

IPPF Medical Bulletin

IMAP Statement on Sexual Rights and Sexual Health Services

Introduction

IMAP* supports IPPF's mission to ensure that sexual rights are universally respected and to ensure that people who are poor, marginalized, under-served and socially excluded have access to essential health services. IMAP recognizes that realizing sexual rights is crucial to enable people everywhere to achieve "the highest attainable standard of mental and physical health."¹ IPPF affirms that sexual rights are human rights.²

This 'Statement on Sexual Rights and Sexual Health Services' complements and expands on earlier IMAP Statements about the sexual health and rights of adolescents and young people, and about HIV and abortion.³

What is the purpose of this Statement?

IMAP acknowledges the importance of 'Sexual Rights: an IPPF declaration'. This Statement is intended to support the practical implementation of the Declaration through good quality, rights-based service delivery, evidence-based advocacy, health promotion and comprehensive sexuality education.

Who is this Statement intended for?

IPPF's Governing Council approved the Declaration in May 2008. A ground-breaking document, it is based on core international human rights conventions and agreements, integrating other important additional entitlements. (See page 8 for a list of the key instruments that inform the IPPF Declaration.)

The IPPF Declaration supports a comprehensive vision of sexuality and provides a framework to understand how basic human rights can be applied to sexuality. It is an important reference tool for all service providers and for advocating against stigma and discrimination related to sexuality and sexual rights.

"Sexual rights include the right to choose one's sexual partner, to control one's own body, to experience sexual pleasure, to not be abused or violated, to freely choose contraceptive methods, have access to safe and legal abortion, have access to information about prevention of sexually transmitted infections (STIs) and comprehensive sexuality education."⁶

This Statement is primarily intended for use by IPPF Member Associations. It is also aimed at all organizations, activists and researchers, and policy and decision makers who are working to promote and ensure that human rights are upheld in health service provision.

'Sexual Rights: an IPPF declaration' was adopted by the European Society of Contraception and Reproductive Health (ESC) at its 11th congress in May 2010.

Why are sexual rights integral to high quality service provision?

The IPPF Declaration supports a vision of sexuality that is inclusive and non-discriminatory by identifying sexual rights explicitly as a component of human rights and as an evolving set of entitlements related to sexuality that contribute to the health, well-being, freedom, equality and dignity of all people. This focus on sexual rights complements and broadens the vision outlined in the 'IPPF Charter on Sexual and Reproductive Rights' (1996) which focused more on reproductive rights.⁴ It is a framework that is broadly embodied in many existing Member Association policies and publications, and focuses on the Federation's mission, vision and values as reflected and implemented through its service delivery. The paradigm shift to integrate this focus on sexual rights broadens IPPF's vision and, crucially and importantly, looks at human beings holistically – at their hopes, desires, practices, orientations and preferences. As the Declaration states, "sexual health spans a lifetime" and "Sexuality, which is an integral factor in almost all reproductive decisions ... is a central aspect of being human, whether or not one chooses to reproduce."⁵

Sexual rights are included in many human rights declarations, laws and treaties, even though they are not always highlighted explicitly.

Is there a link between reproductive rights and sexual rights?

Sexual rights and sexual health are associated with, yet distinct from, reproductive rights and reproductive health. They are different concepts of equal importance.

Reproductive rights are human rights related to reproduction, parenthood, reproductive health and fertility, including the menopause. Reproductive rights are most often associated with the right to services and supplies, such as contraception, antenatal and post-natal care, skilled attendance at birth, safe abortion services, infertility services and autonomous decision making about reproduction. These rights, in turn, enable individuals to realize their own choices and ensure their health and safety in reproductive matters.

* IMAP is IPPF's International Medical Advisory Panel.

Sexual rights are human rights related to someone's sexuality, including gender identity, sexual orientation, sexual behaviours, sexual health care and well-being. Recognizing and respecting sexual rights for all people are vital components for the healthy development and well-being of individuals and the societies in which they live, and for development in general.

Sexual rights also span the broader realm of sexuality. These rights include access to sexual health information, services and supplies, and suggest that everyone has the right to live under conditions (including social, cultural and political attitudes, behaviours and institutions) that allow fulfilment and expression of their sexuality, including whether or not they choose to reproduce. Fulfilment of sexual rights also offers protection from sexual rights abuses, including harassment, rape, female genital mutilation, and early and forced marriage, and other situations in which individual consent is not respected.

