Sexual rights, from rhetoric to reality

Sexual rights are human rights: they are an evolving set of entitlements related to sexuality that contribute to the freedom, equality and dignity of all people.¹

Sexual rights are the principles and protections that enable us to live our lives to their full potential. However, many people do not live in an environment that is supportive of sexual rights, so these rights are too often denied. Governments can fail in their duty to uphold and protect such rights, and when individual citizens are not aware of their rights they are unable to hold their governments to account. Vulnerable and marginalized groups are at greater risk of having their rights denied. Such denial leads to disempowerment and inequality: those who most need their rights to be protected are the least able to demand and exercise their rights.

The denial of sexual rights has significant consequences for an individual’s health and emotional well-being. For example, barriers that prevent access to information, education and services; discrimination on the basis of gender or sexuality; and the failure to protect against sexual-related harm, all prevent people from attaining the highest standard of physical and emotional health. But when states, service providers and individual citizens respect, protect and fulfil the sexual rights of all, the result is a healthier, happier and more empowered population.

Sexual rights do not just represent lofty ideological rhetoric. They are fundamental, indivisible, universal and inalienable and they place everyone on an equal footing. When sexual rights are integrated into health care, advocacy and communications programmes they have practical implications for individual citizens, health service providers and government policy. This integrated approach can be particularly effective when addressing issues considered to be sensitive and taboo that often provoke emotive and value-laden responses from the public and government.

Promoting sexual rights is an approach increasingly used in programmes designed to address a range of sexual and reproductive health issues. The Innovation Fund projects featured in this publication show how it is possible to apply a sexual rights framework to effectively address three very different issues: barriers to accessing safe abortion services, the absence of specialized sexuality education and services for people with disabilities, and human trafficking for sexual exploitation. All three projects raised the awareness of stakeholders of the universality of sexual rights. In doing so, change was secured in government policy and service provider practice, and individuals were empowered to expect, demand and protect their own sexual rights.

About this issue
‘Sexual Rights, From Rhetoric to Reality’ brings together lessons learned from three Innovation Fund projects that successfully used a rights-based framework to create a more favourable environment that recognizes, protects and advances sexual rights. By emphasizing the universality of sexual rights and calling for these rights to be upheld, each project implemented an innovative approach to challenge previously accepted norms.

The projects
Association for Sexual and Reproductive Health XY, Bosnia and Herzegovina
Promoting the sexual and reproductive health and rights of people vulnerable to trafficking for sexual exploitation

Israel Family Planning Association
Promoting the sexual and reproductive health and rights of people with disabilities

United Kingdom Family Planning Association
Advocating for abortion rights in Northern Ireland
Bosnia and Herzegovina: Promoting the sexual and reproductive health and rights of people vulnerable to trafficking for sexual exploitation

The sexuality of people with disabilities is an issue often considered taboo, and is persistently ignored in many countries, including Israel. Too often, people with disabilities are wrongly perceived as having no sexual feelings, needs or rights. They also very rarely receive adequate sexuality education and lack accessible and specialized sexual and reproductive health services and counselling. This project addressed this by implementing a sexuality education programme to train people with physical and sensory disabilities as sexuality educators, and by providing specialized sexual health services. The project raised awareness of sexual rights among a range of stakeholders.

United Kingdom: Advocating for abortion rights in Northern Ireland

In Northern Ireland, abortion is only legal in very exceptional circumstances. In practice, however, abortion is almost impossible to obtain safely and legally. The vast majority of women who choose to terminate their pregnancy travel to other parts of the United Kingdom. However, they are not entitled to access free abortion in England, Scotland or Wales. This project challenged anti-choice rhetoric to create an environment that better supports a woman’s right to reproductive health. Political support for a woman’s right to choose to terminate an unwanted pregnancy was increased by strengthening the public and professional base to challenge the inadequacy of Northern Ireland’s abortion laws.

