

Sexual rights in action

Case studies from around the world



Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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Principles and Articles

Sexual Rights: an IPPF Declaration is based on seven guiding **principles** which provide a framework for all the sexual rights included in the Declaration and ensure, protect and advance sexual rights within the Federation. Sexual rights are human rights and as such are universal and indivisible. The following **articles** outline the ten sexual rights – a set of entitlements related to sexuality that are derived from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people.

Principle 1 Sexuality is an integral part of the personhood of every human being, for this reason a favourable environment in which everyone may enjoy all sexual rights as part of the process of development must be created.

Principle 2 The rights and protections guaranteed to people under age eighteen differ from those of adults, and must take into account the evolving capacities of the individual child to exercise rights on his or her own behalf.

Principle 3 Non-discrimination underlines all human rights protection and promotion.

Principle 4 Sexuality, and pleasure deriving from it, is a central aspect of being human, whether or not a person chooses to reproduce.

Principle 5 Ensuring sexual rights for all includes a commitment to freedom and protection from harm.

Principle 6 Sexual rights may be subject only to those limitations determined by law for the purpose of securing due recognition and respect for the rights and freedoms of others and the general welfare in a democratic society.

Principle 7 The obligations to respect, protect and fulfil apply to all sexual rights and freedoms.

Article 1 Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender

Article 2 The right to participation for all persons, regardless of sex, sexuality or gender

Article 3 The rights to life, liberty, security of the person and bodily integrity

Article 4 Right to privacy

Article 5 Right to personal autonomy and recognition before the law

Article 6 Right to freedom of thought, opinion and expression; right to association

Article 7 Right to health and to the benefits of scientific progress

Article 8 Right to education and information

Article 9 Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children

Article 10 Right to accountability and redress

Foreword

Too often rights are rhetorical. Governments like to moralize about human rights being the cornerstone of democracy, they sign up to conventions to protect them, and yet the reality of people’s lives tells another story.

That story is told here. These personal accounts of sexual rights realized and denied are moving and hopeful, disturbing and desolate. Whatever else they are, they provide a window onto a world that is often hidden. Many governments would prefer it stayed that way. Told in their own words, these narratives show just how hard it is to live in a world where your rights are denied. Often there is discrimination and stigma, but also the real threat of violence and abuse. On the other hand, when rights are realized, they can make an immeasurable contribution to a person’s health, well-being and self esteem. If anyone is to reach the highest standard of health they must be allowed to exercise choice in their sexual and reproductive lives, they must feel safe in expressing their sexual identity.

By focusing international attention where sexual rights are violated, and where they are upheld, these stories give a voice to the oppressed. They also remind us how important it is that they are enshrined in the Declaration of Sexual Rights; because if they are not defined, they could so easily be abrogated or lost entirely.

It’s a formidable task to make people aware of their rights, let alone uphold them. IPPF’s progressive sexual rights projects are striving to do both, by reaching out to men, women and young people who are marginalized and vulnerable. Through a variety of innovative routes, these programmes are breaking down barriers of silence and taboo that so often surround the subject of sexuality, going to the heart of communities and empowering people to take control of their own lives.

There is a growing awareness that sexual rights - by which I mean the norms that emerge when existing human rights are applied to sexuality - must be affirmed and respected. The people who share their stories here remind us why we’re fighting for that. Respect for sexual rights makes a critical contribution to poverty reduction and development. Sexual rights reinforce equality and dignity, without which none of us can fulfil our potential.

Paul Hunt
Former United Nations Special Rapporteur on the Right to Health



Introduction

More than words – sexual rights in action

Sexual rights are natural and valuable aspects of life and a fundamental part of all our lives. They derive from human rights and as such, encompass a wide range of issues related to sexual health, including sexuality, sexual orientation and sexual identity. But how do sexual rights translate into practice?

The advancement of sexual rights at grassroots level has long been an important part of IPPF’s work. In 1995 IPPF published its ground-breaking Charter on Sexual and Reproductive Rights which integrated human rights throughout IPPF’s day-to-day service provision and advocacy work. It was a hugely popular approach, both within the Federation and in the wider development community. Building on this success, IPPF published *Sexual Rights: an IPPF Declaration* in 2008. It was the culmination of two years work, guided by a diverse group of internationally renowned experts in health, including former United Nations Special Rapporteur Paul Hunt, human rights and law, and included senior IPPF volunteers and staff. Its aim was clear: to create a tool for service providers, researchers, policy-makers and activists to promote and ensure sexual rights through human rights. The Declaration aims to realize the sexual rights of society’s most vulnerable and marginalized groups, including those subjected to sexual violence, stigma and discrimination in so many ways, some of which are described in this publication.

The realization of sexual rights is central to each individual’s well-being and happiness. They are also fundamental to health, gender equity and equality, poverty reduction and development and the achievement of the MDGs. Yet too often, this is ignored by governments. Governments do not prioritize sexual rights for a variety of reasons; for fear of a backlash from religious or conservative groups; the ‘controversial’ nature of sexuality and the misunderstanding of this term; the fear of creating new ‘rights’ and the implications that this may have, and budgetary constraints. Governments often prefer to maintain

the status quo, regardless the cost to the well-being of individuals, and so many girls will continue to be child brides despite laws preventing them from being so, and HIV will increase, driven by stigma and silence.


In order for each of us to attain the highest standard of health and to have the possibility of a life of meaning, respect and dignity, each of us needs to be empowered to exercise choice. Without choice, and without that choice being supported by internationally agreed rights, so many lives will continue to be ruined. The denial of sexual rights leads to disempowerment, discrimination, abuse, violence, disease, imprisonment and death.

These case studies from around the world show sexual rights in action. Carried out during the first year of the Declaration’s implementation, they demonstrate the positive impact that the realization of sexual rights can have on people’s lives. It also highlights the shattering individual cost when these rights are denied. Together with brief outlines of some of IPPF’s sexual rights projects, these stories help to show how sexual rights can advance individual health, well-being and development.

If you would like further information on ‘*Sexual Rights: an IPPF Declaration*’ please visit: <http://www.ippf.org/en/Resources/Statements/>

Dr Gill Greer
Director-General, IPPF





Working to end child marriage and gender-based violence in Afghanistan and Bangladesh

“All persons have the right to be free from harmful traditional practices, including female genital mutilation forced or early marriage” according to Article 3 of *‘Sexual Rights: an IPPF Declaration’*. Nevertheless it is still dishearteningly widespread, and particularly in South Asia, where a UNICEF study confirms that over 48 per cent of 15–24-year-olds are married before they reached 18. Though the law in Bangladesh states that women must be at least 18 years old to be married, Bangladesh is second only to Niger in having the highest percentage of adolescent brides in the world.

Worldwide, it is estimated by the Population Council that more than one out of three women aged 20–24 were married before age 18, and one out of seven were married before age 15. According to the same survey Bangladesh has one of the highest percentages of adolescent brides in the world; 68 per cent are married by age 18. Approximately 59 per cent of currently married girls, aged 15 to 19, have already given birth to at least one child.

Since the law in Bangladesh prohibits child marriage and the state religion, Islam, opposes violence, the question remains why, then, is the practice still so popular? A study in Bangladesh found that parents want girls to marry early so that they can be moulded as dutiful daughters in law by their husbands’ families at an age before they become too independent and develop their own views. Other reasons cited were the ‘unbridled’ sexual desires of young men, the beliefs that wives should be several years younger than their husbands, and that early marriage is a protection for daughters – since their marriage prospects could be undermined by gossip, even if unfounded. This sort of speculation could have serious consequences, raising the dowry cost for parents. Poor parents said they were less able than wealthier parents to protect their daughters from premarital sex and scandal.

The Bangladesh Demographic and Health Surveys between 1989 and 2000 had shown that women were marrying at a slightly later age. However data from the 2004 Survey suggests a reversal in this trend; 68 per cent of women aged 20–24 were married by the age of 18. In neighbouring Afghanistan that figure is 54 per cent.

To guard against this worrying development, a number of large scale interventions to delay marriage and childbearing in Bangladesh are in place, including secondary school scholarship programmes for girls, and behaviour change communication initiatives through the health sector, community based NGOs, and mass media – from radio and TV to street theatre and community debates about gender-based violence. Two women share their experiences here; Zubaida, from Afghanistan, who is still paying a terrible price for being forced into a childhood marriage, and Hosna, who narrowly escaped the same destiny.

“Reduced to the status of a slave, Zubaida was regularly beaten by her husband’s first wife and abused by his children.”

Zubaida’s Story

Zubaida is sitting outside the family court in Kabul, hoping that this time, her third attempt, the court will deliver the verdict that will free her from her misery. Tears well up as she tells her story under the watchful eye of her husband who is 37 years her senior.