Dispelling myths about sexual rights

Some individuals and governments erroneously view 'sexual rights' as synonymous with high risk behaviour, the legalization of homosexuality and same sex marriage.⁷ This is an unfortunate myth. Many people who live in environments where gender inequality is prevalent suffer sexual rights violations, and these affect women in particular. Such violations include female genital mutilation, early and forced marriage, rape and sexual trafficking – and these violations are also intimately linked to women's reproductive rights.

Efforts to promote sexual rights therefore go beyond the provision of clinical services: they address issues such as sexual and gender-based violence, early and forced marriage, and female genital mutilation, as well as issues related to sexuality such as disability, age, gender identity and sexual orientation. Sexual stereotyping and discrimination of people with learning difficulties result in denial of services, and this violates their human rights. The myth that people with learning difficulties are either asexual or are sexually 'uncontrollable' results in discrimination, stigma, coercion, and denial of access to sexual and reproductive health services. Discrimination, stigma, violence, fear, ignorance, and some cultural and traditional beliefs constitute a threat to human rights and health worldwide. Repressive laws in many States reinforce stigma by criminalizing those who are already marginalized and socially excluded.

The need and demand for sexual health services must be recognized and addressed. This is vital not only because such services promote sexual health – and therefore the general health of individuals, families and societies – but also because of the links between sexual health and wider issues of individual well-being, development and participation. Health, and sexual and reproductive health in particular, can be negatively affected if sexual rights are not respected. The impact of sexual rights goes beyond health; it guarantees that an individual can fulfil and express his or her sexuality, whether or not this is related to their reproductive intentions.

Sensitization through education is therefore important for service providers, to help dispel the myths and prejudices that entrench stigma, violence and marginalization in the lives of vulnerable

populations. Whatever services the Member Association offers, or plans, must be respectful, non-judgemental, inclusive, and delivered without discrimination or coercion.

The Declaration provides a comprehensive framework within which Member Associations can understand and implement their responsibilities as health service providers. It seeks to facilitate expanded services, improve access to all, and enable clients to fully realize their sexual and reproductive rights. The Declaration can also be used as an advocacy guide to call on States to implement their obligations to respect, protect and fulfil human rights including those related to sexuality. It also supports Member Associations to undertake programmatic interventions that enable them to promote, fulfil and advance sexual rights within their service delivery, comprehensive sexuality education and advocacy.

Gender dimensions of sexual health and well-being

Gender equality and women's empowerment are social determinants of health and their successful outcomes depend on realizing sexual rights. Women account for nearly half the world's population but bear a much greater burden of poor sexual health, disease and disability than men. Depression is the leading cause of increased disability-adjusted life years for women of reproductive age.[†] Maternal conditions account for two of the 10 leading causes of disease burden in women aged 15 to 44 years. In Africa, for example, maternal complications related to pregnancy and childbirth, along with HIV and AIDS, are the major contributors to the high burden of disease for women, higher than in other regions. In sub-Saharan Africa, 75 per cent of those under age 25 living with HIV are female. Together with South-East Asia, they constitute 8 per cent of the total burden of disease.[‡] This loss of healthy years of life would be almost entirely avoidable if the sexual rights of women and girls were respected, protected and fulfilled.

Certain traditional, cultural and religious beliefs and practices disproportionately affect women's health, such as female genital mutilation, and early and forced marriage. The practice of female genital mutilation is entrenched in social, economic and cultural practices, and understood as a social convention that is often accepted without question.[§] Some of the social justifications include the preservation of virginity and ensuring fidelity, as well as a rite of passage to womanhood. Child marriage and subsequent pregnancies have negative health outcomes for young girls who are not physically strong enough to carry pregnancies to term.

Women who develop a fistula, either obstetric or traumatic, usually do so as a consequence of the neglect of women's sexual and reproductive rights. Obstetric fistula and uterine prolapse can be completely prevented if women receive proper care during pregnancy, and through increased access to skilled birth attendants and emergency obstetric care.