**Key Dates**

- **Late 90s** The first isolated cases of women who had been trafficked into sex work emerges in Bosnia and Herzegovina
- **2001** Estimates indicate that there may be as many as 2,000 trafficked women and girls in Bosnia and Herzegovina
- **2003** The government prohibits trafficking for sexual and labour exploitation through Article 186 of its criminal code, which imposes penalties of up to 10 years’ imprisonment
- **2010** The government prosecutes and convicts seven trafficking offenders

**Historical Highlights**

- **1999** Israel’s Equal Rights for Persons with Disabilities Law comes into force providing a statutory framework for equal rights
- **2006** The 61st UN General Assembly adopts the Convention on the Rights of Persons with Disabilities proclaiming the rights of people with disabilities to sexual and reproductive health
- **2008** The Convention on the Rights of Persons with Disabilities comes into force
- **2009** The World Health Organization issues a guidance note that addresses issues about sexual and reproductive health programming for people with disabilities
- **1967** The UK Abortion Act is introduced in England, Scotland and Wales to legalize abortion, but does not extend to Northern Ireland
- **2008** An amendment is tabled in the UK parliament to extend the UK Abortion Act to Northern Ireland; however, the amendment is not debated and the law remains unchanged
- **2008/09** 78 women have a legal abortion in Northern Ireland
- **2009** 1,123 women travel to England for an abortion, although this figure is believed to be an under-estimate
LESSON 1 Emphasizing the universality of sexual rights in addressing sensitive issues can create a new perspective that reduces value-laden reactions and challenges previously accepted norms.

‘Sexual Rights: An IPPF Declaration’ identifies and describes 10 articles of sexual rights that provide a framework for all who are working to promote them. Here, we explore one sexual right that was addressed by each project, although each project supported more than one sexual right.

**Bosnia and Herzegovina**

Trafficking for sexual exploitation in Bosnia and Herzegovina increasingly targets young women, including girls. High numbers of young people leave the country each year due to unemployment, making the country fertile ground for traffickers. Characteristics of people most vulnerable to trafficking include poverty, low levels of education and being a member of the Roma community.

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

- People trafficked for sexual exploitation are subjected to physical, verbal, psychological and economic abuse, sexual violence, rape and coerced sex.
- Sexual exploitation denies sexual autonomy and leads to insecurity of the person, risking health and well-being.
- Historically, trafficking for sexual exploitation in Bosnia and Herzegovina has been addressed from a public health perspective and has failed to take into account and respect the human and sexual rights of those trafficked.

**Putting rights into practice**

- The project emphasized human rights to promote a more holistic response to the issue. Government and civil society now address all aspects of the physical and emotional health of trafficking survivors.
- A position paper was developed, setting out a rights-based approach to address trafficking, and staff were trained on gender, trafficking and rights-based programming.
- The government and other service providers have been able to reach more survivors of sex trafficking by adopting a broader definition of a trafficked person that allows better identification of those exploited.

**Israel**

The sexuality of people with disabilities is rarely addressed in Israel. A common societal myth is that they are less sexual than others, and do not share the same sexual rights. Health professionals, teachers and parents fail to provide comprehensive sexuality education. When the issue is raised, it is likely to be in the context of preventing sexual abuse, reinforcing the perception of people with disabilities as victims.

**Right denied: Article 8 – Right to education and information**

- People with disabilities are denied the comprehensive sexuality education they need to exercise their full equality in the private, public and political domains.
- Inadequate sexuality education prevents individuals from becoming informed and empowered to take responsibility for their sexuality and sexual health.
- People with disabilities can be denied the freedom and means by which to explore and express their sexuality and identity, without fear of discrimination.

**Putting rights into practice**

- Sexual rights were built into all aspects of the project. A comprehensive sexuality education programme was developed to train peer educators and ensure sustainable promotion of sexual rights among people with disabilities.
- To address the issue of the vulnerability to sexual abuse of people with disabilities, the project linked an increased knowledge of sexual rights to an individual’s ability to protect themselves from sexual abuse.
- A sexual rights focus empowered people with disabilities to know their rights, make informed choices, and change the way they regard their own sexuality.

**Northern Ireland**

In Northern Ireland, the grounds for legal abortion are restricted to a very narrow set of circumstances. The complexity of the law results in confusion and uncertainty for medical professionals in knowing when the provision of an abortion is legal or not. In practice, very few women are able to access legal abortion services.

**Right denied: 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**

- The law fails to uphold the right of all women to equal access to safe and legal abortion services.
- Women are denied the right to exercise choice and control over their own fertility and body.
- Women who cannot travel outside Northern Ireland for safe abortion services have no option but to continue pregnancy even if it is unwanted.
- Women’s lives are put at risk by continuing a pregnancy with complications, or by resorting to unsafe abortion.

**Putting rights into practice**

- The campaign combined a public health argument for access to safe abortion services with a woman’s human right to reproductive rights and choices.
- Human rights conventions and language were referenced and explained in an accessible format in a series of widely-disseminated materials.
- The implementing organization developed excellent understanding of legal human rights frameworks and used this to initiate advocacy intended to encourage the government to implement international human rights law.
LESSON 2 Sexual rights integrated with fact-based information can generate and shape an informed and constructive debate among professionals, stakeholders and with the wider public.

