SEXUAL AND REPRODUCTIVE

health and rights

Lead

Anna Hovhannisyan, Women's Resource Center Armenia

Contributors

Elena Zacharenko, IPPF European Network; Anna Hovhannisyan Women's Resource Center Armenia; Krystyna Kacpura, ASTRA Network, Federation for Women and Family Planning, Poland; Kate van de Krol, Rutgers, Dutch center of expertise on SRHR; Katrine Thomasen, Center for Reproductive Rights; Sophie Beria, YouAct - European Youth Network on Sexual and Reproductive Rights

Sexual and reproductive health and rights, according to the Guttmacher-Lancet definition (1), are an integral part and parcel of the human rights framework. In 1995, the Beijing Declaration and Platform for Action (PfA) recognized that "[t]he right of all women to control all aspects of their health, in particular their fertility, is basic to their empowerment". The conference reaffirmed the goals and standards on SRHR set out in the ICPD but elaborated on women's interests, stating that "[e]qual relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences". Furthermore, the Beijing PfA also directly called upon UN member states to review their laws, especially those laws which still imposed punitive measures upon women who "have undergone illegal abortions".

During the last decade, important gains have been made in allowing women to exercise agency over their lives and bodies and in increasing their independence and autonomy more generally. However, women continue to face discrimination and stigma when deciding freely and without coercion on all matters related to their sexuality. In many UNECE countries, laws, policies and practices continue to violate women's sexual and reproductive health and rights, by restricting their freedom to decide how many children to have and whether to have children in the first place, impeding their choice of contraceptive, limiting their access to information on relationships and sexuality, preventing them from obtaining timely and non-judgmental health care, dictating who they should love and marry, and whether they should have sex before or after marriage, among other things. These policies, both de jure and de facto, undermine women's dignity and equal rights and contribute to their exclusion from decision making processes.

There are stark disparities in the region and a lack of conformity to commitments from the Beijing PfA among Member States. Growing opposition or roll-back to sexual and reproductive rights is of grave concern, and while some of it is based on ideology or religion in other contexts, it also derives from austerity measures attacking many social protections, including health systems all over the UNECE.

Structural barriers and negative trends

Despite progress made during the past 25 years, structural barriers to the attainment of sexual and reproductive health and rights remain. While these barriers differ across the region, there is a general trend of regression or stasis in the following areas: (provision of care, discrimination, information and education, political support). More specific challenges are:

Provision of care

- Denial of sexual and reproductive healthcare has been recognized as a form of violence against women but too often, women are unable to access the care they need because legal, financial, geographical barriers and pervasive stigma.
- In some countries state regulation and enforcement failures regarding conscience-based refusals by medical professionals to provide sexual and reproductive health care undermine women's timely access to care with serious consequences for their health and wellbeing.
- A small number of countries continue to criminalize and severely restrict access to safe abortion care. Such laws force women to seek unsafe care, to travel to receive the care they need and at times to continue a pregnancy against their will and as such exposes women to risks to their health and lives. Such laws contravene human rights law and standards. Furthermore, even in contexts where abortion is legal, many countries limit women’s autonomy in decision-making by introducing mandatory waiting periods and biased counselling. Safe access to abortion is also jeopardized by the existence of websites and facilities that intentionally mislead women on issues related to abortion care.
- There is a stigma associated with abortion care which can be aggravated by biased attitudes among healthcare professionals and in media representations of abortion care. This stigma frequently becomes a decisive factor in denying accessibility of abortion care for women and girls.
- There is a lack of access to modern contraceptive methods in many countries. Access to modern contraceptives is also impeded by discriminatory policy barriers that exclude contraceptives from public health insurance and subsidization schemes, affordability and availability barriers and lack of access to evidence based information.

Discrimination

- Some groups of women face disproportionate barriers in accessing care, such as care services throughout a pregnancy, which aim to prevent maternal mortality and morbidity, as well as access to safe and legal abortion services. This is particularly challenging for women living in rural areas, LBT women, women living with HIV, unmarried and single women, ethnic minority, including Roma women, older women, young people and adolescents, sex workers, women with disabilities, migrant or refugee and asylum seeking women who have difficulty accessing medical services due to legal barriers (such as parental consent) their distance from medical facilities, the expense of getting to these facilities or a lack of information on their function or whereabouts.
- Many healthcare professionals demonstrate discriminatory attitudes and behaviors towards specific, disadvantaged groups, which affects not only the effectiveness of services but also the willingness of people belonging to these groups to subsequently visit the doctor. Many consequently avoid visiting gynecologists, thus endangering their wellbeing and denying them their right to health in many countries of the region.

Information and education

- There is insufficient disaggregated data on sexual and reproductive health, where data should be disaggregated by sex, age, ethnicity, gender identity, sexual orientation, race and socioeconomic status.
- Many countries fail in their obligation to provide evidence-based, comprehensive and youth-friendly information and education on sexual and reproductive health to young people in and out of school. The consequences of this violation of the right to education are evident in many countries of the region with limited use of modern contraceptives exposing young persons to STIs and HIV. Restrictions on sexuality education also impede young people's ability to protect themselves against violence and abuse as well as harmful practices, where sexuality education is key for their understanding of consent and respect and equips them with the skills needed to identify abusive behaviors. The growth in opposition to the inclusion of CSE in schools has been another fallout from the attacks on SRHR and gender equality more broadly. Laws criminalizing the teaching of CSE to minors have been proposed and considered by national legislatures. (2)

Political context

- Pro-natalist policies are applied by some countries of the region focusing on fertility and population growth instead of on women’s autonomy and SRHR. In addition, these policies often discriminate race and ethnicity, promoting the population growth of certain ethnic groups over others.
- A rise of coercive movements which seek to deny women their SRHR, and the human rights of LGBTI people amongst others. As a result, there has been an increase of attacks by both state and non-state actors on organizations working on

issues considered sensitive, such as SRHR, LGBTI rights, migration and women's rights, as well as women human rights defenders (WHRDs) in the region.
- The availability of funding for organizations working on these issues has decreased due to among others, donor disinterest, shifting political priorities and concerted efforts to redirect funding flows from rights-based organizations to ones promoting 'traditional' or 'family' values.