Assigning inferior status to women and girls is a cause and consequence of son preference in many societies. It leads to greater value being placed on boys than on girls, and reinforces the subordinate status of girls and women. "Sex selection and skewed sex ratios are seen both as *symptoms* of gender inequality and as leading to further *aggravation* of inequality."[§]

[†] One disability-adjusted life year (DALY) represents the loss of the equivalent of one year of full health. Using DALYs, the burden of disease that causes early death but little disability can be compared to that of diseases that do not cause death but do cause disability. At www.who.int/mental_health/management/depression/definition/en/ – the World Health Organization cites depression as a leading cause of disability, a fourth leading contributor to the global burden of disease in 2000 and projected to reach second place of the ranking of DALYs calculated for all ages, both sexes. See also Part 4, p.46.

[‡] At www.who.int/dg/speeches/2008/20080828/en/index.html – Launch of the final report of the Commission on Social Determinants of Health – Margaret Chan refers to social determinants in part as the "great discrepancies that occur along the social scale – from marginalization and deprivation to privilege and power – [as] the main reason for the vast differences seen throughout the world in health outcomes and life expectancy."

Sexual Rights: an IPPF declaration – 10 articles of rights

- **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 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.

To meet people’s rights to health, education, privacy, information, liberty and bodily integrity, and freedom from coercion and torture calls, firstly, for services that are holistic, comprehensive, user-friendly and inclusive and, secondly, for services that address unsafe abortion, HIV prevalence, sexual and gender-based violence and the unmet need for contraception.

Implementing IPPF’s vision, mission and values means respecting every client’s right to privacy, confidentiality, dignity and respect. In addition, it is vital to have a clear understanding of the social determinants which affect sexual health: such determinants address poverty, inequalities (especially those based on gender differences) and related barriers to accessing services. When sexual rights are respected, they can improve the health and lives

of both individuals and communities, reduce violence against women, decrease rates of maternal mortality and HIV, and contribute to social justice and equality. To reduce the incidence of sexual and gender violence, and to mitigate their harmful effects, all providers should offer comprehensive services that include screening for sexual and gender-based violence as well as protocols to refer clients to other services if required. They should ensure that staff are trained to conduct these sensitive consultations and that referral protocols are in place.

Service provision for people who are poor, marginalized, stigmatized, socially excluded and under-served

The Declaration is an important tool that enables IPPF to strengthen delivery of its five priority areas (Abortion, Access, Adolescents, Advocacy, and HIV and AIDS); to expand services to everyone; and to advocate for sexual rights for all to be recognized, promoted and fulfilled, especially for those who are poor and marginalized.

The seven principles and 10 articles in the Declaration reflect IPPF’s vision of a “world where women, men and young people have control over their bodies and therefore their destinies” and are protected within the human rights principles of inclusiveness, non-discrimination for all people, and respect for the growing decision making capacities of young people.¹⁰ It is a framework that seeks to help Member Associations to deliver high quality, appropriate, accessible and affordable services to all their diverse clients. The Declaration recognizes that human rights are universal, indivisible, inter-dependent, and inalienable for all people everywhere. This means that everyone is born with and possesses the same rights. And these rights are inter-dependent because they are equal in importance and the enjoyment of one can lead to the fulfilment of the others.

While sexual rights should be recognized for all people, some populations are subject to greater vulnerability and are therefore marginalized because of their age (younger or older), disability, gender identity and sexual orientation, status and/or the conditions in which they live and work.

Here are some theoretical scenarios in which sexual rights are relevant:

How sexual rights work in action

Scenario	Sexual rights violation
Doctor calls client’s workplace to report their HIV status to their employer.	Articles 4, 5, 7
Providers keep an intersex client waiting as they joke loudly and refer to the client as a ‘demon’.	Articles 1, 4, 7
Doctor agrees with a husband who refuses to permit his wife to use contraception.	Articles 1, 2, 3, 4, 6, 7, 9
People with learning difficulties are assumed not to have the capacity to have sex and the provider sees no need to offer services. Later, many are found to have a sexually transmitted infection.	Articles 1, 2, 3, 5, 6, 7, 8, 9 ¹¹
A clinic performs genital mutilation on girls brought in by older people.	Articles 1, 3, 5, 6, 7, 8, 9, 10
A provider tells a young man’s mother that he has an anal infection.	Articles 1, 3, 4
A 14-year-old girl is admitted to hospital with vaginal bleeding after being sexually assaulted by an older man. A provider ridicules her, saying she has been sleeping around.	Articles 1, 2, 3, 5, 6, 9
A woman living with HIV recovers from a caesarean section to find that she has been given a full hysterectomy and has therefore been permanently sterilized, without any clinical reason.	Articles 1, 2, 3, 4, 5, 6, 7
Doctor tells a woman that she must have a consent form signed by her husband before she has her pregnancy terminated.	Articles 2, 3, 4, 6, 7, 9
A couple comes to the clinic for contraceptive advice and they are turned away because they are not married.	Articles 1, 2, 6, 7, 8

