

Advancing sexual and reproductive health through gender equality and human rights

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Overview of the Session

- Clarify definitions and concepts
- Examine gender-related data and approaches
- Examine human rights principles and how they relate to sexual and reproductive health
- “Engendering research” and applying human rights to research : why they’re important

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Reproductive and sexual health

ICPD 1994

“**Reproductive health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes... It also includes **sexual health**, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.” [Paragraph 7.2]

Reproductive rights in ICPD 1994

Reproductive rights

- embrace certain human rights that are already recognized in national laws, international human rights documents
- rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health
- include their right to make decisions concerning reproduction free of discrimination, coercion and violence.

[ICPD Paragraph 7.3]

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Gender equality & sexuality

ICPD 1994

Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour.

[ICPD Paragraph 7.34]

Global Reproductive Health Strategy

adopted by the World Health Assembly, 2004

Five core aspects of reproductive health:

1. Improving antenatal, perinatal, postpartum and newborn care
2. Providing high-quality services for family planning including infertility services
3. Eliminating unsafe abortion
4. Combating sexually transmitted infections including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities
5. Promoting sexual health

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Concepts for gender analysis

- **Sex:**
 - refers to the biological characteristics that define humans as female or male (but not mutually exclusive)
- **Gender:**
 - refers to the socially constructed roles, rights, responsibilities, possibilities and limitations that, in a given society, are assigned to men and women.

Common elements in gender-based differences

- Men and women perform **different tasks and activities**, occupy different physical spaces, different social networks
- Men and women, boys and girls, **are expected to behave differently**. Appropriate dress, games, interests, skills and competencies, social mobility etc.
- Wide differences in **access to resources** and **decision-making power**

Common elements in gender-based differences

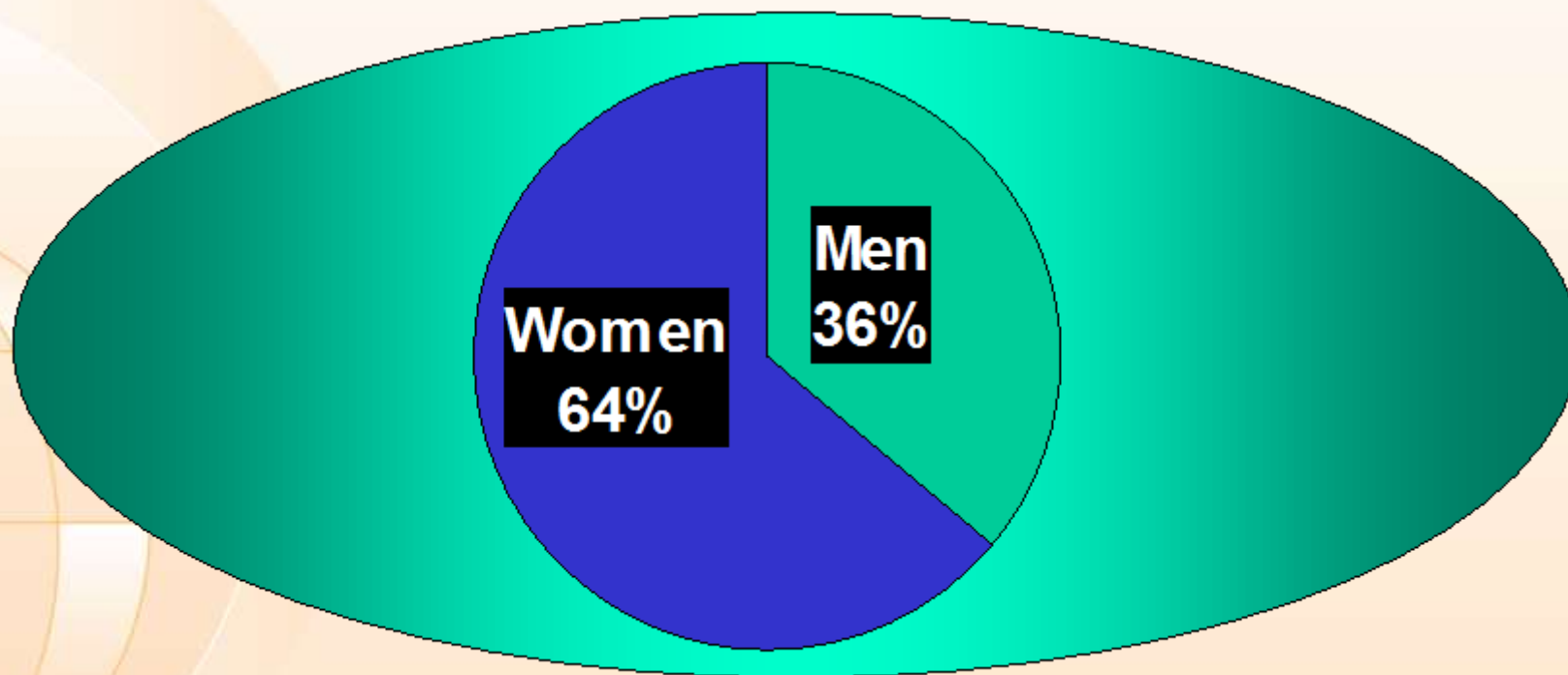
- Gender roles **reinforced by social institutions** – family, school, religious institutions, workplace etc.
- Gender-based inequality often **written in laws and policies** e.g. marriage and divorce, inheritance, guardianship of children.

