AIDS. The document makes 20 recommendations and provides the main points from both the New York call to commitment on linking HIV/AIDS and SRH, and the Glion call to action on family planning and HIV and AIDS in women and children. The report stresses the strong links between SRH and HIV and states that no funding should be made available to programmes that prevent integration or cooperation between the two fields. Moreover, it argues that all policy should be based on Cairo's ICPD programme of action which states that SRH services are a right, and that the review of the millennium development goals must acknowledge the role of SRH services. Other recommendations include: increasing multilateral collaboration and coordination; challenging American policy, which denies access to condoms and impacts upon national health systems;

addressing the specific needs of women, men, and young people, as well as those living with HIV and AIDS; addressing human resource issues; and increasing cooperation between parliamentary and civil society leaders and organisations. [adapted from author]

Available online at:

www.eldis.org/cftrdr/cfm?doc=DOC17821

Below: During a conference on Gender-Based Violence and Health, a t-shirt display in a public area bears witness to violence against women. A clothesline is pegged with t-shirts, and each shirt has a written message to represent a particular woman's experience, by the survivor herself or by someone who cares about her. © 2003 Henrica A.F.M. Jansen, Courtesy of Photoshare.



14 Dreams & desires: sexual and reproductive health and experiences of HIV positive women

Access to information, adequate services and freedom of choice critical for HIV-positive women
International Planned Parenthood Federation (IPPF); International Community of Women Living with HIV/AIDS (ICW) / International Planned Parenthood Federation (IPPF) (2004)

This publication from the International Planned Parenthood Federation (IPPF) and the International Community of Women Living with HIV/AIDS (ICW) explores the specific sexual and reproductive health issues facing HIV positive women. It features 13 stories of HIV-positive women from Bolivia, Nepal, Kenya, Nigeria, Ukraine, Thailand, Swaziland, England, Honduras, South Africa, Belarus, Iran, and Sudan. The experiences and observations are intended to inform the design of appropriate and integrated sexual and reproductive health services.

Many of the women express the need for prevention services and accurate information. They also highlight the need for support in addressing the many psycho-social issues related to anti-retroviral (ARV) side effects and complications, as well as the freedom to make choices about whether and/or when to have children. Access to condoms, both male and female, is seen as critically important, as a protective method against re-infection and unwanted pregnancies. Other issues raised include the need for regular and reliable access to ARVs, adequate training of health care workers who work with HIV positive women, adequate reproductive health services, and the need to include HIV-positive women in the development of HIV and AIDS prevention, care and treatment programmes. [adapted from authors]

Available online at:

www.eldis.org/cftrdr/cfm?doc=DOC17749

15 A decade after Cairo: women's health in a free market economy

Why are we not meeting the resolutions of the ICPD?

Nair, S.; Kiribat, P.; Sexton, S. / The Corner House, UK (2004)

This paper from the Corner House examines the contradiction between the resolutions made at the 1994 International Conference on Population and Development held in Cairo, and the current decline in maternal health and reproductive health and rights. One decade later, there are 600,000 maternal deaths each year (95 per cent of them in sub-Saharan Africa and Asia) while 18 million women are left disabled or chronically ill because of largely preventable complications during pregnancy or childbirth. These figures indicate that many women do not have access to essential and emergency obstetric care, let alone access to more comprehensive reproductive health services (a major recommendation of the Cairo Programme of Action).

The authors argue that there has been a deterioration in the conditions that determine both women's health and their ability to make decisions

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about childbearing. These trends can largely be attributed to the implementation of neo-liberal economic policies over the past two decades, first by means of structural adjustment programmes and more recently by international trade agreements. The Programme of Action itself appears in some ways to endorse rather than challenge this neo-liberal framework. A closer look at how neo-liberalism has impacted upon women's reproductive rights may suggest avenues for more fruitful alliances with other social movements in the future. [adapted from author]

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18139

16 Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2000

Global estimates reveal high risk of death from unsafe abortion in developing countries

WHO / World Health Organization (WHO) (2004)

These World Health Organization estimates on unsafe abortion are based on figures for the year 2000. They indicate that 19 million unsafe abortions are performed each year, almost all in developing countries, and account for one in ten of all pregnancies. The estimates also show that unsafe abortion is a significant cause of maternal mortality, killing approximately 68,000 women annually. In developing countries, the risk of death from unsafe abortion procedures is 1 in 270. Unsafe abortion also brings a financial burden in costs to women and to health services for treating complications. Analysis of trends suggests that incidence of unsafe abortion is rising among unmarried adolescent women in urban areas.