Zubaida was married off by her father when she was around 13 years old. Conflict and poverty prompted his decision. Eight years ago, Zubaida’s family was attempting to escape the war in Afghanistan. On the way, her younger brother and sister fell ill and died, a few months later, her mother died too. She and her father came back to Kabul to eke out a living. It was a precarious existence; food was in short supply and their future uncertain.

One day, her father brought home a couple of men who scrutinized Zubaida, without speaking to her, gave her father some money and asked him to be ready on Thursday. After they left, 13-year-old Zubaida was told her by her father that she would be happier living with her rich husband as he would be able to provide for her.

Soon after, Zubaida was married and her husband took her ‘home’. She saw that he already had a wife who was about 40 years old, plus two daughters and three sons. One of the daughters was exactly Zubaida’s age. She soon realized that it was not to be a marriage of equals. Reduced to the status of a slave, Zubaida was regularly beaten by her husband’s first wife and abused by his children.

After eight years of abuse, violence and slavery, Zubaida, with her five-year-old son, was granted permission to visit her father, aunts and uncles. She is now seeking justice, to be freed from her marriage, but with no help from her impoverished family.



IPPF Member Association the **Afghan Family Guidance Association (AFGA)** has a project that focuses on Family Based Violence (FBV). This project seeks to combat the physical, sexual and psycho-social aspects of FBV and improve care and support particularly to women and children. The project also seeks to change the public’s perception of FBV and early marriage.

Hosna’s Story

The sound of birds chirping accompanies Hosna and her mother while they cook the family meal for the day at 6am. Hosna, aged 14, studies in the Saidpur High School in Comilla, Bangladesh. After school she goes to her local Family Development Centre (FDC) to pick up contraceptives to distribute among her family, friends and neighbours. She then heads home, has lunch, and helps her mother with more cooking before sitting down to do her homework.

Hosna is the eldest among her siblings – five sisters ranging from four to 14. Her parents work hard to ensure that the girls go to school and Hosna has to set an example for the younger ones.

Two years ago, things were very different. At the age of 12, Hosna’s parents received a marriage proposal for her from a boy of 18. When her parents told her about the match, Hosna was devastated. She had met other young girls who had been through an early marriage. She knew what it meant — dropping out of school, moving away from friends and family to a strange home and then childbirth. She had even heard of young girls dying while giving birth. A worried Hosna went to Mrs Pushpa, the counsellor who had come to her school to talk about violence against women and child marriage. She was crying as she confided her dreams of studying in Senior Secondary School. She wanted to learn more about Bengali literature, her favourite subject. Instead, her father was planning to marry her to a boy she knew nothing about. Mrs Pushpa, who was a member of the gender-based violence project set up by the **Family Planning Association of Bangladesh (FPAB)**, reassured her and promised to speak to her parents.

The FPAB already has many programmes to reduce child marriage and gender based violence. It works to facilitate female empowerment in a variety of ways – through education, skill development, training and financial and logistic support for income generation, as well as by encouraging female participation at all levels of the Member Association. It has created peer education programmes for youth, and facilitated the training of volunteers, staff and birth attendants.

“If I was married tomorrow what would I lose? My independence, my vision, my dreams.”



FPAB’s programme had already forged links with other local non-government organizations, school principals and village elders to sensitize the community to the risks of early marriage. These efforts made it easier for Mrs Pushpa, Hosna’s school teacher and other members of the community to convince her parents to reconsider their decision and recognize the value of Hosna’s continuing education.

As he repairs a kitchen that was damaged in a recent cyclone, Hosna’s father Monir thinks, on balance, that the benefits of an educated woman will be appreciated more highly by prospective husbands than the traditional dowry:

“I plan to have my daughters complete their education before getting them married. Even though I don’t have anything to give for their dowry, I believe their education will help the girls and dowry will not be a problem. Hosna is a good girl, she’s proved that education is her best future.”

It will take three days for him to finish his job and earn 600 TK (USD 8). Two-thirds of his income will be spent on his daughters’ education.

“I’m going to get a government job once I finish school in 2012,” says Hosna as she gets ready to address a group of girls on the consequences of early marriage. Today she works hard to ensure other girls like her are aware of their rights, and the importance of realizing them.

A large, dark silhouette of a woman wearing a headscarf, positioned on the left side of the page. The background is a gradient of yellow and green.

Female genital mutilation/ cutting in Mauritania

Introduction

All persons have the rights to life, liberty, security of the person and bodily integrity according to Article 3 of '*Sexual Rights and IPPF Declaration*'. However, in Mauritania, at the crossroads between the Arab and African worlds, where custom and tradition exert a powerful influence over daily life. One of those traditions is female genital mutilation (FGM). Mauritania has one of the highest rates in sub-Saharan Africa.

A 2001 study shows that 71 per cent of women in the country have undergone the procedure. This figure differs according to various ethnic and social groups. FGM is far more widespread in rural areas, at 84 per cent compared to 59 per cent in urban areas.

The practice of FGM is illegal in Mauritania. However, in practice this law is rarely enforced because sufferers are loathe to press charges against their families and are often simply unaware of their rights.

In 2007, Mauritania launched a national strategy to promote women. The Ministry of Social Affairs, Childhood and the Family and civil society organizations have embarked on numerous awareness-raising campaigns, while the association of scientists and the imams of Mauritania declared "the scholars and the men of religion must instil the true teachings of Islam, and make the difference between the customs and the obsolete traditions, on one hand, and the teachings of the Islamic law, on the other."

But, despite legislation, international conventions and political will, the practice continues. These stories illustrate the psychological and physiological impact of female genital mutilation.

A note on FGM

Female genital mutilation (FGM) is the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Traditionally, the procedure is carried out by women with no medical training. Anaesthetics and antiseptic treatment are not often used and the practice may be carried out using basic tools such as scissors, knives, scalpels, pieces of glass and razor blades. The age at which female genital mutilation is carried out varies from one region to another. It can be carried out on infants just a few days old, children, adolescents and, occasionally, on mature women. In Mauritania it is generally performed on girls under the age of 10.

Female genital mutilation is a direct violation of a number of sexual rights, including article three — the rights to life, liberty, security of the person and bodily integrity. As well as denying women and girls equal sexual expression and pleasure, FGM reinforces their subordination and victimization, and is directly linked to poor sexual and reproductive health. As these stories show, it is an act of violence that, while often justified by tradition or culture, serves only to undermine the role of women in society.

“He helps me to exercise my sexual rights as a woman... I would not be able to if I were circumcised.” Beybeti

Beybeti Mint Itawel Oumrou’s story

Beybeti was married at 17 at her family’s insistence. Her husband was 50 years old, and on his third marriage. If Beybeti had hoped her husband’s maturity would enhance their sexual lives, she was soon disillusioned. Her first experience of sexual intercourse was so violent; she described it as being like a rape.

Her husband continued treating her unkindly, without sensitivity towards her feelings, and ignored her complaints about their sex life. One night she dared to confront him and he became furious, shouting that women should not speak about sex and condemning the ‘untamed sexuality’ of uncircumcised women. He threatened to beat and divorce her if she continued to voice any opinions on their sex life.

Her mother gave her little support, saying that she had to sacrifice herself for the sake of the family and that respectable young women should not be concerned with sexual rights.

Beybeti later heard that her husband had been secretly reconciled with his first ex-wife, the mother of his two children. She was not entirely surprised. When she challenged him he admitted it at once and told her to choose between accepting the other woman or divorce. She chose divorce.

After leaving her unhappy marriage, Beybeti decided to make other changes to her life. She decided to find a job in order to secure her financial independence. She entered a competition for radio newscasters, won a place and worked her way up until she was invited to host her own programme about family and married life. However, the subject of a wife’s sexual rights was still taboo, and the programme’s producers feared that the public would not accept open debate on this subject.

Beybeti is now known as a frank and forthright campaigner for women’s rights and an opponent of FGM. She describes the practice of married women being denied their own sexual fulfilment as “sexual terrorism”.



At a UN conference on female genital mutilation, she met a doctor. After hearing him debate, she invited him discuss the topic on her radio programme. Their relationship blossomed and now they are married with two children.

She believes that not being a ‘victim’ of mutilation contributes to the closeness of her marriage. It “grants me a sexual warmth that inspires and strengthens the passion of the conjugal life...”

“It’s my choice, I choose him and he preserves my freedom of choice and dignity and he helps me to exercise all my rights as a woman, including my sexual rights, that I would not be able to use and enjoy effectively if I were circumcised.”

The IPPF Member Association in Mauritania, the **Association Mauritanienne por la Promotion de la Famille (AMPF)**, is currently implementing a project to combat female genital mutilation (FGM). An advocacy campaign targeting decision-makers, religious leaders, intellectuals and the media is underway throughout the country. Using seminars, local meetings and workshops, the campaign will raise awareness of FGM and its devastating impact on the health of young girls.