Impact of gender differences on health: Blindness

Source:

Abou-Gareeb, I., et al. Gender and blindness: a meta-analysis of population-based prevalence surveys.
Ophthalmic Epidemiology 2001;8(1):39-56.

Burden of Blindness in Men and Women



Source: Abou-Gareeb, Lewallen, Bassett and Coutright. Gender and blindness: a meta-analysis of population based prevalence surveys. *Ophthalmic Epidemiology* 2001; 8:39-56

Higher prevalence of blindness among women: why?

- Longer life spans of women?
- Differential mortality among blind men/women?
- Between 53% and 72% of those with cataract in Asia and Africa are women
- About 75% of adults with trachomatis trichiasis (advanced stage of trachoma) are female

Higher prevalence of blindness among women: why?

- Women with cataract are much less likely to have surgery than men with cataract.
- An estimated 12.5% reduction in cataract blindness if women received surgery at the same rate as men.
- Gender-based elements:
 - cost
 - inability to travel
 - differences in the perceived value of surgery
 - lack of access to information and resources
 - fear of poor outcome

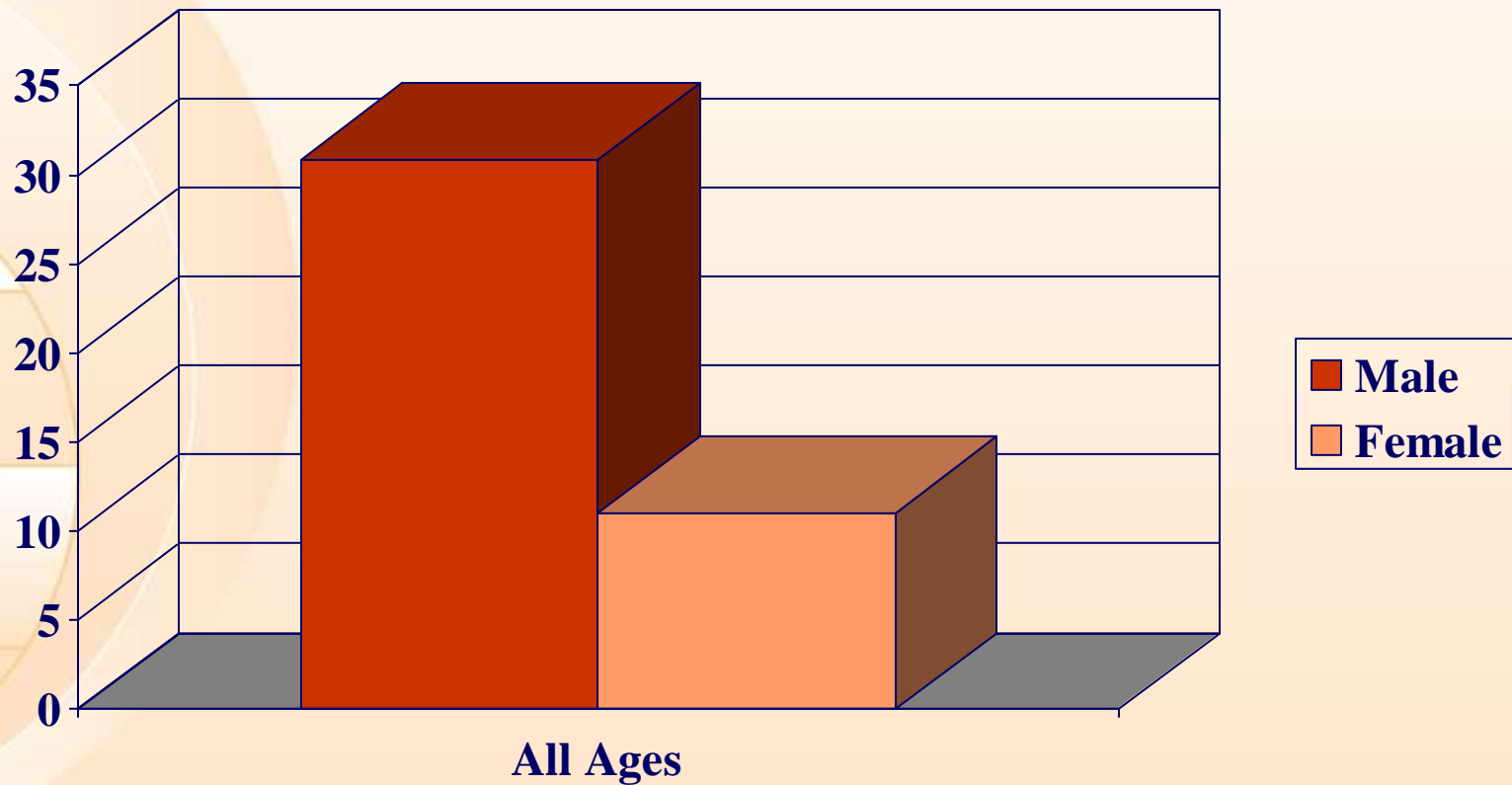
Impact of gender differences on health: road traffic accidents

Source:

Gender and road traffic injuries. January 2002 (Fact sheet). World Health Organization, Department of Gender, Women and Health

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Worldwide mortality rate per 100,000 population from road traffic accidents. 2000.



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Differential mortality for men from road traffic accidents. Why?

- **Exposure:** More men employed as drivers; machines assumed to be “male” domain; restrictions on women’s movements/greater mobility of men.
- **Risk-taking:** Risk taking and associated aggression valued as positive masculine traits, particularly among young men.
- **Alcohol:** Alcohol abuse much more widespread among men, due to tolerance by society (gender) and/or biological predisposition (sex). Men more likely to drive and walk in public when drunk.

Impact of gender differences on health: HIV/AIDS

Sources:

1. Gender and HIV/AIDS (Fact Sheet). World Health Organization, Department of Gender, Women and Health August 2003.
2. Messersmith Lisa J. Gender and HIV/AIDS. Kennedy School of Government, Harvard University. November 2005. Unpublished paper.

Sex and gender differences in sexual transmission of HIV/AIDS

- **Biological (sex)**

- Women are more than twice as likely as men to be infected in a single act of vaginal intercourse.
- An untreated STI increases risk of transmission 10 times; STIs more often asymptomatic in women

- **Socio-cultural (gender roles)**

- Masculinity associated with early sexual activity, many sexual partners and experiences, virility and pleasure
- Femininity associated with passivity, virginity, chastity and fidelity.

