

UNDERSTANDING SRHR REPRODUCTIVE JUSTICE

IPHU-MENA-8 OCTOBER

PHM-Gender Justice&Health Thematic





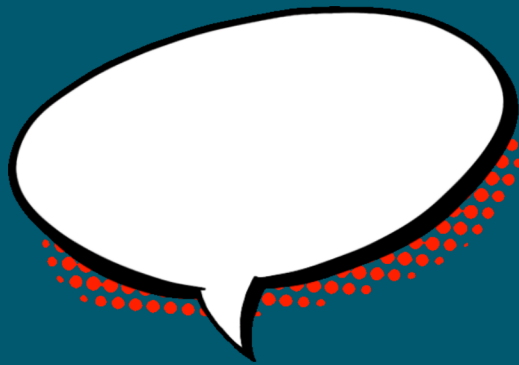
“

“There is no thing as a single-issue struggle because we do not live single-issue lives.”

Audre Lorde

WHAT IS SRHR

Are SRHR important? Why do we need to talk about them? In which context(s)?



Revisit



Gender/Power/
Intersectionality



Political economy of health

WHAT IS SRHR
DEFINITIONS

"human rights of couples to decide freely and responsibly on the number and spacing of their children and **to have access to the information and education to do so"**

International Conference on Human Rights, which was held in Tehran in 1968 to further the principles and aims of the Universal Declaration of Human Rights (UDHR)



Eleanor Roosevelt chaired the United Nations Commission on Human Rights that was responsible for the drafting of the UNDHR.

WHAT IS SRHR
DEFINITIONS

World Conference on Human Rights in 1993, emphasised the **right of women, on the **basis of equality** with men, to access the widest range of family planning services and to **have adequate health care.****

WHAT IS SRHR

DEFINITIONS

"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.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."

Reproductive rights are comprehensively defined in the 1994 International Conference on Population and Development's (ICPD) Programme of Action in Cairo

International Conference on Population and Development



Cairo, Egypt

5-13 September 1994

المؤتمر الدولي
للسكان والتنمية

القاهرة - جمهورية مصر العربية
13-5 سبتمبر 1994



WHAT IS SRHR

DEFINITIONS

“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. It also includes their **right to make decisions concerning reproduction free of discrimination, coercion and violence**, as expressed in human rights documents”**

Fourth World Conference on Women in 1995

FOUR PRINCIPLES OF HUMAN RIGHTS

Human rights are **universal and inalienable**. They are applicable to everyone, everywhere at all times. They cannot be taken away, except in specific situations according to due process.

Human rights are **interdependent and indivisible**. All rights must be fulfilled, without exceptions and improvement of one rights facilitates advancement of the others while the deprivation of one right adversely affect the others.

FOUR PRINCIPLES OF HUMAN RIGHTS

Human rights are **equal and non-discriminatory**. Discrimination is prohibited and human rights apply in the same way for everyone.

Human rights are both **rights and obligations**. Countries and individuals have a responsibility to promote and respect human rights, as well as report violations.

CONSIDER CASE SCENARIO-A

A total of 18 maternal mortalities occurred in Gaza between 1st July 2014 and June 30th 2015. Age at time of death ranged from 18 to 44 years, with 44.4% occurring before the age of 35 years.

The most common causes of death were sepsis, postpartum haemorrhage, and pulmonary embolism.

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“In the last week of her pregnancy, we went to Hospital B, but they referred us to Hospital A. When we arrived there, they refused to receive us. So, we went back to Hospital B, who sent us back to [Hospital A] (a more specialized hospital), who refused to receive my wife again. This happened four times in the midst of the war.”

.....

“These were difficult conditions and lack of agreement on the transfer process contributed to the delays during the war. We have since come together and agreed on a transfer policy”

Böttcher, B., Abu-El-Noor, N., Aldabbour, B. et al. Maternal mortality in the Gaza strip: a look at causes and solutions. BMC Pregnancy Childbirth 18, 396 (2018).