‘BM’s’ Story

BM was born in the 1981 in the eastern region of Mauritania where FGM is widespread. She clearly remembers the terror that she felt when, aged just three, she was led to the woman who circumcized her. To this day she can still recall the terrible pain and the shock of seeing blood pouring from her body. For six months she was unable to sleep and remembers wetting the bed, whether due to the pain or in protest, she is still not sure.

BM did not attend school and, as her father’s dying wish was to see her married, she was married at the age of ten. Each night BM bit her husband when he approached her, but ultimately he overpowered and raped her. The next day, her husband declared that she wasn’t a virgin and he demanded a divorce immediately. So the marriage duly ended, just a few days after the wedding. Within six years, both BM’s father and mother had died, and at this point her mother’s family forced BM to marry, again against her will, to a man in his 70s who was desperate for a son. Two years later, because she had not given birth to a son, BM found herself divorced for a second time.


BM moved to the capital Nouakchott to look for job. She met and married a young man, and they had five children together, though he constantly taunted her about her sexual ‘coldness’. She learned to read and write and discovered enough to know that the bleeding that followed her FGM was due to the tearing of the hymen. Ironically she had been blamed by her family for having a torn hymen thought to be a symbol of lost virginity. She considered bringing her case before the courts to restore her reputation, but instead decided to put the past behind her.

“What can we do? This is our society and this is our reality.” ‘BM’



Despite her own experience, BM gave in to pressure from her mother-in-law to have her own daughters undergo FGM. A faqih (Muslim scholar) told her that while mutilation is not an obligation, it is a custom more powerful than Sharia law. As a result of undergoing FGM, one of her daughters had a haemorrhage, lost consciousness and was hospitalized for two weeks. During that time a representative from an NGO campaigning against FGM asked her act as witness in the court case they intended to present on her daughter’s behalf. She declined, arguing that her daughter’s mutilation was meant to be, it was *mashira* (fate).

BM recognizes her daughter’s suffering and resentment but her own childhood experience of FGM and sexual abuse has left her feeling powerless and fatalistic. As she says: “Certainly what they say must be true to a certain degree, but we cannot deviate from our habits and what we have learned from our ancestors, what can we do? This is our society and this is our reality.”

A large, dark silhouette of a bell is positioned on the left side of the page. The bell is hanging from a frame, and its clapper is visible. The background is a warm, orange gradient, suggesting a sunset or sunrise. The bell's shape is simple and iconic, with a flared bottom and a rounded top.

Advancing the right to comprehensive sexuality education in Peru

Article 8 of *'Sexual Rights: an IPPF Declaration'* focuses on the right to education and information. Young people need comprehensive sexuality education to make informed decisions before they become sexually active. Many people in Latin America and the Caribbean are denied this basic right. High rates of adolescent pregnancy are common throughout the area, particularly among the most economically vulnerable. Sexually transmitted infections and early pregnancies are taking their toll on young people, leading to a downward spiral of poverty and further social exclusion.

In Peru, for example, the need for school-based comprehensive sexuality education is critical. Twenty three per cent of adolescent girls have had their first sexual experience by the age of 15 and in the jungle areas that figure that rises to 64 per cent. A lack of sexual and reproductive awareness characterizes Peru's social divide. Adolescent fertility rates are almost 10 times higher for the poorest five per cent of the population than they are for the richest five per cent. Alarming, only 34 per cent of women aged 15-24 know that consistent condom use prevents HIV transmission.

Paradoxically, despite intense opposition from socially conservative and religious groups who fear it will lead to promiscuity, the state school system in Peru guarantees sex education in secondary school curricula. The problem lies in the quality of the teaching. Few teachers are qualified to teach comprehensive sexuality education and resources to train them have been stalled by fierce opposition from the Catholic Church. So, while private – even religious schools bow to parental demand for good quality sexuality education, state schools pupils are short-changed.

Article 8 of IPPF's Declaration of Sexual Rights, states: "All persons, without discrimination, have the right to... comprehensive sexuality education and information necessary to exercise full citizenship and equality in the private, public and political domains."

IPPF Member Association INNPARES, Peru's leading sexual and reproductive health NGO, strives to make this right a reality for young people. They are working with the communities that need it most, the squatter settlements, where many of the poorest and most marginalized live, including Soledad. Soledad is a rare example of someone who was denied this right and then won it back.

“The teachers told us we should protect ourselves, but they didn’t tell us or show us how. They just said... that we shouldn’t mess up.” Soledad

Soledad’s Story

Soledad Solis Balboa is an energetic, creative 22-year-old from Collique-Comas, a squatter settlement just north of Lima. In her spare time she likes to draw, especially cartoons, and makes her own jewellery. She keeps a journal of her thoughts, poems and aspirations. Home is a small, tidy single room, with two beds, one for the children, Jonathan and Maria Fernanda, the other for her and her husband. It’s modest, with dirt floors and a tin roof, but Soledad is happy here. “I have my own house and land,” she says. “My dreams are many! I want my daughter to study, to succeed. My husband and I want to give our children what we did not have. I am going to advise my daughter, and help her, make sure she knows how to protect herself. I will talk to her about contraception. And I won’t forbid her from having a boyfriend. I was young, I know what that is like.”

When Soledad was 16 years old she found out she was pregnant. She wasn’t sure how it happened. Although her school had provided sex education, it was half-hearted and inadequate. In 2005, 13 out of every 100 Peruvian adolescents were either pregnant or already a mother. “The teachers told us we should protect ourselves, but they didn’t tell us or show us how. They just said there were methods and that we shouldn’t mess up.”

“When I started having sex we didn’t protect ourselves. I didn’t understand what for.” Sometimes condoms would be handed out but “we didn’t know what to do with them so we threw them away,” says Soledad. Many of her friends in the same predicament dropped out of General Prado High School and never went back.



Soledad wanted better for her own children, even if it meant educating them herself.

Angelica, a psychologist from INPPARES, told Soledad about its programme for adolescent mothers. The workshops gave her the sexuality education her school had failed to. “Now I feel good, I have changed my life. I know about contraception and what relationships are and how to protect myself from infections.”

The idea of INPPARITOS grew from there. “We started by giving the other girls advice on how to protect themselves, I give them condoms, we talk and I explain how to use them. Like a good friend I talk to them and little by little I bring up the subject.”

“Ignorance comes at a high cost, especially for the poor.”

Dr Daniel Aspilcueta

Her determination led Soledad to found her own NGO – INPPARITOS (‘little INPPARES’) – to help educate young people about reproductive health and rights. With support from the INPPARES centre in Collique-Comas, INPPARITOS has achieved legal status and is petitioning for funds from the municipality. As its president, Soledad has had to attend several municipal meetings:

“At first I was kind of afraid and embarrassed to go and ask for help and support, but the young people I was trying to help gave me strength. I do it more for them than for me. Now I feel good that I will be able to help these kids succeed.” Soledad has big ambitions for her organization. “I dream that INPPARITOS will grow, that it will be like a chain that keeps on going.”

The juvenes voluntarios (youth volunteers) are the backbone of the locally-managed community organizations and make INPPARES’ work self-sustaining. Hector Lazo, who runs the ‘Vidas para un Mundo Nuevo’ (Lives for a New World) programmes insists that this makes all the difference: “The important thing is that young people develop a sense of their own citizenship, that they are conscious that, as citizens, they can create change.”

The Peruvian Government has already promised that by 2010, 70 per cent of the nation’s educational centres will have state-mandated curricula that include comprehensive sexuality education. But, while the government may have included comprehensive sexuality education in its budget lines, in practice not enough resources have been allocated to make sure that it reaches the classroom. The Alianza Si Podemos! (‘Yes We Can’ Alliance!) civil society alliance, of which INPPARES is a founding member, is trying to ensure that funding is made available and the policy implemented. More than that, it is pressing the government to fund a national programme to train teachers in elementary and high school to deliver sexuality education using rights-based and gender-sensitive guidelines. The Ministry of Education has welcomed support from these civil society allies to help it lobby for government resources.

Information on sex and reproduction, delivered in a straightforward way, and in a language that young people understand, is a basic right. It will be an immense achievement for the Si Podemos alliance and for Soledad, enabling a new generation to make informed choices about their sexuality and their futures.

The alternative is indefensible. As Dr. Daniel Aspilcueta, Executive Director of INPPARES, makes clear:

“Those opposing comprehensive sexuality education in schools think that ignorance is the solution, but ignorance comes at a high cost, especially for the poor, with abortions, infections and adolescent pregnancies, and further marginalization.”

Increasing access to health services in Thailand

Introduction

Article 7 of *'Sexual Rights: an IPPF Declaration'* supports our right "to health and to the benefits of scientific progress. All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis and treatment of all sexual concerns, problems and disorders."

But sometimes culture and geography create a seemingly unbridgeable gulf between marginalized people and achieving this right.

