

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS – A CORNERSTONE OF DEVELOPMENT

Sida's contribution to a Swedish policy

POINTS OF DEPARTURE

Sweden's Policy for Global Development

The overall goal of the 'Policy for Global Development' adopted by Parliament in 2003 is to contribute to creating conditions that will enable poor people to improve their lives. Sida's view is that violations of the rights to sexual and reproductive health both cause, and are caused by, poverty. Hence, making a reality of sexual and reproductive health and rights (SRHR) is not only a goal in itself. It is also an important means of fighting poverty and achieving the Millennium Development Goals (MDGs), all of which are either closely linked to, or underpinned by, sexual and reproductive health.

The perspective of poor people and the human rights perspective are guiding principles in Sweden's 'Policy for Global Development'. Regarding sexual and reproductive health from these perspectives provides an analytical basis for Sida's work.

Poverty, gender and power perspectives

In Sida's analytical approach 'Perspectives on Poverty' (2002) the essence of poverty is given a broad definition. It is not limited to economic and material aspects but includes lack of power and lack of freedom to decide over and shape one's own life. Sida recognizes that poverty is contextual, dynamic and multidimensional, and that there is often a correlation between its different manifestations. This broad definition brings *social differentiation* and *division of power in society* to the core of the analysis.

Due to the prevalent *discrimination against and subordination of women*, which starts with the girl child, the following phenomena are sadly common: lack of physical security, lack of power to decide over their own bodies, and lack of possibilities to choose if, when and with whom to have sex and children. These are serious expressions of oppression and poverty that Sida will address.

The *choice of sexual orientation* is limited in favour of a heterosexual lifestyle. Sida will attach importance to addressing different kinds of power structures that affect the possibilities available to women and men to shape an individual sexual and reproductive life.

Almost half of the world's population is under the age of 25, the largest youth generation in history. Despite this, young persons are often invisible or discriminated against in SRHR programmes. Sida will strongly defend *the right of young persons* to a positive sexual life and will contribute to empowering girls and boys through different initiatives that foster sustainable youth participation. Examples of such initiatives are: youth-friendly, affordable and accessible services, programmes aiming at enhancing knowledge of issues concerning reproduction and sexuality, and activities designed to eliminate discriminatory attitudes towards young persons.

A narrow view of sexuality and reproduction has also led to reducing *men's roles*. Sida considers that men's sexual and reproductive obligations, rights and needs - whether inside or outside marriage - must be addressed, and interventions limiting male dominance will be promoted.

A human rights perspective

A human rights perspective on sexuality implies that the promotion of sexual and reproductive health rests on ethical values recognized by the international community, agreed upon in the Universal Declaration of Human Rights and other international human rights conventions and declarations. Application of this normative framework ensures attention to essential values and norms, such as participation, accountability, and empowerment of marginalised and oppressed groups.

Sida will consequently support activities aiming at *eliminating prejudice and discrimination* for reasons of sex, sexual orientation, gender identity, age or ethnic background. Sida's cooperation may also assume the form of supporting interventions against *forced marriages, child marriages, female infanticide, and dowries*.

Sida will defend international agreements that promote issues relating to sexual and reproductive rights, such as decisions taken during the International Conference on Population and Development (ICPD) in Cairo in 1994 and the UN Fourth World Conference on Women in Beijing in 1995. Furthermore, Sida will support the implementation of human rights agreements, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC), and will make concerted efforts to demonstrate the links between sexual and reproductive health and the Millennium Development Goals.

The positions laid down in the final document from the ICPD imply a major breakthrough for sexual and reproductive health and rights for women. Sweden was involved in the successful outcome and Sida will defend these positions. Sida will strongly oppose conservative, religious and fundamentalist alliances that try to sweep aside sexual and reproductive rights in order to accommodate politics, religions and cultural traditions. In particular, Sida will defend the rights to effective contraceptives and safe abortions.

Swedish experience

Experience from the development cooperation concerning SRHR, including HIV/AIDS, and the knowledge and experience accumulated in Sweden over a very long period of time are other essential points of departure for Sida's work. When Sweden was playing an active role in the preparations for ICPD, it was with a strong belief in a broad SRHR approach, based on its own experience.

One striking feature of the development process in Sweden is that the demand for knowledge of sexuality and fertility and for access to contraceptives came from professional groups who, in their day-to-day lives, saw the consequences and deficiencies in this area. These groups included doctors who came across sexually transmitted infections and their consequences, and schoolteachers and other professionals who saw the deep despair resulting from unwanted pregnancies. This made sexuality and fertility public issues. The issues were given strong political support by Parliament, support that has also been reflected in Sweden's international development cooperation over a long period of time.