It is important for Member Associations to pay particular attention to key populations and vulnerabilities. The following offer some examples:

Sexual rights and sexual health of young people

Sexuality is a central aspect of being human during all phases of each person's life, including for young people. The hallmark of a model Member Association should be that it provides comprehensive sexuality education, and accessible, gender-transformative, youth-friendly services, and also undertakes evidence-based advocacy. It is important for all young people to be able to explore, experience and express their sexualities in healthy, positive, pleasurable and safe ways. This can happen only when young people's sexual rights are guaranteed – both to be protected from exploitation and to be empowered to act in line with their evolving capacities.

For more information on the sexual rights of adolescents see the 'IMAP Statement on Comprehensive Sexuality Education', and 'Exclaim! Young People's Guide to "Sexual Rights: an IPPF declaration"' which explores and explains how sexual rights relate to young people, in a way that is accessible and relevant to them.

Sexual rights and sexual health of people living with HIV

HIV, sexuality and reproduction are intimately linked. HIV is a cause and consequence of inequality: HIV remains the leading infectious disease killer in the world and the leading cause of death among women of reproductive age (15 to 49). Stigma, discrimination and punitive laws continue to undermine efforts to prevent new infections, with notably destructive effects on efforts to address the needs of people who inject drugs, men who have sex with men, and sex workers and their clients.¹²

The overall aim to provide integrated services that link HIV and sexual and reproductive health, particularly antenatal services, can facilitate access for all key and marginalized populations: this can include men who have sex with men, sex workers, prisoners and displaced persons. The Declaration's inclusive vision provides an opportunity to provide integrated services which can, in turn, address the challenge of reducing stigma and discrimination while also accelerating the use of vital services.

Detailed guidance on HIV and AIDS is provided in the following IMAP Statements:

- Linkages: SRH and HIV (2009) *IPPF Medical Bulletin*. 44 (1): 1–4.
- HIV infection and AIDS: an overview (2005) *IPPF Medical Bulletin*. 39 (2): 1–4.
- Management of HIV infection within sexual and reproductive health services (2005) *IPPF Medical Bulletin*. 39 (1): 1–6.

Sexual rights and sexual health of people who are lesbian, gay, bisexual, transgender and intersex

People who are lesbian, gay, bisexual, transgender or intersex experience stigma and discrimination from health providers in many parts of the world. It is important therefore to address barriers that hinder access: this includes focusing on service provider attitudes and restrictive service guidelines. Repressive laws and entrenched prejudice combine to form a significant obstacle to accessing services. Fear of undue exposure and stigmatization means that marginalized groups cannot or do not access services. In parts of the world where homosexual behaviour is criminalized, for example, there is always the fear

of imprisonment or violence leading to death and/or disability, and this deters people from seeking services.

Denying services to people who are lesbian, gay, bisexual, transgender or intersex is a violation of their human rights. Studies have shown that failure to provide inclusive services which address the needs of young people who are lesbian, gay, bisexual, transgender or intersex leads to mental health issues and more suicides.¹³ Member Associations should support advocacy against laws that criminalize sexual behaviour and that might limit the access of key populations to comprehensive, good quality sexual and reproductive health services.

Putting sexual rights principles into action: what can Member Associations do?

IPPF works towards a "world in which all women, men and young people everywhere have access to the information and services they need; a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place."¹⁴

Member Associations should ensure that the IPPF vision is reflected in both how they advocate for public policies and how they deliver services. It requires them not only to address the clinical aspects of their clients' needs, but also to have a keen understanding of the underlying social determinants of health, including gender and related inequalities that drive stigma and discrimination, and discourage marginalized and under-served clients from accessing services or information. The Declaration states that "Discrimination in the realm of sexual rights may manifest itself through unequal access to cultural, economic, political or social rights because of sex; age; gender; gender identity; sexual orientation; marital status; sexual history or behaviour."¹⁵

It is therefore critical to train providers to think in an inclusive way, to transform staff thinking and perspectives (sometimes known as 'values clarification') when these are prejudiced against providing services for clients they deem 'different', and towards providing services in a non-judgemental and non-discriminatory manner. Providers should understand that sexual rights violations include coercion (mandatory sterilization, imposing their own ideas on clients without respect for client choice, among others), discrimination through denial of health services and information, or disclosure of medical records without due regard for confidentiality and privacy.