Israel

This was the first time in Israel that an organization addressed the sexuality of people with disabilities. Historically, this issue has been ignored by parents, doctors, therapists, and others who play a key role in the lives of people with disabilities.

How we did it

• Annual conferences, organized in partnership with academic institutions and other organizations that work with people with disabilities, advanced the debate and made the link between sexuality and disability.
• People with disabilities have been actively involved in awareness-raising activities. Peer educators (people with disabilities themselves) contributed significantly to the dialogue, providing personal insight and reinforcing the call for their own sexual rights to be recognized.
• Expertise was developed on sexuality and disability throughout the project by the project staff and peer educators.

Achievements

• The annual conference raised awareness of sexual rights among organizations and relevant stakeholders working with people with disabilities, and led to increased information sharing and dissemination of good practices.
• There has been a visible shift in attitudes toward the sexuality of people with disabilities. Conferences that focus on either disability or sexual and reproductive health are now more likely to include sessions integrating both topics.
• The project’s staff and peer educators are often invited to speak at seminars and conferences. The training provided to the educators has strengthened their confidence, communication skills and technical knowledge, and several have become excellent public speakers and advocates.

Northern Ireland

Recognizing the need for a new approach to contribute to a debate that has been saturated with anti-choice propaganda and misinformation, this project integrated sexual rights with a public health argument to counteract anti-choice rhetoric.

How we did it

• The project linked access to abortion services and human rights in advocacy messages. ‘Sexual Rights: An IPPF Declaration’ provided source material for the project leaflet ‘Abortion Rights are Human Rights’ which placed abortion rights within a framework grounded in internationally-recognized principles of human rights.
• Surveys were conducted to gauge opinions of both the public and medical professionals on the provision of abortion in Northern Ireland.
• As part of a series of media engagement activities, project staff persuaded the BBC to produce a documentary about abortion in Northern Ireland, and a film was produced to highlight the consequences of the restrictive abortion law.

Achievements

• By using fact-based information, the abortion debate was shifted onto rational ground, addressed from the human rights and public health perspectives, enabling common myths and misconceptions to be dispelled.
• The survey results revealed that a significant proportion of both the public and medical professionals believe that abortion should be legal in a wider set of circumstances. These findings were used in awareness-raising activities.
• Debates previously dominated by the anti-choice movement are now openly challenged by a range of campaigners. Medical professionals have begun to speak out on the issue for the first time, and women have shared their own abortion experiences publicly.

What we learned

Information based on facts and evidence can be integrated with rights-based language to transform and progress debate on sensitive issues in a positive and constructive way.

Conducting research, collating a knowledge bank and developing expertise on a sensitive issue provide legitimacy and credibility to advocacy activities.

Providing opportunities for debate on a taboo issue, through a variety of mechanisms such as forums and media coverage, engages a range of stakeholders in discussion, normalizes the dialogue and acts as a catalyst for further debate.
LESSON 3 A multi-dimensional and flexible advocacy strategy targeting legal and policy instruments can be used to create a more favourable environment for sexual rights.

Northern Ireland
A significant project focus was to increase political support and commitment for a woman’s right to access abortion in Northern Ireland. An innovative advocacy strategy was developed taking local and regional contexts into account.

How we did it
• A full-time advocacy officer built and maintained relationships with policy makers, parliamentarians, the media and other stakeholders, and responded quickly to political developments.
• Entrenched views among the current older generation of politicians may not be conducive to imminent change in the law but working with young people can pave the way for future legislative change. Therefore, the youth section of a major political party was engaged in discussions.
• The inequality between the Northern Ireland abortion law and abortion law in the rest of the UK was highlighted and used to great effect.
• International legal frameworks were used to add weight to the campaign. Evidence was submitted to two UN committees to prove that the current law violates international agreements and treaties.

Achievements
• An All Party Group on Sexual Health was created for the first time in the Northern Ireland Assembly, providing an arena in which to raise and influence sexual health issues.
• A major political party’s youth section proposed an open debate on abortion at their party conference.
• The UN Committee on Economic, Social and Cultural Rights called for an amendment to UK abortion law to bring Northern Ireland in line with the rest of the country. The UN Committee on the Elimination of Discrimination against Women called for a public consultation on abortion.