Sex and gender differences in sexual transmission of HIV/AIDS

- Violence against women puts them at greater risk of HIV infection due to biological, psychological, economic and cultural factors.
- HIV-positive women have experienced more sexual coercion than HIV-negative women.
- Long-term effects of sexual violence include increased sexual risk taking (greater numbers of sexual partners, casual partners, transactional sex and lower condom use.)
- Violence or fear of violence keep women from disclosing their HIV status, from seeking VCT and obtaining HIV/AIDS care and treatment.

Sex and gender differences in sexual transmission of HIV/AIDS

- Men more likely to experience pressure to be sexually active before and outside of marriage
- Men more likely to be injecting drug users than women
- Men who have sex with other men are highly vulnerable to HIV infection
- Men less likely than women to have access to sexual and reproductive health services (less likely to receive appropriate information)
- Men victims of sexual violence less likely to report it and receive appropriate care.

What to consider

- Biological factors
- Socio-cultural factors that define and determine individual behaviour, beliefs, norms and expectations in relation to gender, sexuality, ethnicity and class
- Economic factors that determine access or lack of access to resources
- Programmatic effect of HIV/AIDS programmes on women's and men's ability to protect themselves
- Structural factors that reinforce social and cultural norms

What can be done?

- Collect sex-disaggregated data on ill-health and on use of services
- Design interventions that take into consideration the needs of men and women
- Design research to examine reasons for gender disparities – "engendering research"
- Ensure gender roles are taken into account in the way in which research is conducted – male or female investigators/questionnaire administrators

What are human rights?

The rights people are entitled to simply because they are human beings, irrespective of their sex, age, race, citizenship, nationality...

What are human rights?

Human rights become enforceable when they are codified in international treaties, national constitutions and laws.

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Sources of human rights

International Treaties:

- Universal Declaration of Human Rights
- Civil and Political Rights (1966) ;Economic, Social and Cultural Rights (1966) ;Racial Discrimination (1965);Women's Rights (1978);Torture (1984);Child Rights (1989);Migrant Workers and their Families (2004);Disability Convention (2006)

Regional Treaties:

- African [Banjul] Charter on Human and Peoples' Rights (1986);Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2005); African Charter on the Rights and Welfare of the Child(1999); [European] Convention for the Protection of Human Rights and Fundamental Freedoms(1953);

International consensus documents:

- ICPD and Beijing

National sources of Human Rights:

- National constitutions, National laws

International, regional, national jurisprudence

Human rights

- Right to Life
- Right to liberty and security
- Right to bodily integrity
- Right to health
- Right to the benefits of scientific progress
- Right to be free from inhuman and degrading treatment
- Right to marry and found a family
- Right to non-discrimination
- Right to education and information

Reproductive Rights

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents.

- Right to **decide freely and responsibly** the number, spacing and timing of their children and have the information to do so
- Right to attain the highest standard of sexual and reproductive health
- **Right to make decisions** concerning reproduction free of discrimination, coercion and violence

ICPD, para 7.3

"Sexual Rights"

"Sexual" rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents".

WAS definition

Enforcement of human rights

- Establishment of complaint mechanism
- Independent judiciary system, access to legal defence
- Provide remedies for those who suffer violations
- Participation in law, policy, programme development and implementation

Human Rights Principles

- Non-discrimination
- Participation
- Accountability

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Accountability

- **Respect** rights - refrain from interfering with the enjoyment of rights e.g. withdrawing health care from specific populations
- **Protect** rights - prevent violations of human rights by third parties e.g. private companies, individual citizens
- **Fulfil** rights - take appropriate governmental measures toward the full realisation of rights e.g. allocating resources for and setting in place quality health services

Accountability - Actors

Claim-holders

- Women and Men
- Children

Duty-bearers

- Government
- private sector
- professional associations
- NGOs
- donors, international agencies
- spouses, community leaders, religious leaders, etc.

ANALYSIS OF THE RIGHT TO EDUCATION (Urban Johnson)

Claim-Holders Duty-Bearer					
	Children	Parents	Teacher	District	Nat. Gov.
Parents					
Teachers					
District					
Nat. Gov.					