The document stresses the need for prevention of unplanned pregnancies. It argues that where women cannot access reliable contraceptives or family planning information, they will resort to terminations, regardless of restrictive laws or inadequate abortion services. Key recommendations include: ensuring access to good quality family planning services, as a priority measure, and improving the quality of abortion services, where legal, and of post-abortion care. The document concludes that further research is needed into the extent of unsafe abortion in countries in order to monitor the public health impact.

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18265

17 Re-sexualising the epidemic

HIV prevention programmes: researchers need to ask difficult questions

Berger, J. / Interfund (2004)

This article, from Development Update, argues that there is a need to pay more attention to sex and desire in the design of HIV prevention programmes. The paper highlights how perceived 'dirty' issues, such as sex between men and anal intercourse between men and women, are often overlooked by HIV prevention programmes. It also explores how reasons why people may choose not to place themselves in safety by engaging in sexual conduct with a high risk of HIV infection are often not explored by researchers. By ignoring these factors, HIV prevention work can have only a limited impact on behaviour change.

The author calls for effective programmes that enable behaviour change. This means dealing openly and honestly with the lives that people actually lead and the sex they actually have. Instead of programmes that tell people what to do, which many are unwilling or unable to follow, the author calls for prevention interventions that focus on reducing risk. The author outlines the need to hold governments to account and demand that they develop reasonable prevention plans based on high quality, appropriate research. The need to ensure that researchers do not avoid asking difficult questions is also emphasised. [adapted from author]

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18515

18 Breaking through: a guide to sexual and reproductive health and rights

Recognising reproductive rights as human rights: controversies and progress

Swedish Association for Sexuality Education (RFSU) / Center for Reproductive Rights, formerly known as the Center for Reproductive Law and Policy (CRLP), New York (2004)

This guide, published by the Swedish Association for Sexuality Education (RFSU), provides a comprehensive introduction to the political debate surrounding sexual and reproductive health and rights (SRHR). It discusses the changes in the approach to population issues that emerged from the 1994 International Conference on Population and Development, emphasising the conference's explicit recognition of reproductive rights as human rights. Countries pledged to reduce maternal mortality, fight HIV and AIDS, and improve people's sexual and reproductive health and rights. The guide discusses the controversy over the goals that were adopted and the reservations expressed by many countries.

The guide also describes the nature of the opposition to SRHR in international negotiations. It lists words and concepts whose meanings have been interpreted differently by progressive and conservative lobbies, and provides a background to the political arguments in support of some of the most controversial SRHR issues. Further chapters look at what work has been done on SRHR in Sweden, the EU, and in the context of development cooperation, and review international

conventions and declarations on SRHR. The guide suggests that the material presented can be used by government officials and non-governmental organisations as a tool to strengthen the position presented here against those who oppose it.

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18619

19 Debunking the myths in the U.S. global AIDS strategy: an evidence-based analysis

U.S. global AIDS strategy based on right-wing ideology and pharmaceutical interests

Center for Health and Gender Equity (CHANGE) / Center for Health and Gender Equity (CHANGE) (2004)

This article, produced by the Center for Change and Health Equity (CHANGE), analyses the U.S. Global AIDS strategy in order to review its core assumptions and assess its evidence base. Findings show that the U.S. strategy ignores evidence on the risk and risk factors facing most populations in high-prevalence countries and on levels of sexual activity, transmission within marriage and other factors. The authors argue that the strategy provides partial and misleading information on health and health risks and that decisions made on prevention and treatment interventions are based on political rather than health and humanitarian grounds.