In order to deliver the Beijing Platform for Action, UNECE States must urgently address all barriers that prevent women and girls from realizing their sexual and reproductive health and rights. Governments from the UNECE Region should take action according to the specific SRHR needs of their countries' populations, with attention to disparities in the attainment of SRHR that exist among population groups.

Progress on implementing the Beijing Platform for Action

- Reaffirm the ICPD Agenda and the outcomes of its subsequent review meetings, including the Declaration adopted on April 1th, 2019 during the 52nd session of the UN Commission on Population and Development (CPD) that reaffirmed the importance of the ICPD Program of Action for guiding population and development policies and programs, within the context of the 2030 Agenda for Sustainable Development, and pledged to undertake further actions to ensure its full, effective and accelerated implementation.
- Take immediate effective and positive action, including through public information, awareness-raising and training programs, to address discrimination on the basis of sex, gender and other grounds, including by combating harmful gender norms, stereotypes, assumptions and stigma that undermine women's sexual and reproductive rights.
- Mainstream mandatory, age-responsive, standardised, evidence-based and scientifically accurate comprehensive sexuality education curricula across the education system including into ordinary school curricula in accordance with the UNESCO Technical Guidelines on Sexuality Education. Guarantee that teachers receive the appropriate training on CSE, free from stigma and discrimination.
- Using international best practices and human rights standards, reform the laws on abortion by removing all barriers to safe and legal abortion services for all groups of women. Decriminalize abortion and remove residual procedural requirements applicable to legal abortion services that contravene public health guidelines, such as mandatory waiting periods or third-party authorization requirements.
- Ensure accessible, safe, and affordable abortion services for women especially those who face multiple forms of discrimination.

- Where domestic laws or policies allow health care workers to refuse certain forms of sexual and reproductive health care on grounds of conscience or religion, change these laws and practices to ensure that such refusals of care do not jeopardize women's timely access to sexual and reproductive health care.
- Ensure the affordability of effective contraceptive methods and address financial barriers that continue to undermine and impede women's access.
- Guarantee the practical availability of a wide range of effective contraceptive methods, across rural and urban areas, and include all modern contraceptive goods and medicines in national lists of essential medicines, also in national insurance schemes.
- Amend and improve laws and policies pertaining to standards for reproductive health services for women who face multiple and intersecting forms of discrimination.
- Ensure the collection of more specific and accurate and disaggregated statistics related to the reproductive health of women who face multiple and intersecting forms of discrimination.
- Introduce and monitor periodic and mandatory trainings for health workers on SRHR, patient-centered approaches paying particular attention to reaching women who face multiple and intersecting forms of discrimination.
- Guarantee sufficient budgetary provision for women's sexual and reproductive health and ensure the availability of adequate human resources across all levels of the health system, in both urban and rural areas.
- Integrate sexual and reproductive health care into national UHC plans and into disaster management during times of crisis.
- End and reverse austerity measures and cutbacks that apply to gender equality programming or the provision of sexual and reproductive health care.
- Adopt measures to ensure that all women can access affordable, good quality maternal health care, including prenatal and postnatal care.
- Guarantee the primacy of respect for women's informed consent, and priorities women's informed decision making at all stages of childbirth.
- Review pro-natalist policies in the countries and replace with Rights-based population policies.

Key recommendations developed during the CSO Forum

- Bring abortion laws into line with human rights standards integrating abortion care into healthcare system and ensure it is in line with availability, accessibility, affordability and quality standards free from stigma and discrimination.
- Mainstream mandatory, age-responsive, standardised, evidence-based and scientifically accurate comprehensive sexuality education curricula across the education system including into ordinary school curricula in accordance with the UNESCO Technical Guidelines on Sexuality Education and WHO standards. Guarantee that teachers receive the appropriate training on CSE, free from stigma and discrimination.
- Guarantee the practical accessibility availability and affordability of a wide range of effective contraceptive methods including emergency contraceptive methods, across rural and urban areas, and include all modern contraceptive goods and medicines in

national lists of essential medicines, also in national insurance schemes and subsidization.

Useful sources

(1) Ann M Starrs, Alex C Ezeh, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, Awa M Coll-Seck, Anand Grover, Laura Laski, Monica Roa, Zeba A Sathar, Lale Say, Gamal I Serour, Susheela Singh, Karin Stenberg, Marleen Temmerman, Ann Biddlecom, Anna Popinchalk, Cynthia Summers, Lori S Ashford, The Lancet, 9 May 2018, Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-right

(2) https://oko.press/wiezienie-za-edukacje-seksualna-i-przepisanie-antykoncepcji-projekt-stop-pedofilii-w-sejmie/