<https://doi.org/10.1186/s12884-018-2037-1>

CONSIDER CASE SCENARIO-B

Meriem, a 14-year-old girl faced sexual violence, and became pregnant as a result of this action by the perpetrator. Due to restrictions in the access to safe abortion healthcare, Meriem is believed to have been left with no option but to get an unsafe abortion secretly. The unsafe abortion was carried out by a someone who pretended to be a nurse, which tragically ended in the 14-year old losing her life.

.....

“Welcome to another day in this patriarchal world.” Benslimane continued, “there is an urgent call for justice [...] the penal code in Morocco sentences those who participate or undergo an abortion with up to five years in prison [...] yet it is estimated that 600-800 clandestine abortions happen daily, therefore, criminalizing abortion only prevents safe abortions.”

Petition • Legalize abortion in Morocco in cases of rape, incest & threat to health • [Change.org](https://www.change.org)

*DIFFERENT HUMAN RIGHTS OBLIGATIONS LINKED TO
REPRODUCTIVE HEALTH, SEXUAL HEALTH RIGHTS*

Right to health

Right to life and
liberty

Non-
discrimination
and equality

Right to
education &
Information

Right to enjoy
benefits of
scientific progress

Right to privacy,
and to marriage
and family life

RIGHT TO HEALTH-HUMAN RIGHTS

"right to health as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition, and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health."

Four essential elements, sexual and reproductive rights:

Availability
Accessibility
Acceptability
Quality

Committee on Economic, Social and Cultural Rights (CESCR) has deliberated on the right to health in its General Comment No. 14, 22