The authors conclude that the strategy is not based on the needs of those at risk and living with HIV and AIDS, but on the right-wing political and evangelical agenda of the U.S. administration and the interests of pharmaceutical companies. The authors call for a comprehensive strategy based on public health information and objectively evaluated best practices. They also call for increased coordination within U.S. government agencies, and between the U.S. and other donor agencies. Finally, they call for a coordinated effort to increase treatment access by using mechanisms that are not tied to the needs or interests of political parties or US domestic interests. [adapted from author]

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC18628

20 Dying to learn: young people, HIV and the churches

Preventing death: why the churches should promote sexual health and HIV education

Garvey, M. / Christian Aid (2003)

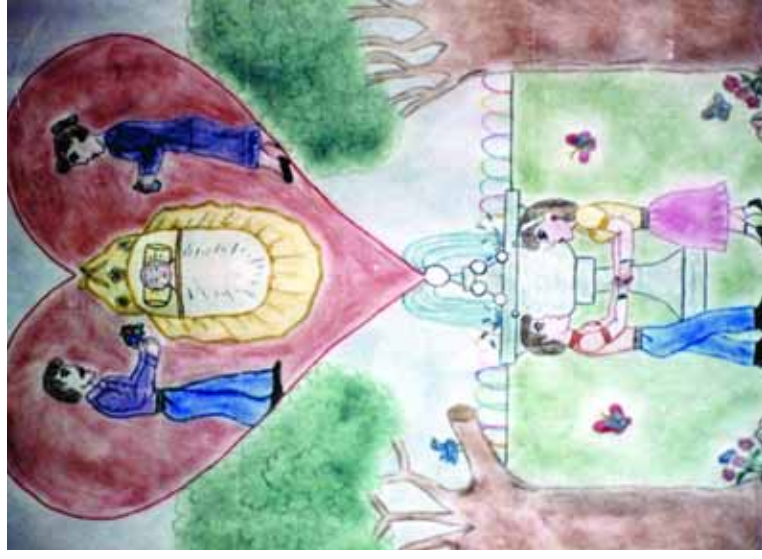
Examining evidence from academic research, this report from Christian Aid finds that sexual health and HIV education does not hasten the sexual debut of young people nor increase their number of sexual partners. Moreover, good quality sexual health and HIV education

actually reduced levels of sexually transmitted infections, including HIV, as well as reducing stigma and discrimination against people living with HIV and AIDS. Condoms, when used correctly and consistently, were also shown to be effective in preventing HIV infection among sexually active young people. There was insufficient academic evidence to support the view that abstinence-only programmes helped to delay sexual debut.

The report concludes that good quality HIV and sex education does not encourage promiscuity among young people but rather promotes safer behaviour. It also recognises that in the majority of countries most young people are sexually active from a very young age and at risk from HIV. It therefore calls on the churches to use their extensive networks and influence to support and advocate for sexual health and HIV education of young people in a way that is open, frank and sensitive. The report recommends that sexual health programmes begin before the onset of sexual activity and before sexual behaviour patterns start to form.

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC19647



Above: A poster created by a 17 year-old Mexican boy illustrates adolescent love and sexual responsibility. The poster was inspired by two of the most popular singers in the region at the time, Taliana and Johnny, whose hit songs "Cuando Esemos Juntos" and "Detente" incorporated messages of sexual responsibility. © 1986 CCP. Courtesy of Photoshare.

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21 Health, Empowerment, Rights and Accountability (HERA) action sheet: sexual rights

Realising sexual rights as human rights: guidelines for action
Health, Empowerment, Rights and Accountability (HERA) /
International Women's Health Coalition (IWHC) (1999)

This action sheet on sexual rights is one of a series on sexual and reproductive health and rights (SRHR), published by the International Women's Health Coalition (IWHC), which define central concepts in SRHR and identify actions needed. The action sheet stresses that sexual rights are an integral element of human rights, and encompasses the right to pleasure, freedom and autonomy in the responsible exercise of sexuality, as well as the right to sexual health. It further argues that respect for sexual rights as human rights is the basis for gender equality, the elimination of violence against women, and broader social well-being. Key actions identified include: sexual rights and sexuality education for all age groups and both sexes, which emphasises gender equality and includes information on forms of sexual orientation; training human rights workers, educators and health care professionals to recognise and promote sexual rights as human rights; developing broad-based media campaigns; ensuring access to comprehensive sexual health services, including contraceptive methods, diagnosis and treatment of sexually transmitted infections, and safe abortion; and ensuring that health care providers respond effectively to cases of sexual abuse and violence. The action sheet concludes by listing legislative changes needed to realise sexual rights.