ROLES AND APPROACHES

Sida's major roles

Sida's three major roles are that of an analyst, a dialogue partner and a financier/intermediator of resources. In programmes of cooperation that include SRHR, the three roles are often combined.

Sida believes in genuine *ownership by cooperation partners and stakeholder participation* as key conditions for positive impact. Establishing bridges between local, cultural values and universally recognized human rights is therefore an important task. In this connection, Sida may take on various roles to promote SRHR and to address violations of these rights. Sida will support analyses of obstacles and options, the development and dissemination of culturally and sub-culturally acceptable policies and programmes, advocacy activities, and consensus building processes.

Potential *dialogue partners* comprise government bodies and civil society, including pressure groups such as mass media; professional groups and institutions; religious leaders; politicians; and corporations/private sector. Sida will support UN bodies and the EU to conduct similar dialogues and, when the organisations provide added value and mutuality, Sida will work for increased implementation through them.

In the *dialogue with the authorities* in partner countries, Sida will take up issues such as national ratification, slow implementation of treaties, and possible violations of SRHR that are pointed out by local partners and pressure groups. How rights to SRH are reflected in poverty reduction strategies is particularly urgent when Sida supports an entire sector in a country. Efforts will therefore be made to analyse, facilitate and monitor sector reform processes and programmes from the perspective of SRHR and HIV/AIDS.

Internationally and regionally, one of Sida's most essential roles is to function as an *advocate of SRHR*. Sida will endeavour to be at the forefront of the debate, to argue for and advocate comprehensive SRHR services and other preconditions necessary for groups that suffer from discrimination to exercise their sexual and reproductive rights.

Strategic approaches

Sida endeavours to find *well-coordinated* SRHR approaches to defend the decisions taken during the ICPD and the Beijing Conference and to reach the MDGs. This requires openness to interventions with different time perspectives, at different levels, within or across sectors of society, with the aim of making SRHR a reality for all.

When coordinating activities, Sida will take into account the *linkages between SRHR and HIV/AIDS, trafficking in human beings and illicit drugs*. The problems can all be interpreted as different symptoms of poverty or other structural weaknesses such as lack of human rights.

In particular, Sida will emphasise the close links between SRHR and HIV/AIDS, arguing that access to sexual and reproductive health services should be provided in HIV/AIDS prevention, care and treatment programmes. In parallel, appropriate forms of prevention and mitigation of HIV/AIDS should be included in all sexual and reproductive health services as a public health priority, particularly in sexuality education, fertility regulation¹ and abortion services, pregnancy-related care, services for sexually transmitted infections/reproductive tract infections (STI/RTI), and services addressing sexual violence. Key interventions, such as dual protection, emergency contraception, and voluntary counselling and testing (VCT) should be made increasingly available.

As *accessible and comprehensive health services* are cornerstones of SRHR, Sida will strongly support developing health care systems that offer comprehensive safe deliveries, neonatal care and fertility regulation to all. Such services are essential for realising the right of women to their own bodies, and their right to decide if and when they want children. Lack of accessible and affordable health services causes both suffering and unforeseen expenditures for households. Poor women, young people and marginalised groups are particularly affected, and their rights to sexual and reproductive health are put at stake. Sida will therefore advocate and support the introduction of public financing systems that ensure *equal access* to quality sexual and reproductive health care for all.

Health staffs are at the heart of health systems for prevention, treatment and care, and are crucial for effective, sustainable and trustworthy health systems that safeguard SRHR. Sida will consequently support initiatives with multi-functional SRHR staff members, with the aim of strengthening their performance and capacity, including devolution of responsibilities to mid-level providers. It is equally important to create incentives for health staff to remain within their capacity.

¹ Sida usually includes both contraceptives and safe abortion in the term "fertility regulations".

As young people are affected most by a lack of SRHR services, it is strategically important to empower girls and boys to participate fully in the various initiatives. It is essential that young persons are looked upon as agents for youth issues rather than merely recipients of services. *Culturally sensitive and youth-friendly health care services*, based on a human rights perspective, will therefore continue to play a crucial role in Sida's SRHR support.

One necessary precondition for making SRHR a reality is that women and girls are looked upon and treated as members of communities and families with *their own civil, political and economic rights*. Sida will support both immediate and long-term changes towards this by continuing to include a gender perspective in all cooperation.