Bosnia and Herzegovina
The project aimed to increase commitment among government officials to include sexual and reproductive health as part of the government’s strategy to tackle trafficking, and to recognize the sexual rights of all trafficked people.

How we did it
• Government bodies were engaged in discussions from the initial concept stage to ensure ownership and the implementing organization contributed significantly to legislation and guidelines on trafficking issues.
• Opportunities to emphasize sexual rights in national policy and legislation were identified, and an advocacy strategy was developed accordingly.
• The project built on an existing relationship with the Parliamentary Group on Population and Development to secure its support for the campaign issues.
• A scoping exercise identified other civil society organizations for potential partnerships.

Achievements
• An ongoing relationship has been established with government and partner organizations. The implementing organization is now recognized as an expert on sexual and reproductive health and rights issues relating to trafficking.
• The project placed sexual and reproductive health and rights firmly on the trafficking agenda for government and civil society. Key partners now take these issues into consideration in their work.
• The law was changed to recognize domestic survivors of trafficking, extending access to specialized services for Bosnian as well as foreign nationals. Project staff secured the inclusion of sexual and reproductive rights into the draft legislation and worked with partners to advocate successfully for its adoption.

What we learned
A strong understanding of political and legal processes should be built to identify where the law supports the protection of rights and where it may actively or inadvertently deny people their sexual rights. Opportunities for change may then be identified.

In all political environments, both supportive and hostile, potential advocates within the political system should be identified to provide leverage and support for advocacy activities.

Engaging young political activists is an effective way to ensure ongoing and sustainable commitment to sexual and reproductive rights, especially in hostile political environments that are not conducive to immediate change.
LESSON 4 Using a peer education approach to educate individuals on their sexual rights is particularly effective when working with marginalized groups, and leads to empowerment.

Israel

Due to a lack of sexuality education for people with disabilities, they may be unaware of their sexual rights and as a result often perceive their rights to be different to others.

How we did it

- A comprehensive two-year sexuality education programme was designed and run for people with sensory and physical disabilities. A substantial element of the programme was focused on sexual rights and how they translate practically to the lives of the participants.
- After participants have graduated from the sexuality education programme, they are qualified to provide sexuality education to others with disabilities, and are supported to do this through mentoring and supervision.
- A toolkit was adapted from the ‘IPPF Framework for Comprehensive Sexuality Education’ to assist educators in providing sexuality education to people with disabilities.

Achievements

- The comprehensive sexuality education programme had a profound impact on the beneficiaries. For many, this was the first time anyone had spoken with them about sexuality and sexual rights. It was a revelation to discover that they have the same rights as others, and they were empowered to exercise these rights.

Bosnia and Herzegovina

Marginalized groups are more vulnerable to trafficking because of a complex mix of factors such as poverty and low levels of education, compounded by a lack of knowledge of sexual and reproductive health and rights.

How we did it

- A new peer education training module was developed, linking issues about gender, sexual rights and trafficking.
- The new training module was tested and implemented first in a school setting and then adapted for more vulnerable, out-of-school youth such as Roma.
- Peer educators from the general peer education programme were paired with peer educators from the Roma population to encourage learning and collaboration between young people from different backgrounds.
- In the Roma community, the education activities were implemented with adults as well as young people. Mothers attended many of the sessions with their children to increase their own understanding of the issues.

Achievements

- Through increased sexual rights knowledge, young people are better equipped to recognize when their rights are in danger of being violated and to know how to prevent it.
- The peer education approach opened a dialogue on sexual and reproductive health and trafficking with the Roma community, a group that is traditionally hard to reach.
- Training young people as peer educators empowers them to speak out about their sexual rights. Roma peer educators developed the skills and confidence to advocate in formal settings such as project conferences.
- Pairing peer educators from different social groups led to greater understanding between young people that they all have exactly the same rights as one another.

What we learned

Educational initiatives to increase awareness and understanding of sexual rights can be an effective way to empower individuals, leading to improved health and well-being.

Using a peer education approach can be especially valuable when addressing sexual rights with vulnerable and marginalized groups, enabling a difficult subject to be approached in a non-threatening, friendly and safe way.

Empowering vulnerable and marginalized people to talk openly and positively about their sexual rights is a powerful way to increase understanding about the universality of sexual rights.
**LESSON 5** Health service provision can be strengthened by producing clear guidance and by sharing good practices to increase quality of care, through a rights-based approach.

**Northern Ireland**

Abortion in Northern Ireland is legal but only under a very narrow set of circumstances. The ambiguity of the law leads to confusion among medical practitioners about which specific cases meet these requirements, resulting in the arbitrary application of the law.