Available online at:

www.eldis.org/cftrdr/rdr.cfm?doc=DOC19689

22 Sexual and reproductive health and rights: a cornerstone of development

Realising sexual and reproductive health and rights is key to poverty reduction, says Sida
Sida / Swedish International Development Cooperation Agency (Sida) (2005)

In this paper, the Swedish International Development Co-operation Agency (Sida) sets out its policy on sexual and reproductive health and rights (SRHR). It argues that violations of the right to sexual and reproductive health both cause and are caused by poverty. Therefore, realising SRHR is not only a goal in itself, but a means to fight poverty, underpinning all the Millennium Development Goals (MDGs). The paper considers sexual and reproductive health from the perspective of human rights and of the poor, emphasising the need to address power structures and their impacts.

Sida states its support for culturally sensitive, youth-friendly services, and sexuality and sex education programmes aimed at eliminating prejudice and discrimination for reasons of sex, sexual orientation, gender identity, age or ethnic background. It also advocates integration of sexual and reproductive health services with HIV and AIDS programmes; and the introduction of public financing systems to ensure equal access to high quality sexual and reproductive health care for all. Sida's priorities in SRHR include contraception, safe abortion, HIV and AIDS and sexually transmitted infections, sexual violence and abuse, harmful traditional practices, and maternal and newborn health. Key strategies include working with the education sector and the field of legislation, and incorporating a gender perspective into all cooperation. [adapted from author]

Available online at:

www.eldis.org/cftrdr/rdr.cfm?doc=DOC19688



Left: Male reproductive health needs are discussed between a local villager and Community Based Distributor Robert Awai in the Markham District, a rural area in Papua New Guinea. © 2002 Papua New Guinea Family Health Association. Courtesy of Photoshare.

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cooperation with those involved in such behaviours, stigmatised or not. [adapted from author]

Available online at:

www.eldis.org/cftrdr/rdr.cfm?doc=DOC19753

25 Implications of U.S. policy restrictions on commercial sex workers and victims of trafficking worldwide

US funding restrictions contravene human rights and public health
Center for Health and Gender Equity (CHANGE) / Center for Health and Gender Equity (CHANGE) (2005)

This policy brief from CHANGE, examines the implications of the United States (US) Global AIDS Act, which bars the use of federal funds to promote, support or advocate the legalisation or practice of prostitution. The brief outlines how these policies and restrictions have numerous adverse implications for effective HIV prevention and the promotion of human rights and public health. The restrictions prevent recipients from using best practices to prevent the spread of HIV among marginalised populations and undermine efforts to promote fundamental human rights of self-censoring or stopping effective programmes for fear of being seen as supporting or promoting prostitution. The policy exacerbates stigma and discrimination against already marginalised groups and contravenes fundamental rights to freedom of speech.

The brief requests that the US Department of Justice reconsider its interpretation on the application of the restrictions of the Global AIDS Act, ensuring that it is consistent with US and international human rights laws and public health norms. Other requests include: instituting a practice of consultation with a broad range of experts before an agency or office issues programme directives; and ensuring that all scientific and programme evidence is regularly reviewed by experienced researchers and programme managers. [adapted from author]

Available online at:

www.eldis.org/cftrdr/rdr.cfm?doc=DOC20212

26 Anatomy of a backlash: sexuality and the 'cultural' war on human rights

Culture and religion versus human well-being?: the new battleground for sexual health and rights
Lang, S.; Human Rights Watch World Report / Human Rights Watch (HRW) (2005)

This paper from Human Rights Watch highlights the growing alliance of conservative forces, or fundamentalists, which is threatening progress

23 Sexual rights: much has been said, much remains to be resolved

Accentuate the positive: sexual rights should be about freedom and pleasure as well as public health
Correa, S.; Department of Social Sciences, Public Health School, Columbia University / Siyanda (2002)

Presented as a lecture in the Sexuality, Health and Gender Seminar at the Department of Social Sciences, Public Health School, Columbia University, USA, this paper revisits the ongoing debate on human rights and sexuality, focusing on United Nations (UN) negotiations. The paper notes that conventional public health and population concerns regarding family planning and the HIV and AIDS pandemic have shifted the sexual liberation agenda towards sexual risk. Consequently, the interpretation of sexual rights has generally been negative, emphasising victimisation, including gender-based violence and rape, as well as sexual and reproductive health problems. Key obstacles to a more positive interpretation include the persistent forces of conservatism, the dominance of a biomedical approach to sexual health and rights, and a perception of sexuality as somehow "trivious".