That gap is closing for one minority group – Thailand's Hmong people – thanks to skilful collaboration between the people themselves, government and non-governmental organizations.

Originally from China, the Hmong hill tribe moved into neighbouring Southeast Asian countries in the last century. Traditionally they practised 'slash and burn' agriculture, clearing the mountain forests, farming the land and moving on. For the Hmong, large families fulfilled two purposes – they were a sign of respect to their ancestors and a ready-made workforce to tend the land. In recent years, the Hmong have become involved in the drugs trade along border areas in Laos, China, Vietnam and Thailand. Their connection with illegal activities made them fear authority and shun Thai society, even health services. But as their numbers grew, and pressure for land became an issue, so did the tensions between the Hmong and local people, who blamed them for soil erosion and drug trafficking.

Development programmes run by the Thai government, the Royal Family of Thailand's Projects Foundation and international agencies in northern Thailand have helped to heal the rift and change the hill tribe's geographical and cultural landscape forever.

In particular, new agricultural systems that conserve soil and water have had an impact on traditional Hmong family life. High-tech agriculture does not require large families but does call for a better standard of education. As a consequence there is a trend now among the Hmong to have smaller families; with fewer mouths to feed, there is more produce to send to market.

The challenge of adapting to a modern world changed by HIV and AIDS is a tougher proposition. Working in collaboration with the Hmong people, IPPF's Member Association the **Planned Parenthood Association of Thailand (PPAT)** has embarked on a 20-year scheme to provide mobile clinics and to train volunteers as peer educators and community-based distributors of contraceptives. Although the project has ended, village leaders are continuing the work, and applying for local government grants to reach remote Hmong villages, which remain untouched by the modern world.

Thailand's forward thinking sexual and reproductive health programmes have increased contraceptive prevalence from 14.4 per cent in 1970, to 81.1 per cent in 2006, but the percentage of Hmong married women using contraceptives has lagged behind, rising to just 66 per cent in 2005. There is still much to be done.

Hmong people have not lost their core cultural values, but their ways of expressing them have changed as their economy has evolved. While once Hmong families used to vie with each other to have large families, the new generation competes in a different way. They have fewer children and strive to help them succeed in farming and business. It is a cultural shift which has had an impact on family, and their sexual lives.

The comments from these Hmong villagers show how, with mutual co-operation and understanding, the right 'to health and to the benefits of scientific progress' can co-exist with traditional mores and mountain spirits.

“I say to them ‘it’s better to prepare for marriage, get your education first.’ I think they’ve been listening to me!”

Jaruni

Inchai, Wichai, Prasong, Jaruni

Inchai, Wichai, and Prasong, all farmers who range in age from 27 to 36, are in a traditional Hmong village hall discussing the changing relationships between men and women. “In the past men ruled the roost. Women were forbidden to make decisions. The man decided how many children they had. But now our wives help us decide about family planning. It’s a joint decision,” says Prasong.

“In terms of the rights, Hmong women had less than men, but more than women of other tribes. For instance, if they were married, the man had to look after his wife. If the wife was sick or died, the man was at fault, as the leader of the family. But if the man got sick or died, people did not say it was the woman’s fault!” says Inchai.

Wichai adds, “The village elders believe the ancestral spirits want people to do things the traditional way. Some people still hold the traditional view that having many children helps the family make food. Mostly our elders believe that. But now the teenagers go to school in town, and come back to the village and have smaller families.”

One of those teenagers is Jaruni, 21, a volunteer with PPAT. She represents the new generation of young women who bridge the traditional and modern worlds. She completed her schooling and played volleyball to tournament standard. Now married, she is in no hurry to start a family.

“We have been married a year, and we don’t have any children,” she says proudly. “I use contraceptives. We want to save money, build a house, buy a truck and then start a family. I’ve discussed it with my husband and we agree we’d like two children. Generally Hmong people would prefer boys but my husband says he doesn’t mind. We will decide when to have children. Thank goodness that we can plan our families now.”



“In the old days, parents pushed their teenagers to marry young. It was expected that they should marry soon after leaving school. Even if it meant marrying someone you didn’t like.”

“In my role as volunteer I talk to young women about family planning. I say ‘it’s better to prepare for marriage, get your education first’. I think they’ve been listening to me!”

Fon’s story

“I was the last of 12 children,” says Fon. “In the old days, people did not control births. They believed that when you got married, you should hurry and have a child to help the family. My family had 12 children and we were poor. I did not want to have many children, because in the past we had a difficult life. I studied, and graduated from university. Now I have an opportunity to use family planning. We have only one child, a boy, and our family’s economic status is better as a result.”

Fon has a busy working life as an administrative staff member in the Royal Projects Foundation and as a peer educator and community-base distributor for PPAT. She and her husband also run the village general store. “We sell condoms and contraceptive pills in our store. In the past, villagers were too shy to buy condoms. Now they are not. Most of my customers are 30 - 40 years old. Even the young people, who used to be too embarrassed to ask for condoms, are coming by.”

One of the reasons for the villagers’ new-found confidence is Fon’s direct, engaging manner. She talks frankly to adults and young people alike about sex and about their sexual health, and urges them to visit the mobile clinic when it comes to the village.

“In the past men, both married and single, liked to ‘visit’ single, divorced, or widowed women in the village,” she says. “And some young people had sex with people they did not know well. They would just talk a while, and then lie down together. Now that they know about sex and sexual diseases, there’s less visiting and they use condoms.”

“Before PPAT came to the village, people here treated diseases with mountain herbs. Nowadays we use modern medicine.” Fon



Thanks to young people like Fon, members of an isolated tribal community are beginning to enjoy the benefits of scientific progress.

“Before PPAT came to the village, people here treated diseases with mountain herbs. Nowadays, we use modern medicine when we’re ill, and that includes treatment for sexually transmitted infections. I think the community has changed for the better. Just how much better is up to each individual.”



Championing the right to equality in Cameroon

Introduction

According to Article 1 of '*Sexual rights: an IPPF declaration*', all people have a right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender. However, in Cameroon, homosexuality is a crime and, as in many other African countries, homosexual behaviour is punishable by law. Convictions carry a penalty of up to three years in prison and a fine of up to US\$450. However, homosexuality has long been accepted in all sections of Cameroonian society, as long as it remained invisible. In the last couple of years, several events have brought the issue to the fore. In 2005, a senior Cameroonian Roman Catholic Church leader used local media to publicly denounce homosexuality and, as a result, many homosexuals were persecuted. Following the visit of the Pope, lesbian, gay, transsexual people became easy targets for ambitious priests or opportunistic politicians, further marginalizing a vulnerable population and fuelling the spread of HIV.

The country was gripped by a tabloid-fuelled witch hunt in 2006. *La Météo*, *Nouvelle Afrique* and *L'Anecdote* published a list of politicians, entertainers and athletes who were supposedly gay, including the deputy president. Since then, men and women have been targeted randomly at clubs or in the streets. The accusation of being gay is enough to warrant an arrest. Those holding a grudge against particular individuals have exploited the opportunity to 'out' them; others have attacked progressive politicians. License to arrest without evidence has also proved a lucrative windfall for the police. "Sometimes they stop us and if we don't bribe them, they take us to the police station. They asked for money, and some ask for sexual favours" said Serge, a peer counsellor.

Most gay or transgender people don't know their rights and they remain vulnerable to victimization. For example, two men were arrested in a gay bar in Yaoundé and spent more than six months in custody without trial, despite the fact that nobody had even witnessed them engaging in any sexual behaviour.

Even head teachers tried to win favours and funds from the Ministry of Education by expelling students who they suspected were gay or lesbian. In one well-publicized case, 12 young women were permanently excluded from a college in Douala for their alleged same-sex relations in March 2006. Amnesty International raised concerns that the girls were expelled solely because of their sexual orientation, depriving the girls not only of their right to freedom from discrimination based on sexual orientation but also of their right to education.

Article 1 of *IPPF's Declaration* affirms the right to equality, equal protection of the law and freedom from all sorts of discrimination based on sex, sexuality or gender. In Cameroon's hostile atmosphere, where discrimination is not just accepted but promoted, many gay, lesbian and transgender people have found themselves stigmatized and outlawed, even imprisoned, purely because of their sexual orientation.

IPPF Member Association the **Cameroon National Association of Family Welfare (CAMNAFAW)** is one of the few voices championing their right to live free of bigotry and injustice by providing non-discriminatory sexual and reproductive services and a safe space to meet. Two members of the Association's 'Meeting Sexual Diversity Needs' project reveal what happens when this right is realized, and when it is denied.

“I really appreciate the sexual and reproductive rights approach...If it is written down, people find it hard to argue against basics like human rights.”