G3

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THE DUAL CLAIM/DUTY RELATIONSHIP (Urban Johnson)

**PARENTS' CLAIMS ON TEACHERS =
TEACHERS' DUTIES TO PARENTS**

**TEACHERS' CLAIMS ON GOVERNMENT =
GOVERNMENT'S DUTIES TO TEACHERS**

PATTERN OF THE RIGHT TO EDUCATION (Urban Johnson)

Claim-Holders Duty-Bearers	Children	Parents	Teacher	Community	District	National Government	Min. of Education	Min. of Finance	Parliament	World Health Organization
Parents										
Teachers										
Community										
District Officials										
National Government Min. of Education Min. of Finance										
Parliament										
World Health Organization										



Provide good quality teaching

Not be drunk in school

Not harass girls

PATTERN OF THE RIGHT TO EDUCATION (Urban Johnson)

Claim-Holders	Children	Parents	Teacher	Community	District
Duty-Bearers					
Parents					
Teachers					
Community					
District Officials					
National Government Min. of Education Min. of Finance					
Parliament					

Provide proper equipment

Provide security

Increase teachers' salaries

Support training

World Health Organization

Accountability

- Immediate actions
- Progressive realization
 - unwillingness
 - incapability

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‘Engendering’ research

- Engendering research **makes a difference** to the:
 - **What**
 - **How**
 - **Who**
 - **Where & When**of the research process

Engendering research : What ?

- **Example 1: Studying reasons for the continuing practice of female genital mutilation**

Include in the research issues such as:

- Men's and women's perceptions of sexuality and pleasure
- Men's roles in decision-making
- Whether standards and perceptions are the same for men and women

Engendering research : How?

- Literature review to include information from key people in the community or population under study - gender may influence certain health dimensions in specific ways
- Variables chosen may have to be modified
- Sample size to be large enough to permit analysis of sub-categories
- Integrate qualitative methods at different stages of the study
- Gender is likely to influence informed consent procedures. Also, participation in the study may affect women and men differently. (e.g. a study of RTIs)

Engendering research : Who?

- Talking only to men or only to women on problems related to women may give only a partial picture. We need to understand both the male and female perspective about many issues, e.g. contraception, sexuality, violence etc.
- We may want to get information from different age-groups and social groups of women and men, because gender relations change over time and the ways in which gender affects women's health may vary across generations and across social groups

Engendering research : When and Where?

- The timing of data collection will have to take gender roles into consideration. When are men more likely to be available? When will they be able to speak at leisure? Women?
- The place most appropriate for the data gathering exercise to take place may be different for women and men

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The costs of not addressing gender in health research

- Failure to assess health risks for different sub groups of women, resulting in avoidable mortality, morbidity and disability
- Possible delays in diagnosis or inappropriate treatment for certain disorders
- The implementation of health programmes and services which do not address the major factors associated with a health problem, or meet population health needs, resulting in wasted expenditures

Right to the benefits of scientific progress

Claim-Holders

Duty-Bearer

G3

Right to the benefits of scientific progress

Claim-Holders Duty-Bearer	Women researchers government International community			
	Women	researchers	government	International community
researchers				
government				
International community				G3

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THE DUAL CLAIM/DUTY RELATIONSHIP

**WOMEN'S CLAIMS ON RESEARCHERS =
RESEARCHERS' DUTIES TO WOMEN**

**RESEARCHERS' CLAIMS ON GOVERNMENT =
GOVERNMENT'S DUTIES TO RESEARCHERS
(AND WOMEN)**

Right to the benefits of scientific progress

Claim-Holders Duty-Bearers	women	researchers	government	international community
researchers				
government				
International community				



- Conduct research on SRH issues
- Provide information
- Require informed consent
- Keep confidentiality
- Respect privacy
- Protect data

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Right to the benefits of scientific progress

Claim-Holders

Duty-Bearers

women

researchers

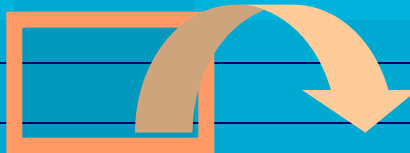
government

international community

researchers

government

International community



Provide resources

Provide appropriate conditions

Provide independence, respect the data found

Publish the findings