The paper acknowledges the need to properly link sexuality, health, reproduction and violence. However, it also calls for sexual rights to be considered as an end in themselves, affirmed in relation to pleasure and eroticism, reflecting Amartya Sen's concept of "development as freedom". The paper stresses the links between sexuality and equality, calling for future debates on sexual rights to include diverse groups such as sex workers, lesbians, gay men, bisexuals, and transgender people in order to achieve a truly global consensus on sexuality and sexual rights.

Available online at:

www.eldis.org/cftrdr/rdr.cfm?doc=DOC19699

24 Sexuality and globalization

Sexuality is becoming increasingly central to human rights debates
Altman, D.; Sexuality Research and Social Policy. Journal of NSRC (2004)

This paper, from Sexuality Research and Social Policy, explores the ways in which globalisation impacts upon sexuality and gender, focusing on HIV, sexual identity and human and sexual rights in the developing world. The author outlines how the effects of globalisation, such as increased mobility and urbanisation, means that traditional ways of regulating and controlling sexuality are changing and people are creating new forms of sexual behaviour and norms. However, these changes can be both liberating and oppressive, as increased mobility and migration leads to new forms of inequality.

The author goes onto highlight how questions of sexuality are becoming more central to debates about international human rights, due in part to HIV and AIDS. The impact of HIV demonstrates that the lines between private and public are increasingly blurred. While some governments address HIV through abstinence or fidelity, the nature of human sexuality means that these will not be successful. The author argues that, in the long term, effective prevention means access to and knowledge of condoms, acknowledgement of sex work and homosexuality and

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made over the past decade in linking sexuality, health and human rights. The author argues that these forces, although diverse (including Muslim fundamentalists and the Christian right), share a common target: sexual rights and sexual freedom, particularly regarding the right to express homosexual orientation. The paper focuses on the backlash around sexuality, citing examples from India, Zimbabwe, Namibia, Egypt, Sierra Leone, Jamaica and the United States. It examines a common tactic employed by fundamentalists: opposition to universal rights standards on grounds of supposed cultural tradition, as well as of religion or nationalism.

The paper argues that this attack on sexual rights has huge public health impacts. These include the dropping of measures to prevent HIV and AIDS, often done in the name of "morality", and exclusion of the vulnerable. The paper calls for intolerance to be disentangled from culture, also noting that culture need not be unchanging. It further highlights the role of human rights principles in promoting diversity and protecting sub-cultural communities against state-imposed uniformity or discrimination. The author concludes by suggesting that sexual rights advocates engage with conservatives in fresh dialogue on culture and rights.

Available online at:

www.eldis.org/cfr/rdr/cfm?doc=DOC20248

27 Sexual and reproductive health & HIV/AIDS: a framework for priority linkages

Linking HIV, AIDS and sexual and reproductive health programming creates public health benefits
IPPF / UNFPA; UNAIDS; WHO / International Planned Parenthood Federation (IPPF) (2005)

This document, produced jointly by IPPF, UNFPA, UNAIDS, and the WHO, proposes a set of key policy and programme actions to strengthen linkages between SRH (sexual and reproductive health) and HIV and AIDS programmes. Key linkages include: learning HIV status, promoting safer sex, optimising connections between the two programmes, and integrating HIV and AIDS with maternal and infant health. The document highlights how stronger linkages between SRH and HIV programmes should lead to a number of public health benefits, including: improved access to and uptake of key HIV, AIDS and SRH services; better access of people living with HIV and AIDS (PLWHA) to SRH services; reduced HIV-related stigma and discrimination; and improved coverage of underserved and marginalised populations.

Key policy and programming actions must build upon addressing the structural determinants of HIV, AIDS and SRH ill-health needs, such as reducing poverty, ensuring equity of access to key health services and improving access to information and education opportunities. Other essential elements include: focusing on human rights and gender; promoting a coordinated and coherent response; meaningful participation of PLWHA; fostering community participation; and reducing stigma and discrimination. [adapted from author]

Available online at:

www.eldis.org/cfr/rdr/cfm?doc=DOC20384

28 Annotated bibliography: sexuality and human rights

An introduction to key materials on sexuality and rights
Fried, S.T. / International Women's Health Coalition (IWHC) (2002)

This bibliography, published by the International Women's Health Coalition, introduces the issues of sexual rights, sexuality and human rights, providing summaries of 28 key documents and a list of further references. It defines sexual rights as the distinct set of rights related to sexual expression, behaviour, practices, and identities, and describes the broader term "sexuality and human rights" as encompassing the status of sexuality-related issues within the context of human rights laws, instruments and advocacy.