Sandrine

Sandrine's story

Sandrine is from a middle class conservative family and is studying communication and journalism at university. Sandrine's older brother was paying her tuition fees, until he found out that she was gay. After that, all funding and contact with her family ceased. They will not even greet her if they see her on the street. This is painful and she misses them very much. Now her income comes from her work for a radio programme and from the generosity of friends.

Sandrine is a confident young woman who cultivates her feminine side. “Many lesbians like to dress like men, but I enjoy my trendy hairstyle, short skirts, tight blouses and painting my lips and nails. There are so many clichés and I don't want to conform to any of them.”

Sandrine says she is sceptical by nature. “When I was first approached by a friend and told about the programme, I was not at all interested. This same friend asked me at least six times, and every time we would have a strong exchange of words because I was just not interested and I didn't trust or believe any of the things she was telling me. I also knew so many corrupt individuals who work for NGOs, so I thought this was also the case. After some time, I realized that several gay and lesbian people I know were also attending the programme. One of them had previously been imprisoned and I knew he would never betray gay people. I had so many questions about my lifestyle and I also needed a place where I could belong, so I went to check whether it was above board and it was. It was a good programme with good, honest people.”

“As my first impression was a positive one, I have stayed on, attending alone or coming with friends. I have had different sexual partners who I have always brought to the programme. At the moment, I am in a relationship, but my partner does not want to come. I think there is some jealousy involved, but also because gay and lesbian people don't have a very good reputation. They like to have dramas in public... There are many frustrated people because society is so unfriendly towards us.”



“Being a lesbian woman in Cameroon is not easy. There is an attitude that, if you meet the right man, or get some good sex, you will be ‘cured’ of lesbianism. It is almost accepted to rape a lesbian so that they can become heterosexual, and so many women do not want to declare their sexual orientation.”

“The project has made a very big difference to my life. I have a better understanding and acceptance of my identity and I know more about my rights as a citizen and as a human being. I am more open about being a lesbian woman. I am a peer counsellor with the programme and this is how I give something back. I really enjoy the interaction and the learning process. I appreciate the sexual and reproductive rights approach, using the IPPF Declaration. If it is written down, people find it hard to argue against basics like human rights.”

“Being gay in Cameroon is worse than being a criminal – even the lawyers refuse to help you when you are harassed.”

Jean Felix

Jean Felix's story

Single and unemployed, Jean-Felix is open about his sexual orientation and known for his support of gay people. Over the years, he has encouraged them to be assertive, to take care of themselves and reduce risks to their health.

When the list of purported gays was circulated in 2006 and triggered a witch hunt for gay men, he hid many people in his home. Because of this, the authorities put his name on a ‘wanted’ list.

“For many months, I hid in my house or in the houses of friends. The police were out to suppress and humiliate any gay man they met. During this time, it was also impossible to get access to health services, including condoms and lubricants. The fear I felt at the time has actually never left me or many of my friends.”

“Being gay in Cameroon is worse than being a criminal because even the lawyers refuse to help you when you are harassed. I also think it is very wrong for newspapers to print the names of homosexuals, it is against our rights. However, at least the issue was debated, even though many of my friends were hurt and imprisoned.”

Since the persecution of gay people has increased, Jean-Felix has distrusted all agencies, no matter how well-meaning. He prefers to rely on his own contacts for help, rather than participate in any programmes. By persecuting gay people and creating a culture of fear and hostility, Cameroonian society and government have, in effect, denied gay people the right to health.



Abortion in Northern Ireland: women who choose

Introduction

Article 9 of 'Sexual Rights: an IPPF Declaration' states that all persons have the right to choose to decide whether or not, how and when, to have children. When this right is tested, as Martina and Josie discovered, it can have far-reaching consequences — practical, financial and emotional.

In the UK, England, Scotland and Wales have laws and policies which ensure that women, faced with an unplanned pregnancy, have the right to accessible and free abortion services. However, the 1967 Abortion Act does not extend to Northern Ireland, although it is part of the United Kingdom, and women from Northern Ireland are not entitled to access free abortion services through Great Britain's National Health Service.

In fact, abortion is only legal in exceptional circumstances in Northern Ireland: if the life or the mental or physical health of the woman is at serious or grave risk; a risk which also must be permanent or long term.

According to the Northern Ireland department of Health, 92 medical abortions were performed in Northern Ireland between 2007 and 2008.

In 2007, it is estimated that 1,343 women travelled to England for an abortion, though this figure is likely to be an underestimate. Over half of the women were in their 20s, and one in seven was under 20 years of age.

Consequences of unsafe abortion

- Complications due to unsafe abortion procedures account for an estimated 13 per cent of maternal deaths worldwide, or 67,000 per year.
- Almost all abortion-related deaths occur in developing countries. They are highest in Africa, where there were an estimated 650 deaths per 100,000 unsafe abortions in 2003, compared with 10 per 100,000 in developed regions.
- Approximately 220,000 children worldwide lose their mothers every year from abortion-related deaths.
- Additional consequences of unsafe abortion include loss of productivity, economic burden on public health systems, stigma and long-term health problems, such as infertility.

Unintended pregnancies: The root of abortion

- More than one-third of the approximately 205 million pregnancies that occur worldwide annually are unintended, and about 20 per cent of all pregnancies end in induced abortion.
- Of the 23 million pregnancies that occur in developed countries, more than 40 per cent are unintended, and 28 per cent end in induced abortion.
- More than 100 million married women in developing countries have an unmet need for contraception, meaning they are sexually active; are able to become pregnant; do not want to have a child soon or at all; and are not using any method of contraception, either modern or traditional.

Guttmacher Institute/World Health Organization (2007) Facts on Induced Abortion Worldwide, http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion_facts.pdf

“Why did my country punish me because I decided I wanted an abortion?” Martina

Martina’s story

Martina was 15 years old and 10 weeks pregnant. She did not want her boyfriend to know about the pregnancy and abortion as he had been violent with her in the past and she feared it would make him angry. Her parents were separated and she lived with her father, but she had occasional contact with her mother who had left home when she was nine years old. Both parents knew she was pregnant, and they had argued about it.

Upset by the arguments, Martina called the fpa (family planning association) in Belfast for help. She was advised that legally she would be unable to access an abortion in Northern Ireland and would have to travel to England and pay for a private abortion, which would cost approximately £600. She was very worried about travelling to England because she had never left Northern Ireland before.

Both parents agreed that she should do what she felt was right, but although Martina would have preferred her mother to come with her, her mother refused saying that it was her father’s responsibility. Her father had been unemployed for some time and had to borrow money to pay for the abortion. Martina travelled to England with her father and had an abortion in a private clinic.



Martina feels angry and let down: “Why did my country punish me because I decided I wanted an abortion?”

Advocacy is a key area of work for **IPPF Member Association fpa** in Northern Ireland particularly given the very restricted provision of abortion. A major policy objective for the organization is to ensure that women in Northern Ireland have equal access to reproductive healthcare services

Josie’s story

Josie was 30 years old and coming to the end of her first year as a mature student studying for an masters degree at university in England. She enjoyed the course and her social life, and was involved in campaigning for the Student Union. During the summer holiday, she went back home and worked part-time to earn some money to get her through the next term.

Back in England, Josie realized her period was seven days late. When she carried out a pregnancy test it was positive. From the moment she saw the test result, Josie knew that she wanted to have an abortion.

Josie had studied ethics as part of her degree and had debated the issue of abortion. She believed in a woman’s right to choose, but hadn’t really thought about what she would do if faced with an unwanted pregnancy herself.

“When I discovered I was pregnant I knew straight away that a baby didn’t fit into my life at this stage. I had worked hard to get into university and felt my life was going in the direction I wanted.”

She knew she wanted other things for her life.

She told a few friends and her sister, all of whom were supportive. She looked in the local telephone directory and found the phone number for a central booking system to a local pregnancy advisory service.

“I was lucky to be able to access services through this centralized system because I knew where to go for help without having to go to my local general practitioner, who was also the family doctor. That would have been an uncomfortable situation.”

Josie went for an appointment three weeks later.

At the first appointment the waiting room was very busy. Josie saw a female doctor who asked her why she wanted an abortion. After Josie gave her reasons, she asked if she was sure about her decision. The doctor agreed to be the first signatory. Josie thought the doctor was professional and not judgmental. The procedure was

“I feel very fortunate to live in a country which my respected my right to choose when I was faced with an unplanned pregnancy.” Josie



scheduled in four weeks’ time, when the second doctor would give the necessary second signature.

Josie was treated as a day patient on a ward where all the women were having abortions. There were women of all ages, from many different backgrounds and Josie felt more comfortable knowing that they were all there for the same reason. The nursing staff gave them ample opportunities to talk through anything they wished and they were also given time to talk to the anaesthetist and surgeon. Josie was relieved that everyone was so supportive. For her it felt like having a normal health procedure and she was not made to feel she was doing something wrong.