Cooperation in the *education sector*, with the aim of educating all girls and boys, is one example of support with long-term effects on SRHR. There is a clear, positive correlation between girls' education and the possibilities available to them to gain more control over their life situation, including the right to decide if, when and with whom to have sex and when to have children. Thus, a good education is not only one of the best investments for the individual girl, and for her future children, but it also has a positive effect on economic growth in a country. The education sector is also crucial for building a tolerant attitude in society towards groups that are discriminated against, marginalised and oppressed and for informing young people that they have the right to choose sexual orientation according to their own wishes.

Sida's cooperation in the field of *legislation* is another important area. Sida will support law reforms that extend, enhance, protect and defend SRHR. Sida will also support training programmes for legal sector staff - judges, advocates and attorneys - in civil and political rights, particularly in respect of empowerment of women and girls. More specifically, Sida's cooperation may concern advocacy for the legal right to safe abortion.

PRIORITY ISSUES

In order to contribute efficiently to safeguarding SRHR, Sida will focus on the issues below. Many of them have already been addressed by Sida in the 'Action Plan for Improving Sexual and Reproductive Health' (1994) and in the 'Strategy for Sexual and Reproductive Health and Rights' (1997). Experience gained from the use of these documents constitutes an important foundation for establishing the following priorities.

The issues are not presented in priority order. The issue given top priority varies on the basis of the situation in question. Discrimination based on gender, sexuality orientation, age, socio-economic, disability or cultural grounds will be addressed whenever relevant, and discrimination against individuals due to their gender identity or sexual orientation will be more in focus than has been the case hitherto.

Sexuality education and communication

Consciousness of sexuality and responsible partner relations are two important preconditions for safeguarding SRHR. Sida considers lack of communication and inadequate information important factors that explain sexual ill health, sexually transmitted infections including HIV, unwanted pregnancies, and unsafe abortions.

Several studies have shown that there is no correlation between the availability of sexuality education and an increase in the number of sexual partners among adolescents. On the contrary, participation in sexuality education tends to lead to young people delaying their sexual debut, having fewer partners, and practising safer sex. Furthermore, there is no evidence of correlation between a tolerant attitude towards and availability of correct information on homosexual identity on the one hand, and a greater prevalence of persons with homosexual lifestyles on the other.

Sida will therefore support openness and access to accurate and culturally sensitive sexuality communication based on participatory methods. Such methods embrace an understanding of responsible partner relations, as well as power relations between sexes, sexualities and generations. With its strong commitment to defend the rights of young persons, Sida will advocate sexuality communication as an integral part of education systems and other institutions in society.

Fertility regulation

Contraceptives

Sida recognizes fertility regulation as the right of women to choose when to use contraceptives. With a rights perspective, governments have obligations to provide individuals and couples not only with knowledge but also with the necessary means to enable people to exercise their rights. This implies access to appropriate information, and services with a variety of high quality methods. A human rights perspective also means elimination of all kinds of force or coercion, for example forced sterilizations, unethical disincentives or research trials.

Sida will therefore support efforts to increase accessibility through the establishment of sustainable national systems for the purchase, distribution and monitoring of a wide range of affordable contraceptives of good quality for men and women and adolescent boys and girls. These include condoms and emergency contraceptives, as well as post exposure prophylaxis (PEP) for persons who may have been exposed to HIV.

Safe abortions

Unsafe abortion is regarded as a “major public health concern” with young women facing the most serious effects. It often leads to severe illnesses and infertility, and is a major cause of maternal mortality in many countries. Yet, safe abortion remains restricted and inaccessible for most women, and currently abortion-related activities have suffered a serious setback due to strong political and religious opposition. Ensuring access to safe abortion is always better than having to deal with the

complications arising from unsafe abortion. To continue advocating more liberal laws on abortion is therefore crucial.

Sida will consequently support efforts to prevent unsafe abortions and to increase contraceptive choices and access, and will strongly advocate the rights of all women to safe abortions and comprehensive post-abortion care of good quality. Sida's support includes advocating the liberalization of abortion laws, providing support for the training of sufficient and qualified health staff to perform safe abortions, and supporting activities that have the aim of decriminalizing women who have undergone illegal abortions.

HIV/AIDS and sexually transmitted infections

HIV/AIDS and other sexually transmitted infections (STIs) are widely spread throughout the world. While the highest prevalence of HIV/AIDS is found in sub-Saharan Africa, there is growing concern over trends in Central and Eastern Europe and in South and Southeast Asia. STIs, if diagnosed early, are easy to cure, while untreated STIs/RTIs threaten reproduction and facilitate transmission of the HIV infection.