Individual staff should promote a sexual rights approach in their work, recognize and respect the sexual rights of clients, and demonstrate respect for diverse sexual identities by being open to sexual rights education, training and initiatives.

Member Associations should recognize that the right to health, within a framework of sexual rights, should be interpreted according to international human rights instruments. The seven principles in the Declaration are listed in the Table with suggested practical applications. Some applications are not exclusive, but may be related to two or more of the principles. The list of suggestions is not exhaustive, and service providers may find many additional ways to put the sexual rights principles into practice. The operating framework for all Member Associations must ensure that discrimination and exclusion will not be tolerated on any grounds whatsoever. Policies that support an inclusive approach (including workplace and programme policies) should be developed or strengthened to ensure that the Member Association is able to fulfil the vision and mission proposed in the Declaration.

Table: Principles and practical applications of sexual rights

PRINCIPLES	APPLICATIONS
<p>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.</p>	<p>To demonstrate their understanding that sexuality is an integral part of the life of every client, service providers should create an environment that respects clients' right to information, access to services, choice, safety, privacy and confidentiality, dignity and comfort, continuity of services and opinion (for example appropriate space, respectful language, materials and posters that affirm sexuality).</p> <p>To enable service providers to deliver good quality care they need training, information, proper infrastructure and supplies, guidance, back-up, respect and encouragement, and feedback on their performance.</p> <p>A conducive environment includes:</p> <ul style="list-style-type: none"> • Human resources and infrastructure that enable clients to feel welcomed and able to access services without fear of stigma and discrimination. • Gender-sensitive, rights-based services that treat clients with respect, and give them privacy and confidentiality, for example managing client flow, files, phone calls, visibility of computer screens. Remember that clients have unique needs and cultural requirements. • Service providers and volunteers who are non-judgemental about a client's relationships, situations or decisions, and who foster two-way respect and trust.
<p>Principle 2: The rights and protections guaranteed to people under age 18 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.</p>	<p>Service providers and volunteers should:</p> <ul style="list-style-type: none"> • Offer services that are disability and age-friendly. • Ensure that all sexual and reproductive health services are inclusive, rights-based, and free from stigma and gender bias. • Encourage delivery of comprehensive sexuality education. • Be trained to work respectfully and sensitively with young people and address unique gender needs. • Provide services that are non-discriminatory, private, confidential and affordable. • Be accessible to all young people without discriminating on the basis of gender identity, sexual orientation, marital status or disability including HIV. • Allocate clinic hours that take young people's needs into account – avoiding school time, and the late or early hours during which young people might be at risk. • Recognize that young people are not homogeneous; respect their differences in decision making both between individuals and across age ranges. • Offer comprehensive services that are relevant to adolescents' needs. These should include information on sexual and reproductive health; methods and commodities for contraception (including emergency contraception); prevention of sexually transmitted infections including HIV; HIV testing, treatment and care; antenatal and post-natal care; sexual abuse; relationships; and safe abortion and abortion-related services. • Clearly understand the meaning of safer sex and the benefit of dual protection (of condoms and contraceptives, sexually transmitted infections including HIV and unintended pregnancy), which should incorporate the concepts of well-being and self-confidence, trust, communication and happiness. • Screen and provide counselling for sexual and gender-based violence or coercion. • Encourage meaningful participation of young people in service delivery planning. • Have clear knowledge of laws in their country on informed consent, especially relating to people under the age of 18.