Josie came home from hospital on the same day and was back at work within two days. She felt relieved it was over and she felt in control of her own body again.

To this day, Josie is glad she chose to have an abortion. She was grateful she was in England at the time, and not in Northern Ireland where abortion was not possible. If she had not been able to have the abortion, she would have been forced to give up her studies, would probably have had to move back home to Northern Ireland and take a poorly paid job. She certainly would not have met and married her husband and feels that she would not have realized her full potential. Josie was adamant that it was the right option for her and is thankful that she was able to make that choice.



Realizing sexual rights: projects from across the Federation

Following on from the success of the IPPF Charter on Sexual and Reproductive Rights, the adoption of *Sexual Rights: an IPPF Declaration* by IPPF's General Council in May 2008 further reinforced the Federation's commitment to human rights and, in particular, sexual rights. To illustrate this commitment, Member Associations proposed a range of innovative projects using a rights-based approach to reduce barriers to access, which were subsequently funded*. What follows is a brief snapshot of ten different projects from across the Federation that are, in some way or another, promoting sexual rights.

A common thread running through all the projects is the emphasis on article 8, the right to education and information. In the context of sexual rights and human rights more generally, the statement 'knowledge is power' rings truer than ever before. Providing young people in Georgia and Syria with information on their sexual rights empowers the next generation and chips away at the social taboos that inhibit discussion about sexuality. Reaching out to sex workers and people living with HIV in Malaysia with sexual and reproductive health information helps them to realize their right to health. And educating health care professionals on sexual rights in the context of doctor-patient relationships in Colombia and Indonesia helps to promote an environment free from discrimination.

Whilst 'sexual rights' is still evolving as a concept, these ten projects are steps on the road to realizing sexual rights for all.

Colombia – Raising Awareness of Sexual Rights in the Health Sector

Article 1: Right to equality, equal protection of the law and freedom from all forms of discrimination

Profamilia **Colombia** recognises how external factors such as power imbalances, gender stereotypes, age, and policy impact on access to health care services and the realization of sexual rights. With this in mind, Profamilia is promoting a three-tiered model that guarantees service provision and takes into consideration the factors that hinder access to public health care. The result is a rights-based approach to programming that responds to the individual needs of clients, ensuring that they are able to exercise autonomy and maintain dignity.

In its effort to promote sexual rights and the *Declaration*, Profamilia's 'Raising Awareness of Sexual Rights in the Health Sector' project targets the organization's health care providers and volunteers. By providing virtual learning experiences through a specially-designed on-line sexual rights module, Profamilia collaborators are strengthening their knowledge of sexual and reproductive health and rights. There is a specific emphasis on young volunteers, who will be provided with internet access in order to enrol on the sexual rights learning module. The project aims to reach 400 health care professionals and 300 young volunteers.



By training health care providers and volunteers on sexual rights, Profamilia is ensuring that health is seen as a human right and not just the absence of disease.

* Thanks to generous funding from the Ford Foundation

Indonesia – Implementation of “Sexual Rights: an IPPF Declaration” project

Article 1: Right to equality, equal protection of the law, and freedom from all forms of discrimination based on sex, sexuality, and gender

Gender inequity and, specifically, entrenched gender stereotypes have been identified by the Indonesian Planned Parenthood Association (IPPA) as a major stumbling block to the realization of sexual rights in Indonesia. A recent poll in Central Kalimantan province indicated that 70 per cent of married men thought that it was women’s sole responsibility to do the laundry and bathe and feed children; further, 96 per cent agreed that it is the responsibility of women to take care of babies. These gender biases, as well as other socially-entrenched taboos relating to sexuality and discrimination, prevent sexual rights being given their proper recognition in Indonesia.

The ‘Implementation of *Sexual Rights: an IPPF Declaration*’ project aims to reinforce IPPA programmes, policies, and strategies by increasing the recognition of sexual rights as human rights. In addition to having translated the Declaration into the local language, Bahasa Indonesia, a series of workshops, roundtable discussions, and information, education and communication activities in Central Kalimantan have been planned. The project will not only engage with Member Association staff and volunteers but also take in community stakeholders, including religious leaders, mass media, other NGOs, and government officials. To facilitate a long-term commitment to sexual rights, IPPA staff will integrate the Declaration’s principles into the organization’s strategic framework for the years 2010-2014.

“In the context of sexual rights and human rights more generally, the statement ‘knowledge is power’ rings truer than ever before.”

Pakistan – Breaking through the Silence: Initiating Sexual Rights Discourse

Article 1: Right to equality, equal protection of the law, and freedom from all forms of discrimination based on sex, sexuality, and gender

Sexuality remains a masculine concept in **Pakistan**, and women’s sexuality is seen as linked almost exclusively with reproduction. Dialogue around women’s sexuality, sexual orientation, and young people’s sexual rights is taboo, and the general attitude towards these issues is one of intolerance.

Against this background, the Family Planning Association of Pakistan (FPAP) is working to create more opportunities for discussing sexual rights. FPAP’s team of sexual rights activists drawn from a cross-section of Pakistani society will promote sexual rights discourse at all levels - from the national to the local through various gender, rights, and sexuality training workshops. On a policy level, FPAP staff will carry out a review of the international human rights treaties ratified by Pakistan and, in doing so identify potential for advocacy strategy and policy change.

“The silence around sex is oppressive for all of us. It promotes violence.”

Young delegate

‘Breaking through the Silence’ highlights the importance of arming activists with the knowledge and language, so that they feel confident in initiating dialogue on sexual rights and creating an environment where everyone has full access to their rights.

Syria – Empowerment through Communication

Article 2: Right to participation for all persons, regardless of sex, sexuality or gender

The voices of young people are more important than ever in **Syria**, where 22 per cent of the overall population is aged between 15 and 24. In an effort to overcome the obstacles presented by illiteracy rates, gender inequity, and low levels of SRH information amongst young people, the ‘Advancing Sexual and Reproductive Health & Rights for Youth’ project provides a platform for the young people of two Syrian districts to make their voices heard.

The Syria Family Planning Association’s innovative two-pronged strategy harnesses the creative expression of young people while also raising awareness of young people’s sexual and reproductive health and rights in the community. Through artistic mediums such as theatre, TV and video, young people are able to articulate their views on issues as diverse as early marriage, domestic violence, sexual harassment, and young people’s role in sexual and reproductive health responses. The young volunteers will also collaborate on a biannual SRH newsletter to be distributed to stakeholders and over 1,000 young people in Syria.

In an effort to raise awareness of the sexual and reproductive health and rights of young people among young people themselves and the general population, SFPA has partnered with the mainstream national media. Two journalists have agreed to write articles on young people’s SRH issues, which will then be published in widely-distributed national newspapers. Monthly discussion groups are also planned. These will be led by local academics, religious leaders, and activists and will tackle issues such as HIV/AIDS, gender-based violence, relationships, and human rights.

The ‘Empowerment through Communication’ project is an example of the way in which the energy, passion, and creativity of young people can be channelled to promote their rights.

Egypt – Advancing Sexual Health and Rights

Article 2: the right to participation for all persons, regardless of sex, sexuality or gender

As in many countries, there is insufficient public support for sexual and reproductive health and rights in Egypt, coupled with socio-economic, cultural, and religious barriers to access. Female genital mutilation, early marriage, unsafe abortion, and gender inequality are all still widespread and a general lack of sexual and reproductive health information and education prevents people from realizing their sexual rights.

Through the ‘Sexual Health and Rights in Egypt’ project, the Egyptian Family Planning Association (EFPA) is improving access to sexual and reproductive health information and helping people make informed choices about their own health. By conducting sensitization meetings for staff and volunteers on a number of topics, including the Islamic view of sex education and gender inequality, EFPA is strengthening its overall capacity to promote sexual rights. These programmes will be backed by training workshops for the media, to raise awareness and promote positive coverage of the issues.

“Using theatre, TV and video, this project channels young people’s energy and creativity to promote their rights.”

Malaysia – Sexual and Reproductive Rights for All

Article 3: Right to life, liberty, security of the person and bodily integrity

Promoting human rights in a sexual and reproductive health setting requires non-judgemental and accessible services for all. Marginalized populations, such as sex workers and people living with HIV (PLHIV), often experience stigma or discrimination that prevents them from exercising their rights to the highest attainable standard of health and to information.

In previous years the **Malaysian** HIV epidemic was driven by male injecting drug users; however, new evidence suggests that heterosexual transmission now accounts for 30 per cent of new HIV cases. This trend places women, particularly sex workers, at a higher risk of infection than ever before, highlighting the urgent need to reach marginalized populations with information and services. While the number of programmes for PLHIV and sex workers has increased since the International Conference on Population and Development in 1994, few address the specific sexual and reproductive health and rights of these populations.