The spread of HIV/AIDS and other STIs is closely interlinked with gender power imbalance, with cultural norms, and with taboos that prevent openness and adequate responses. Sida will advocate and support the right to services and the right to knowledge of safe sexual behaviour and sexual infections. These rights concern all persons, irrespective of age, gender and sexual orientation.

Sida will advocate a strong health system that integrates broad-based prevention, treatment and care services for HIV/AIDS and other STIs into all levels. The level of service provision is crucial in linking SRHR, HIV/AIDS and other STIs. This issue is therefore of high priority to Sida.

The possibilities of screening and treating cervix cancer are increasing in both middle-income and low-income countries and Sida will consider support for such initiatives.

Furthermore, Sida finds it particularly urgent to advocate and support access to voluntary counselling and testing (VCT) in respect of STIs and HIV/AIDS during antenatal check-ups of both pregnant women and their partners, as HIV/AIDS may be transmitted from parents to children.

Sexual violence and abuse

Violations of the right to freedom from violence are closely linked to gender-based imbalance in power structures. The list of serious violations is extensive. Sexual harassment, rape, coercive provision of contraceptives, forced sterilization, forced abortion, abduction, prenatal sex selection, female infanticide, trafficking in human beings, corrective rapes and forced prostitution are examples. Sexual violence is often exercised systematically in conflicts and wars.

Sida will advocate the elimination of all kinds of sexual violence and abuse. Support will be given to programmes that address underlying causes, such as women's lack of economic and political power; male responsibilities; attitudes and traditional gender values; use of alcohol and illicit drugs; as well as to programmes that offer assistance to victims.

Harmful traditional practices

Many harmful, traditional practices are related to reproductive health, to pregnancy, childbirth and delivery. One such practice is female genital mutilation (FGM), which is a violation of girls' rights to their own bodies. As the tradition is deeply rooted in complex, cultural practices, FGM cannot be treated as an isolated phenomenon but must be understood and addressed in its socio-cultural context.

Sida will provide comprehensive support for national and local initiatives against harmful traditional practices. Furthermore, Sida will advocate the use of international and regional declarations and legal frameworks that prohibit these practices.

Maternal health

Most pregnant women in poor countries are exposed to considerable health risks. International initiatives to safeguard health during pregnancy, delivery and the post-natal period through adequate maternal health care were launched more than twenty years ago. Despite these efforts, rates of maternal mortality are still very high in poor countries and among the poorest women.

Sida will advocate and support improvements of health systems towards effective maternal health services of good quality. High priority will be given to policy-making, research, access to skilled birth attendance including institutional deliveries, and implementation of effective referral systems for comprehensive emergency obstetrics. Support is needed for the training of staff, particularly midwives, but also for referral level skills such as obstetric surgery and anaesthesia.

Barriers outside the health system must not be neglected. Sida will advocate and support greater participation by women in local governance decisions that concern their own life and health situation and their access to reproductive health services. Sida will also advocate and support health-promoting information and health-promoting behaviour change with the ultimate aim of informed decision-making.

Health care of the newborn

Infant mortality is highest in the neo-natal period. As the main reasons are premature births and complications during delivery, infant mortality is closely linked to maternal health care.

Sida will therefore continue to advocate the health and survival of newborn children by the use of appropriate technologies, including skilled birth attendance, and early and longstanding breast-feeding. Sida will also promote knowledge and

implementation of strategies to prevent transmission of HIV to the newly born and infants, and promote HIV-free survival of mother and child.

Furthermore, Sida will protect, support and promote breast-feeding, including promotion of legal initiatives to increase the possibilities available to working mothers to breast-feed. Breast-feeding has positive biological, nutritional, and psychological effects for both mothers and children. Exclusive breast-feeding is an important intervention to prevent infant mortality. It is also a sustainable way of infant feeding and contributes to poverty reduction, as it does not burden the household economy of poor people.

Research cooperation

Analytical capacity and research is crucial for efficient sexual and reproductive health strategies and interventions. Performance of research and research training by low-income countries is also a precondition for low-income countries to participate equally in international policy debates and SRHR research. It is therefore important that future scientists, experts and leaders in these countries are trained in SRHR research.

SRHR issues are often complex and require multidisciplinary research approaches. Researchers from different disciplines such as medicine and biomedicine, as well as epidemiology, sociology, and anthropology, are to be involved. Furthermore, the researchers need to be well acquainted with both local conditions and the global perspective.