**How we did it**

- The project contributed significantly to an ongoing campaign to advocate for guidelines clarifying the circumstances in which a termination of pregnancy is legal.
- Evidence was submitted to the Department of Health, Social Services and Public Safety during the consultation process for developing the guidelines.
- In partnership with the Ireland Family Planning Association, the implementing organization held the first ever all-Ireland conference on abortion and clinical practice, bringing together health professionals from Northern Ireland and the Republic of Ireland.

**Achievements**

- By disseminating accurate, fact-based information, the project has contributed to the ongoing development of national guidelines to assist medical practitioners to interpret the law accurately and consistently.
- The all-Ireland conference made a major contribution to professional and public discussion and provided a unique opportunity to share and learn about good practice in abortion and post-abortion services and care.
- Pro-choice health professionals were identified following the conference to participate in an ongoing dialogue between medical practitioners in Northern Ireland and their counterparts in the Republic of Ireland on good practice in providing abortion services.

**Bosnia and Herzegovina**

A baseline survey, conducted at the beginning of the project, identified a need for better understanding among service providers on the link between trafficking and sexual and reproductive health and rights, as well as a need for better coordination among service provision agencies.

**How we did it**

- A dialogue with the Federal Ministry of Health secured support for the development of good practice guidelines for service providers working with trafficked people.
- A working group was convened of 10 health professionals with the support of the Federal Ministry of Health. This group undertook a consultation to inform the development of guidelines for a comprehensive care package for people who have been trafficked.
- A training programme was conducted for staff working in shelters for survivors of trafficking and health service providers to equip them with specialist knowledge and skills on sexual and reproductive health and rights.

**Achievements**

- The completed guidelines provide a strong framework for rights-based service provision. They encompass a wide range of services and go beyond immediate physical needs to include sexual and reproductive health, mental health, and issues such as discrimination and confidentiality.
- The guidelines were published and approved by the Federal Ministry of Health and now act as the official manual for all health service staff working with trafficked people.
- The capacity of government and civil society service providers is strengthened through training on how to provide comprehensive sexual and reproductive health care and how to protect sexual rights.

---

**What we learned**

Collaborating with civil society and government to produce tools and guidelines for use in service provision ensures ownership, consolidates resources, avoids duplication, and leads to greater uptake and use.

Creating service delivery guidelines supports the systematic protection of sexual rights in service provision and increases the quality of care provided.

Convening service providers and health professionals in training sessions, networks and forums to facilitate sharing of good practice and information is an effective way to encourage better protection and fulfilment of sexual rights in service provision.
LESSON 1
Emphasizing the universality of sexual rights in addressing sensitive issues can create a new perspective that reduces value-laden reactions and challenges previously accepted norms.

Use ‘Sexual Rights: an IPPF Declaration’ to identify the sexual right (or rights) being compromised or at risk that will be addressed by the programme.

LESSON 2
Sexual rights integrated with fact-based information can generate and shape an informed and constructive debate among professionals, stakeholders and with the wider public.

Develop a communications strategy based on research, facts and evidence, while integrating rights-based language.

Use practical steps to apply sexual rights in programme implementation to address sensitive issues by emphasizing the universality of sexual rights.

LESSON 3
A multi-dimensional and flexible advocacy strategy targeting legal and policy instruments can be used to create a more favourable environment for sexual rights.

Conduct research to build a strong understanding of political and legal processes, at both national and international levels, to identify opportunities for change.

Create opportunities for debate and bring the issues into the public arena to engage a range of stakeholders and normalize the dialogue on sexual rights.

LESSON 4
Using a peer education approach to educate individuals on their sexual rights is particularly effective when working with marginalized groups, and leads to empowerment.

Adapt existing or develop new peer education tools and programmes to increase awareness and understanding of sexual rights to empower individuals.

Use a number of different advocacy strategies and engage a variety of actors to leverage support for change in the political and legal arenas.

Support marginalized people to become peer educators and build their skills to educate and communicate effectively on sexual rights.

LESSON 5
Health service provision can be strengthened by producing clear guidance and by sharing good practices to increase quality of care, through a rights-based approach.

Collaborate with partners to produce tools and guidelines for use in service provision to ensure that sexual rights are protected systematically.

Convene service providers and health professionals in training sessions, networks and forums to facilitate sharing of good practice and sexual rights information.

Putting learning into practice

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.

Our vision
IPPF envisages a world in which all women, men and young people 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.

References
5. Ibid.