IPPF Member Association FRHAM (Federation of Reproductive Health Associations of Malaysia), working in collaboration with its own Member Association, the Reproductive Health Association of Kelantan, is bridging this gap by sensitizing health care providers to the needs and rights of marginalized populations and empowering PLHIV and sex workers. As part of this initiative, the right to information will be promoted in local communities through the translation of the Declaration into the local language, Bahasa Malaysia. This will be supported by workshops for PLHIV and sex workers aimed at increasing awareness of their rights and the services available to them.

By advocating for a rights-based approach to service provision among professionals, ReHAK and FRHAM are promoting the framework of non-discrimination that underlies human rights. And, by providing sexual and reproductive health information for PLHIV and sex workers, they are working towards the realization of the sexual rights to life, liberty, security of the person, and bodily integrity.

Puerto Rico – A Vision of Sexual Rights for All

Article 6: Right to participation for all persons

In advocating for human rights, Profamilia Puerto Rico emphasises a participatory approach to social change. With the adoption of the Declaration, Profamilia now has a framework from which it can promote a common vision of sexual rights among all sectors of society.

As part of the ‘A Vision of Sexual Rights for All’ project, Profamilia intends to raise awareness of the IPPF *Declaration* in a number of different areas; target groups include health professionals, law students, public officials, feminist organisations, young people, and the media. By working with members of these groups, Profamilia hopes that they will become champions of sexual rights in their own sectors. By raising awareness amongst law students at two universities in Puerto Rico, Profamilia is taking steps to ensure that the lawyers of tomorrow are able to identify and challenge violations of sexual rights in their future practices.

By fostering the participation of diverse groups in the promotion of sexual rights in Puerto Rico, Profamilia is addressing not only article 6 – the right to freedom of thought, opinion and expression and the right to participation - but also ensuring that the principles behind sexual rights take root in all sectors of society.

Nepal – Guaranteeing the Sexual and Reproductive Rights of the Out-of-School Young People

Article 7: Right to health and to the benefits of scientific progress

In 2006, the Nepalese Ministry of Education estimated that 24 per cent of girls and 12 per cent of boys of secondary school age were not enrolled in education. While these figures clearly illustrate a gender disparity, they mask a myriad of other vulnerabilities faced by out-of-school young people (OSYP) in Nepal. The lack of access to SRH information presents a particular challenge to the realization of the right to health of young people out-of-school, given the high rates of substance abuse and unsafe sex amongst this population.

‘Guaranteeing the Sexual and Reproductive Rights of the OSYP in Nepal’ aims to educate 3,000 OSYP on comprehensive sexuality as well as raise their awareness of human and sexual rights through *Sexual Rights: an IPPF Declaration*. By mobilizing its extensive network of peer educators, FPAN aims to address the social taboos surrounding the discussion of sexuality and reach out to the most vulnerable groups of OSYP, including sex workers and injecting drug users.



By empowering OSYP to make decisions about their own health and well-being through information and awareness-raising, FPAN is fulfilling the sexual rights of a group of marginalized young people. Often, it is the realization of the right to information for those without access that opens the door to all the other rights.

Lesotho – ‘Together We’ll Make a Difference’:
Strengthening Capacity for Sexual Rights

**Article 7: Right to health and to the benefits
of scientific progress**

The **Lesotho** Planned Parenthood Association (LPPA) is putting the Declaration’s principles into action by reaching out to two under-served groups—young men and the lesbian, gay, bisexual and transgender community.

The ‘*Together We’ll Make a Difference*’ project aims to raise awareness of sexual rights among health professionals as well as uniformed personnel - including police officers, army personnel, security guards - and construction workers. By targeting these professions with gender specific information and programmes, LPPA hopes to increase male commitment to sexual and reproductive health. In doing so, it hopes to increase understanding of sexual diversity and reduce associated stigma. The Association will also conduct research into the needs of sexually diverse communities in Lesotho with the aim of increasing their access and providing them with appropriate information and services.

LPPA’s approach truly embodies the participatory, rights-based approach. Not only is the organization seeking to enhance its own knowledge of the community it serves, but it is trying to extend the right to health to those traditionally marginalized by a lack of access to sexual and reproductive health services.

“Often, it is the realization of the right to information that opens doors to all other rights.”

Georgia – Stand up for your Rights

Working to promote freedom of expression, thought, and conscience is crucial in countries where issues surrounding young people’s sexuality are taboo, as they are in Georgia. Despite the Georgian government’s commitment to international human rights and readily available evidence suggesting young people’s vulnerability to sexual ill-health, there is still a general denial of young people’s sexual rights.

Project ‘Stand up for your Rights’ builds on the work of HERA XXI, IPPF’s Member Association in Georgia, to address attitudes to young people’s sexual rights. HERA plans to conduct workshops for staff and young people on the integration of sexual rights into programming. Using a network of youth groups across the country, HERA branches will host a total of thirty open debates on sexual rights aimed at, and led by, young people.

The translation of the Declaration into the Georgian language is helping to promote young people’s active participation in the workshops and strengthen HERA’s voice when advocating for sexual rights at a national level.



Recommendations

Sexuality is part of every person throughout their life, whether or not they are sexually active. People experience sexuality through their physical feelings, emotions, thoughts, identity, and relationships. Undoubtedly, sexuality influences our mental and physical health and, since health is a fundamental right, it follows that the right to sexual health must also be fundamental. Sexual rights are human rights relating to sexuality, that emanate from human rights, such as the right to freedom, equality, privacy, autonomy, integrity and dignity of all people. They cannot be ignored.

In understanding the inalienability and indivisibility of human rights we can be assured, therefore, that safeguarding sexual rights must be part of the global community's commitment to human rights. This commitment was demonstrated to a limited degree by the International Conference of Population and Development in 1994, when governments reached a consensus on the right to sexual and reproductive health and established priorities for action, and to a greater extent, by the Fourth World Conference on Women in 1995. However, fifteen years later there is an urgent need to review progress on sexual and reproductive health and to examine contemporary challenges to human rights, and sexual rights in particular, so going beyond the narrower focus on the right to sexual and reproductive health.

It can be argued that in prioritizing certain aspects of human rights and the right to health in particular, governments have allowed some fundamental rights regarding other essential aspects of our humanity to be derogated, without proper consideration, and certainly without justification. The case studies portrayed in this publication are a stark reminder of this.

'Sexual rights: an IPPF declaration' demonstrates how sexual rights are an essential component of human rights. IPPF's 150 Member Associations are already using the 2008 Declaration in relation to their service provision and advocacy to help ensure compliance and implementation of human rights commitments and to support the attainment of MDG target 5B – universal access to reproductive health; and other MDGs, particularly the health MDGs and MDG 3 - to promote gender equality and empower women. To complement this, 'Sexual Rights in Action' shows some practical ways in which this is being done and how those rights can be protected, fulfilled and respected. Based on this, these recommendations are built on IPPF's landmark Charter on Sexual and Reproductive Rights (1995), and on a number of progressive documents such as Yogyakarta Principles (2006); and treaties and conventions including the Vienna Declaration (1993), The Universal Declaration of Human Rights (1948), The Convention on the Elimination of All Forms of Discrimination against Women (1979), the International Covenant on Civil and Political Rights (1975) and on other relevant documents and research based on the work of many organizations working in the field of human rights and health, including IPPF's own work in sexual health and rights spanning 50 years, and driving towards ensuring a rights-based approach in the provision of services, education, information and advocacy.

In helping to secure sexual rights for everyone we affirm our collective humanity. The following recommendations are intended to help various stakeholders who have knowledge and understanding of human rights, health and development, social justice and equity and sexual and reproductive health and rights, to identify the actions required in order to ensure those rights.