Table: Principles and practical applications of sexual rights

PRINCIPLES	APPLICATIONS
<p>Principle 3: Non-discrimination underlies all human rights protection and promotion.</p>	<p>Service providers should take an approach that is non-discriminatory and non-judgemental, which means:</p> <ul style="list-style-type: none"> • No one should be excluded from service provision on the basis of sex; age; gender; gender identity; sexual orientation; marital status; sexual history or behaviour, real or imputed; race; colour; ethnicity; language; religion; political or other opinion; national, geographical or social origin; property; birth; physical or mental disability; health status, including HIV. • Equal treatment for all clients, including guaranteeing respect for every client's dignity, identity and difference. • Awareness that clients face different challenges to accessing services and information, and demonstrating particular sensitivity to the needs of those who do not traditionally go to clinics. This includes young people, men, men who have sex with men, lesbians (for sexual and reproductive health and family planning), people living with disabilities and sex workers. • Protection of clients' rights to health and recognition that service providers have a duty to respect and uphold clients' rights, and therefore must not obstruct access to information and services, interfere with a woman's right to decide whether or not to have an abortion, or restrict access to safe abortion in circumstances where the law allows it. • Case management which offers all available options and allows clients to make an informed choice from all the available options, to choose the service most suited to their needs while balancing the risks involved – for example termination of pregnancy by medical method or manual vacuum aspiration – and contraceptive choice. • No exclusion or denial of services to clients who may not be able to pay service fees.
<p>Principle 4: Sexuality, and pleasure deriving from it, is a central aspect of being human, whether or not a person chooses to reproduce.</p>	<p>The best practice approach should take account of the following:</p> <ul style="list-style-type: none"> • Services which are available, accessible, affordable, comprehensive and tailored to each client's needs, and service providers recognize that much sexual activity is not reproductive in intent. • Services offered are inclusive and comprehensive, including those for marginalized and under-served groups. • Service providers have a comprehensive understanding of human sexuality. • Service providers are prepared to talk about the well-being of clients, and provide counselling or referral services in cases of sexual dysfunction, to ensure the client has the capacity to enjoy a happy, satisfying sex life. • Every possible step is taken to ensure that clients have access to condoms and lubricants (promoting the advantage of dual protection), or other methods that ensure safer sex without the fear of unwanted pregnancy or sexually transmitted infections including HIV. • It is recognized that all clients have a right to practise consensual safer sex and should be given the necessary commodities, including lubricants, condoms, emergency contraception, and information that is objective and evidence-based. • Reassurance to clients living with HIV that they can live healthy, happy lifestyles once they have the necessary information and caring providers; and there is advocacy for antiretroviral drugs, referral or treatment. • Provision of comprehensive sexuality information and education, and sexual and reproductive health services including voluntary counselling and testing for HIV. • Encourage current or potential clients to attend clinics by ensuring that stigmatizing behaviour is addressed promptly and deterred.

Table: Principles and practical applications of sexual rights

PRINCIPLES	APPLICATIONS
<p>Principle 5: Ensuring sexual rights for all includes a commitment to freedom and protection from harm.</p>	<p>The best practice approach should take account of the following:</p> <ul style="list-style-type: none"> • Core organizational competency which includes action on the social determinants of health to improve health equity, and support of mainstreaming. See the Code of Good Practice for Non-governmental Organizations Responding to HIV/AIDS, at www.hivcode.org • Advocacy to convince States of the critical importance of sexual and reproductive health and rights, and engaging them to ensure affordable services, comprehensive sexuality education, and particular attention to poor, marginalized and key populations. • Reflective training for service providers to recognize their own values, ideas and behaviour towards people who are different from themselves. • Good quality antenatal care, and basic and emergency obstetric care, to protect women from developing obstetric fistula and prevent the loss of life associated with pregnancy and delivery. • Training in the management of clients who survive sexual and gender-based violence, and in making referrals for specialist support, including to legal services. • Recognition that sexuality-related harm includes both violence and abuse that may be physical, verbal, psychological and sexual, and is often common in pregnancy. • Clients are given full, clear information, including everything related to exposure to infection, which enables them to make informed and autonomous decisions. • Recognition that the client has a right to health and a right to life which entitle him/her to good quality sexual and reproductive health care.
<p>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.</p>	<p>The best practice approach should take account of the following:</p> <ul style="list-style-type: none"> • Abortion-related services are offered to all women and girls to the full extent of the law. • As for other human rights, sexual rights may be subject only to those limitations determined by law, and laws are legitimate when their purpose is securing due recognition and respect for the rights of others. • Advocate for changes in laws that do not contribute to the protection of human rights, including sexual rights. • Clear understanding of the laws of the country and willingness to operate within a broad interpretation of those laws. In circumstances in which abortion is legally restricted, provide comprehensive abortion care which includes safe abortion care in the cases allowed by the law. • In countries where abortion is against the law, provide post-abortion care as a minimum, including treatment for incomplete abortion, contraceptive options and counselling.
<p>Principle 7: The obligations to respect, protect and fulfil apply to all sexual rights and freedoms.</p>	<p>The best practice approach should take account of the following:</p> <ul style="list-style-type: none"> • Policies and messages that promote sexual health and rights. Provide information, education and communications materials that are positive about sexual health. Provide information with a rights-based approach and ensure materials are freely available to all clients. • Training in the delivery of rights-based services to everyone. • Trained board and staff members who understand that sexual rights and the principle of non-discrimination are part of the organizational culture. • Workplace policies, including an HIV policy, are implemented. • Sexual rights which are mainstreamed across all services. • Civil society partnerships which are formed to promote sexual rights for all people. • Member Associations work in partnership with human rights organizations. They take steps jointly that include building effective, participatory institutions, in addition to playing their role to respect, protect and fulfil the sexual rights of all clients. • Clients participate in planning service provision, and in developing and implementing mechanisms which enable feedback and learning.