The summarised material is organised into two categories: documents that offer general reflections on sexuality and human rights concepts and practices; and those that focus on specific thematic or regional aspects of sexuality and human rights. The list of further references is organised under themes of: gender and bodily integrity; lesbian, gay bisexual and transgender rights; refugees and asylum seekers; sexual rights, HIV and AIDS; sexual rights and religion; reproductive rights; sexual violence, including sexual violence and armed conflict; sex worker rights; trafficking; declarations on sexual rights and campaigns on this issue.

Available online at:

www.eldis.org/cfr/rdr/cfm?doc=DOC20181



Above: A parade launches the "Haki Yako" ("It's Your Right") family planning campaign in Kenya. © 1997 CCP. Courtesy of Photoshare.

29 Beijing Declaration and Platform for Action: Fourth World Conference on Women

An international agenda for women's human rights, sexual and reproductive health and gender equality
Fourth World Conference on Women / UNESCO – Education Sector (1995)

This document, published by UNESCO, contains the declaration made by governments at the Fourth World Conference on Women held in Beijing in 1995, and the related "Platform for Action" – an agenda for women's empowerment. The declaration affirms a commitment to gender equality and the realisation of women and girls' rights. More specific commitments include: to promote women's economic independence and eradicate the burden of poverty on women; to promote the provision of basic education, life-long education, literacy and training, and primary health care for girls and women; to prevent and eliminate all forms of violence against women and girls; and to ensure equal access to and equal treatment of women and men in educational and health care. The Platform for Action details critical areas of concern and calls for governments, the international community, and civil society to take strategic action on them. These areas include inequalities between men and women in access to services, access to resources, power and decision-making, and economic structures and policies. The document also highlights violence against women; the effects of conflict; and a lack of respect for and inadequate promotion of women's human rights. In particular, Paragraph 96 of the Platform for Action extends the definition of women's human rights to cover matters related to sexuality, including sexual and reproductive health.

Available online at:

www.eldis.org/cfr/rdr/cfm?doc=DOC19881

30 Sexual but not reproductive: exploring the junctions and disjunctions of sexual and reproductive rights

Why sexual rights should be linked to sexuality as well as reproduction
Miller, A.; Francois-Xavier Bagnoud Center for Health and Human Rights / Health and Human Rights (2000)

This article from the Journal Health and Human Rights examines the concept of sexual and reproductive rights and argues that the term itself poses a challenge. In particular, the article suggests that the conflation of sexual rights with reproductive rights has caused sexual rights to be seen as a subset of reproductive rights. This has led to the removal of non-heterosexual, non-procreative sexual activity from human rights protection, and by association, the exclusion of groups such as lesbians, gay men, and transgender people and in some cases, men altogether. The paper further argues that a fear of sex and sexuality in family

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planning programmes has led to silence on these issues. It then considers the implications of creating a claim to sexual rights in this context.

The article calls for sexuality to be incorporated into discussions on reproduction and linked to public health more broadly, as well as human rights. Regarding sexual rights claims, it advocates an integrated approach, combining human rights advocacy and case law (largely focused on violations) and the more protection-focused approach of international standards. It calls for a full, universally recognised definition of sexual rights as human rights, incorporating gender and transsexual identity, sexual orientation, bodily integrity and freedom from violence. This article is reprinted from Health and Human Rights, v.4, no.2: pp. 68-109, Miller, A., 2000, with the kind permission of Francois-Xavier Bagnoud Center for Health and Human Rights and the President and Fellows of Harvard College.