“Too often denied, and too long neglected, sexual rights deserve our attention and priority. It is time to respect them. It is time to demand them”

Dr Jacqueline Sharpe, President of IPPF

IPPF recommends that:

Individuals:

- promote respect for all human rights, including sexual rights
- recognize and respect the sexual rights of others
- promote respect for sexual identities and diversity by participating in sexual rights education and initiatives
- claim and practise their sexual rights with due regard to the rights of others

Civil society organizations:

- advocate for sexual and other rights as indivisible
- monitor the policy and practice of states and other actors responsible for enabling sexual rights, as part of compliance with their human rights obligations
- facilitate the ability of individuals and communities to seek judicial or other protection of their sexual rights
- promote better understanding of the indivisibility of rights among key audiences
- provide education for communities and individuals on sexual rights and create safe places for discussion
- work to encourage inclusion of sexual rights in development frameworks and national health plans

SRHR service providers:

- have policies in place to help integrate sexual rights into service provision
- ensure that all health care providers are trained in the delivery of rights-based service
- deliver non-judgmental, rights-based services to everyone, without prejudice
- mainstream sexual rights across all services

The private sector:

- ensures employment and business policies and practices do not contravene / deny sexual rights
- has transparent policies regarding sexual rights
- does not discriminate against sexual minorities nor deny services to anyone on the basis of their sex, sexuality or gender
- has zero-tolerance for violation of sexual rights in the work place, including explicit protection from sexual harassment
- has specific non-prejudicial employment and recruitment policies
- cooperates with other sectors to promote sexual rights

Resources

National and local governments:

- comply with all human rights instruments and obligations
- include recognition of sexual rights in their national health and development plans and frameworks
- have clear and accessible judicial means for all people to seek review of the policies and practices that impact on their sexual rights
- dedicate the necessary resources to ensure the indivisibility of rights and to specifically recognize, protect sexual rights and monitor this provision
- ensure that the appropriate state agencies have the resources to review policies and practices that have an impact on sexual rights, and offer rights-based solutions when required
- allocate sufficient resources for the universal provision of comprehensive sexuality education across a person’s life span
- establish adequate infrastructure to ensure the training of the necessary health providers required to deliver the services needed to secure sexual rights
- lead research necessary to help secure sexual rights and to identify new concerns and trends.
- listen to service providers and ensure that they are actively involved in the design, implementation and monitoring of initiatives to recognize and advance sexual rights

The international community:

- reaffirms the indivisibility of human rights, and acknowledges that these rights include sexual rights
- develops binding resolutions on sexual rights by the year 2015 (following the completion of the ICPD Programme of Action and the MDGs)
- promotes the indivisibility of human rights by requiring that human rights agreements include comprehensive guidelines regarding sexual rights
- ensures transparency and accountability from states regarding all aspects of the right to health, education and development by ensuring the monitoring and evaluation of their performance regarding sexual rights
- ensures that non-state actors, including individuals, have the means to report violations and to secure redress from those who obstruct or deny access to their sexual rights.
- acts to ensure the right of non-combatants to be protected from violations of their sexual rights and ensure that this should be a responsibility of military authorities.

The Truth about Men, Boys and Sex (2009)

This publication aims to inspire and assist programme developers, project managers and service providers to strengthen their work on men’s sexual and reproductive health – as an essential ingredient of gender-transformative programming. Available in English and Japanese at: <http://www.ippf.org/en/Resources/Guides-toolkits/>

From Evidence to Action: Advocating for Comprehensive Sexuality Education (2009)

This is an advocacy guide for young people to strengthen public and political commitment and support for their sexual and reproductive health and rights. It is available as part of the five part INSPIRE series in English at: <http://www.ippf.org/en/Resources/Guides-toolkits/>

Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV – A Guidance Package (2009)

A partnership publication: GNP+, ICW, Young Positives, EngenderHealth, IPPF and UNAIDS. This guidance package, developed by people living with HIV, describes the important issues and key areas for change. <http://www.ippf.org/NR/rdonlyres/45AED50A-9A04-490C-B5F2-9F2236BA780E/0/AdvancingSexualReproductiveHealthHumanRightsHIV.pdf>

The Impact of HIV-related Restrictions on Entry, Stay and Residence: An Annotated Bibliography (2009)

Published by UNAIDS this bibliography documents the impact of HIV-related restrictions. Available at: http://data.unaids.org/pub/Report/2009/jc1729_bibliography_en.pdf

Sexual rights: an IPPF declaration (2008)

The Declaration is available in Albanian, Arabic, Bahasa Indonesian, Bahasa Malaysian, Bangla, Bosnian, Bulgarian, English, Estonian, French, German, Macedonian, Nepalese, Portuguese, Russian, Spanish and Urdu (more languages available soon) at: <http://www.ippf.org/en/Resources/Statements/>

The Criminalisation of HIV (2008)

In many countries the transmission of HIV can be a criminal offence—and in some countries even exposing someone to HIV can be prosecutable. Available in English, French and Spanish at: <http://www.ippf.org/en/Resources/Reports-reviews/>

Verdict on a Virus (2008)

A partnership publication with GNP+ and ICW. this guide is for anyone who wants to know more about the criminalization of HIV transmission or exposure and the related health, human rights and legal implications. Available in English and French at: <http://www.ippf.org/en/Resources/Guides-toolkits/>

Stigma Index User Guide (2008)

A partnership publication from IPPF, GNP+, ICW, UNAIDS. The User Guide was created for teams implementing the People Living with HIV Stigma Index in their communities. The User Guide is available in English, Spanish, French, Arabic, Chinese, Russian and Portuguese at: <http://www.stigmaindex.org/90/publications/the-people-living-with-hiv-stigma-index-user-guide.html>

Access to Safe Abortion: A Tool for Assessing the Legal and other Obstacles (2008)

This guide is an assessment tool that professionals and other interested people can use to become aware of legal and other obstacles that make access to safe abortion difficult or impossible. Available in English, French and Arabic (2009) at: <http://www.ippf.org/NR/rdonlyres/6649ED84-2EA1-4C88-8A86-CA19BBB19463/0/AbortionLawToolkit.pdf>

First Trimester Abortion: Guidelines and Protocols for Surgical and Medical Procedures (2008)

This document provides a broad framework to ensure that no aspect of care is overlooked when providing comprehensive abortion care in the first trimester of pregnancy and is intended to support service providers to offer high quality, rights-based abortion and related services. Available in English, French and Arabic (2009) at: http://www.ippf.org/NR/rdonlyres/D84AFDB1-B6CC-4899-8E3C-5D3392A85F8F/0/abortion_protocol.pdf

Ending Child Marriage: A Guide for Global Policy Action (2006)

This guide written in partnership with Young Positives, UNFPA and GCWA appeals to key policy makers to improve the quality of life of millions of girls and young women forced into child marriages. It is available at: <http://www.ippf.org/NR/rdonlyres/8415A7E9-0833-4500-AE53-9AA09F1A56D8/0/endchildmarriage.pdf>

Death and Denial: Unsafe Abortion and Poverty (2006)

This report highlights the untold cost of unsafe abortion, dealing with a subject where rational debate and considered action are much needed. Available in English, French, Spanish and Japanese at http://www.ippf.org/NR/rdonlyres/8D4783F5-D516-47D3-8B34-61F6D510202A/0/Death_Denial_unsafe_abortion_poverty.pdf

A Young Person’s Guide to Rights

This leaflet produced in conjunction with other NGOs makes the links between the rights, as laid out in the UN Convention on the Rights of a Child (CRC) in 1989, and sexual and reproductive rights. Available in English at: <http://www.ippf.org/NR/rdonlyres/1F0F2AA6-5A35-4771-8222-E002874748F1/0/Ayoungpersonsguide.pdf>

Framework for Comprehensive Sexuality Education (2006)

As well as providing an in-depth overview of Comprehensive Sexuality Education (CSE), this document aims to inspire thought and spark discussion by providing people with a basic planning framework for CSE. Available in: English, French and Spanish at <http://www.ippf.org/NR/rdonlyres/CE7711F7-C0F0-4AF5-A2D5-1E1876C24928/0/Sexuality.pdf>

Dreams and Desires - Sexual and reproductive health experiences of HIV positive women (2006)

This is a partnership publication between IPPF and ICW which includes thirteen stories from women around the world, highlighting what it means to be a sexually active HIV positive woman. It is available in English at: <http://www.ippf.org/en/Resources/Reports-reviews/>

A Framework for Priority Linkages (2005)

This framework proposes a set of key policy and programme actions to strengthen linkages between sexual and reproductive health and HIV/AIDS programmes. Available in English, French, Spanish, Arabic and Russian at: <http://www.ippf.org/en/Resources/Guides-toolkits/>

Fulfilling Fatherhood – Experiences from HIV Positive Fathers (2005)

This is a partnership publication between IPPF and GNP+. Revealed for the first time in this booklet are thirteen honest, candid and highly personal stories which seek to highlight the lives of HIV positive fathers, and to serve as a catalyst for the greater involvement of men in sexual and reproductive health issues. Available in English at: <http://www.ippf.org/en/Resources/Reports-reviews/>

IPPF Charter on Sexual and Reproductive Rights (1995)

This Charter represented IPPF’s response to the challenge of applying internationally agreed human rights language to sexual and reproductive health and rights issues. Available in English at: <http://www.ippf.org/NR/rdonlyres/6C9013D5-5AD7-442A-A435-4C219E689F07/0/charter.pdf>

Platform for Action of the Fourth World Conference on Women (1995)

Available at: <http://www.un.org/womenwatch/daw/beijing/platform/>

Programme of Action of the International Conference on Population and Development (1994)

Available at: <http://www.unfpa.org/icpd/summary.cfm>

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**These stories demonstrate why we are fighting
for sexual rights. They show how hard it is to live
in a world where your rights are denied, where
there is discrimination, stigma and abuse. Respect
for sexual rights reinforces equality and dignity,
without which none of us can fulfill our potential.**