Key instruments that inform the IPPF Declaration

- Universal Declaration of Human Rights (UDHR) – 1948
www.un.org/en/documents/udhr/index.shtml
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – 1979
www2.ohchr.org/english/law/ceswr.htm
- International Covenant on Civil and Political Rights (ICCPR) – 1966
www2.ohchr.org/english/bodies/hrc/docs/ngos/DCI_Israel99.pdf
- International Covenant on Economic, Social and Cultural Rights (ICESCR) – 1976
www2.ohchr.org/english/law/ceswr.htm
- Convention on the Rights of the Child (CRC) – 1990
www2.ohchr.org/english/law/crc.htm
- The Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity (Yogyakarta Principles) – 2007
www.yogyakartaprinciples.org
- The International Conference on Population and Development (ICPD) – 1994
www.iisd.ca/cairo.html
- Fourth World Conference on Women (Beijing) – 1995
www.un.org/womenwatch/daw/beijing/platform
- The United Nations Millennium Declaration – 2000
www.un.org/millennium/declaration/ares552e.htm
- Convention on the Rights of Persons with Disabilities (CRPD) – 2008
www2.ohchr.org/english/law/disabilities-convention.htm
- United Nations General Assembly Special Session on HIV/AIDS: Declaration of Commitment on HIV/AIDS – 2001
http://data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf
- United Nations General Assembly Special Session on HIV/AIDS: Political Declaration on HIV/AIDS – 2006
http://data.unaids.org/pub/Report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf

Sexual rights glossary

Sexuality: “Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.”

International Planned Parenthood Federation (2009) ‘Sexual Rights: an IPPF declaration’. Pocket Guide. London: IPPF. p.101.

Sexual health: Sexual health is referred to as the standard of well-being, as it relates to sexuality. Good health entails attaining the highest standard of physical and mental health and well-being.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

World Health Organization (1948) Official Records of the World Health Organization. No. 2. p.100.

Social determinants of health: “The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.”

World Health Organization, Commission on Social Determinants of Health (CSDH) report launched in August 2008. Available at: www.who.int/dg/speeches/2008/20080828/en/index.html

“The term ‘social determinants’ is therefore shorthand for the social, political, economic, environmental and cultural factors that greatly affect health status.”

Commission on Social Determinants of Health, Report by the Secretariat EB124/9 124th Session, 4 December 2008. Available at: http://apps.who.int/gb/ebwha/pdf_files/EB124/B124_9-en.pdf.

References and endnotes

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Nearly 10 per cent of the world’s population (over 650 million people) live with disabilities yet they represent 20 per cent of global poverty.
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The Convention on the Rights of Persons with Disabilities (2006) defines discrimination on the basis of disability as “any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on equal basis with others, of all human rights and fundamental freedoms [and] includes all forms of discrimination.” (www2.ohchr.org/english/law/disabilities-convention.htm#1 Articles 1 and 2) Disabilities can include “long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder full and effective participation in society on an equal basis with others.” See also World Health Organization/UNFPA (2009) *Promoting Sexual and Reproductive Health for Persons with Disabilities. WHO/UNFPA Guidance Note*. Geneva: WHO. p.1.
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