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31 Sexuality, human rights and demographic thinking: connections and disjunctions in a changing world

Erotic justice: a new agenda for realising sexual rights in the twenty-first century

Correa, S.; Parker, R.; National Sexuality Resource Centre, San Francisco State University; Caliber: Journals of the University of California Press / Sexuality Research and Social Policy: Journal of NSRC (2004)

This article from the Journal Sexuality Research and Social Policy examines the changing debate on ethics and demography (the study of human population), in particular its shift in emphasis from the public good to individual rights, including those relating to sexuality. The authors link this to the emergence of global social movements involving feminist, gay and lesbian organisations as well as HIV and AIDS-related initiatives. They review the evolution of the global debate linking sexuality and human rights, and analyse the impact of these changes on international sexual and reproductive rights negotiations and on the sexuality research agenda.

The authors conclude that traditional demography has been replaced with a more politically engaged form of enquiry focused on social justice. Issues of power, gender equality and sexual oppression have become central to sexuality research, and the study of sexual health has become inextricably linked to the defence of sexual rights. However, they identify one area that has not been systematically debated and addressed: the measurement of rights. They call for statistics to be produced which relate specifically to the realisation of sexual rights. They argue that cross-sectoral indicators spanning social, cultural, economic, political and civil rights perspectives are essential to gain the necessary support for an agenda of "erotic justice".

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32 Sexual rights in Southern Africa: A Beijing discourse or a strategic necessity?

Why sexual rights mean social justice for Africa's poor

Klugman, B.; Health and Human Rights / University of Witwatersrand (Wits), Johannesburg, South Africa (2000)

This article from the journal Health and Human Rights looks at the interpretation and practice of sexual rights following the Beijing Declaration and Programme of Action, focusing on the nine member countries of the Southern African Development Community (SADC). The author finds that most countries in the region recognise the links between gender discrimination and inequality, particularly sexual violence, and women's greater vulnerability to HIV transmission. Some also recognise the problem of unequal power relations between men and women, but few provide strategies to address it, and most remain ambivalent about shared sexual decision-making. Sexuality and sexual orientation are also notably absent from sexual rights discourse in the region.

The article calls for more attention to be given to the links between lack of sexual rights and poverty. It also advocates a shift in focus from the absence of rights, with the emphasis on denial of sexuality and on protection of women, to the positive acceptance of sexual pleasure as a component of rights. It concludes that the promotion of women's social and economic status is fundamental to the realisation of sexual rights. It further argues that sexual rights can become a means not only to defeat the spread of HIV and AIDS but also to promote social justice.

Available online at:

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33 Sexual orientation and gender identity issues in development: a study of Swedish policy and administration of Lesbian, Gay, Bisexual and Transgender issues in international development cooperation

Promoting a rights based approach to LGBT and intersex issues

Samelius, L.; Wagberg, E. / Swedish International Development Cooperation Agency (Sida) (2005)

This report is based on a study of Swedish policy and administration of Lesbian, Gay, Bisexual and Transgender (LGBT) and intersex issues in international development cooperation. Key findings show that:

- the level of knowledge and understanding among Sida and Ministry for Foreign Affairs (MFA) staff on LGBT and intersex issues is uneven and often deficient

- there is a limited awareness of the linkages between gender identity and sexuality, and core development issues such as poverty reduction, the protection of human rights and combating gender based violence
- there is inadequate mentioning of, or directives for, dealing with LGBT and intersex issues in Swedish policy and strategy documents – support to LGBT issues is often up to the discretion of the individual programme officer.

The study gives an account of Swedish administration of LGBT issues and an assessment of the life situations of LGBT and intersex persons through case studies in South Africa, India and Moldova. It concludes that the situation of LGBT and intersex persons in these countries is unfavourable in comparison with the life conditions of heterosexual women and men.

A series of specific recommendations are outlined for South Africa, India and Moldova. A number of general recommendations are also given to Sida and MFA, which include:

- LGBT and intersex issues should be treated as a human rights issue and regarded as an essential part of a gender equality and social equity agenda
- intersex persons should be integrated into the LGBT agenda
- Sweden must continue to raise and support UN and EU initiatives and treaties which promote LGBT issues
- support to initiatives and organisations that are committed to creating awareness of LGBT people and to promoting human rights should be increased
- pressure must be put on Swedish NGOs to ensure that no Swedish development cooperation money goes to support organisations which promote discrimination due to sexual orientation
- Sida and MFA staff must be comprehensively trained on LGBT and intersex issues. [Summary written in collaboration with BRIDGE and Siyanda]

Available online at:

www.eldis.org/cf/rdr/rdr.cfm?doc=DOC20656



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