SRHR research supported by Sida should primarily be designed to strengthen the development of research capacity in low-income and research-weak countries. The research should concern issues of importance for poverty alleviation and for achieving the Millennium Development Goals.

All SRHR research supported by Sida must be based on the principles of partnership and reflect a human rights perspective. Furthermore, it must respond to the needs and priorities of the partner countries. Special importance will also be attached to research leading to a deeper understanding of, and action on, the SRHR issues that are of high priority for Sida.

REFERENCES

- A more just world without poverty. The Globkom Inquiry. SOU 2001:96
- A handbook on CEDAW. The Convention on the Elimination of All Forms of Discrimination Against Women. The Ministry of Foreign Affairs and Sida, 2000
- Aguayo VM, Ross J. The monetary value of human milk in Francophone West Africa: a PROFILES analysis for nutrition policy communication. Food Nutr Bull. 2002 Jun;23(2):153-61
- Breaking through. A Guide to Sexual and Reproductive Health and Rights. RFSU, 2004
- M. Bygdeman & K. Lindahl. Sex education and reproductive health in Sweden in the 20th century. Government Offset Printing Centre, undated. (Swedish edition, 1994)
- Culture Matters. Working with Communities and Faith-Based Organisations. UNFPA, 2004
- Education for All; a Human Right and Basic Need, Policy for Sida's Development Cooperation in the Education Sector, 2001
- Health is Wealth, Department of Democracy and Social Development, Sida, 2002
- Health and Human Rights. Issue Paper by Birgitta Rubensson. Sida, 2002
- Illicit drugs and linkages to HIV/AIDS, sexual and reproductive health and rights, and trafficking in human beings: An overview from a Swedish development cooperation perspective. Draft report. Sida, 2004
- Making Reality of the Rights of the Child. Save the Children Sweden, 1995
- Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS; How many child deaths can we prevent this year? How many child deaths can we prevent this year? Bellagio Child Survival Study Group. Lancet. 2003 Jul 5;362(9377):65-71
- Meeting the Cairo Challenge. Implementing the ICPD Programme of Action. Family Care International, 1999
- Perspectives on Poverty. Sida, 2002
- Programme of Action. The International Conference on Population and Development. Cairo, 1994
- Sexual and reproductive health and rights. A position paper, DFID, 2004-10-13
- Power and Privileges – on Gender Discrimination and Poverty. The Ministry of Foreign Affairs, 2004.
- Sexual and Reproductive Health and Rights. Strategy for Development Cooperation, Sida, 1997
- Shared Responsibility. Sweden's Policy for Global Development, Government Bill 2002/03:122
- Sida at Work – A Guide to Principles, Procedures and Working Methods. Sida, 2003
- Sida's Work Related to Sexual and Reproductive Health and Rights 1994-2003. By Gisela Geisler et.al. Sida Evaluation 04/1
- Sweden's Policy for Global Development. Report of the Committee on Foreign Affairs 2003/04:UU3
- Sweden's New Policy for Global Development. Adopted by Sveriges Riksdag. December 2003

The Innocenti Declaration. Florence, 1990

The Rights of the Child and Development Cooperation. The Ministry of Foreign Affairs, 2001

The Rights of the Child as a Perspective in Development Cooperation. Government Communication
2001/02:186

UNFPA State of the World Population 2004. The Cairo Consensus at Ten. UNFPA 2004

WHO European Regional Strategy on Sexual and Reproductive Health, Copenhagen, 2001

Working from within. Culturally Sensitive Approaches in UNFPA Programming. UNFPA, 2004

Working with Partnership with UNDP, UNFPA and UNICEF. A Swedish Strategy Framework for 2002-2005. Sida, 2002.

ACRONYMS AND ABBREVIATIONS

ART	Anti Retroviral Treatment
DFID	Department for International Development, United Kingdom
EU	European Union
FGM	Female genital mutilation
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
MDG	Millennium Development Goal
PEP	Postexposure prophylaxis
PoA	Programme of Action
PRSP	Poverty Reduction Strategy Paper
PMTCT	Preventing Mother-to-Child Transmission (of HIV)
SPS	Sector Programme Support
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
SWAp	Sector Wide Approach
RTI	Reproductive Tract Infection
UN	United Nations
UNICEF	United Nations Children's Fund
VCT	Voluntary Councelling and Testing
WHO	World Health Organisation