Sustainable development goals-an overview from MENA region

SDG-3 Good Health & Well being

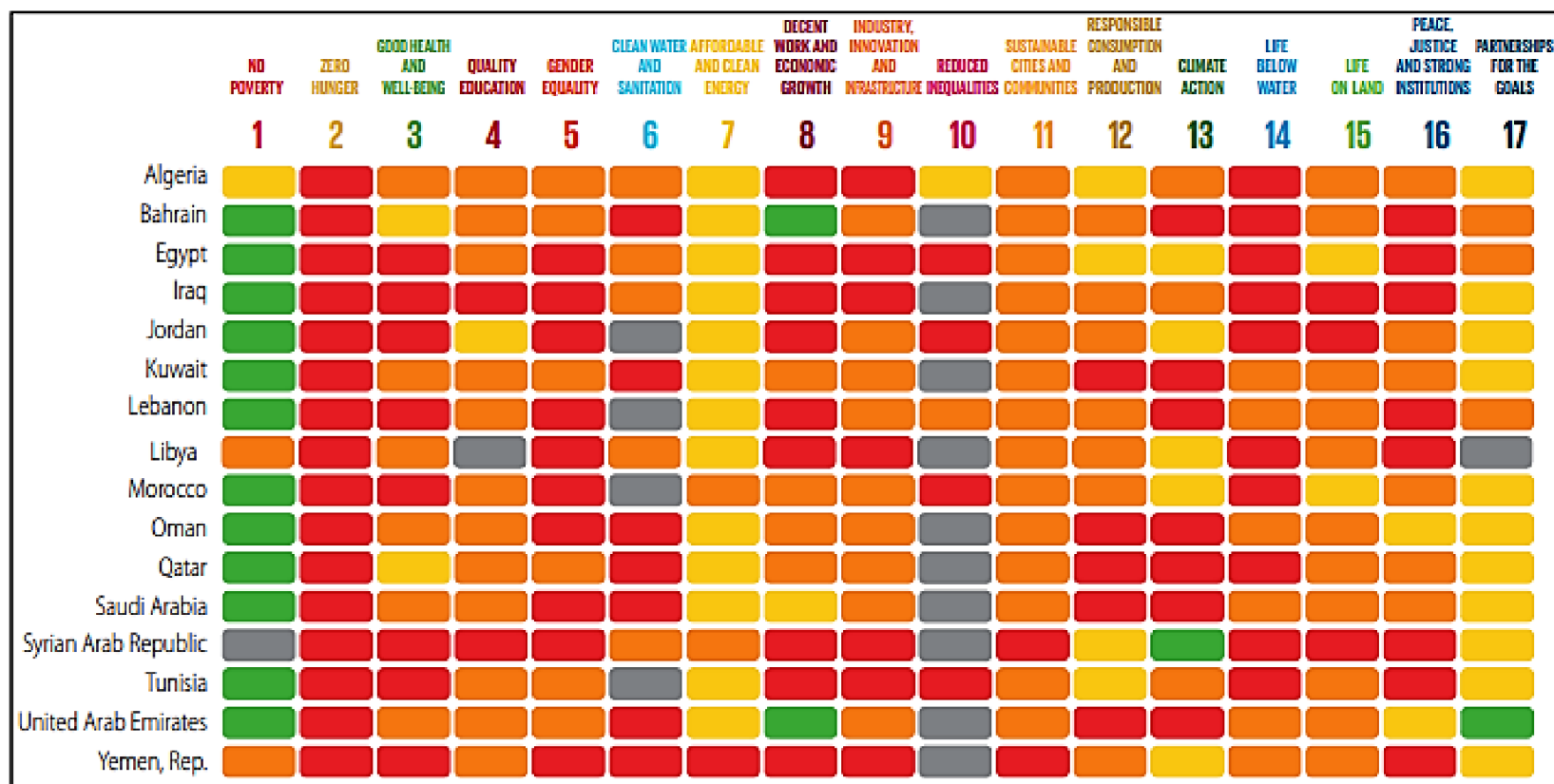
SDG 5 Gender Equality

SDG 1 No Poverty

- **Goal 3- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.**

Goal 5- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform of Action and the outcome documents of their review conferences.

Figure 1 | SDG Dashboard for the Middle East and North Africa



Note: A green rating on the SDG Dashboard denotes SDG achievement, and is assigned to a country on a given SDG only if all the indicators under the goal are rated green. Yellow, orange and red indicate growing distance from SDG achievement.

Source: Sachs et al. (2018: 26).

Figure 2 | SDG Trend Dashboard for the Middle East and North Africa

	NO POVERTY	ZERO HUNGER	GOOD HEALTH AND WELL-BEING	QUALITY EDUCATION	GENDER EQUALITY	CLEAN WATER AND SANITATION	AFFORDABLE AND CLEAN ENERGY	DECENT WORK AND ECONOMIC GROWTH	INDUSTRY, INNOVATION AND INFRASTRUCTURE	INEQUALITIES REDUCED	SUSTAINABLE CITIES AND COMMUNITIES	RESPONSIBLE CONSUMPTION AND PRODUCTION	CLIMATE ACTION	LIFE BELOW WATER	LIFE ON LAND	PEACE, JUSTICE AND STRONG INSTITUTIONS	PARTNERSHIPS FOR THE GOALS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Algeria	→	↗	↗	↗	↗	..	↗	↗	↑	..	↓	..	↓	→	→	→	..
Bahrain	→	↗	↗	..	↗	..	↗	↑	↑	→	→	..	→	..
Egypt	→	↗	↗	↗	→	..	↑	→	↗	..	→	..	↑	→	→	→	..
Iraq	↑	→	→	..	→	..	↗	→	↗	..	↓	→	→
Jordan	→	→	↗	..	→	..	↗	→	↗	..	↓	..	↗	↓	→	↑	..
Kuwait	→	↗	↑	→	→	→	↑	→	↗	↗	↓	..	→	..
Lebanon	→	↗	↗	→	→	..	↗	↗	↗	↓	↗	→	↓	↓
Libya	↓	→	↗	..	↗	→	→	..	↓	..
Morocco	→	→	↗	↗	↗	..	↗	..	↑	..	→	..	→	→	↗	↗	..
Oman	→	→	↗	→	→	..	↗	..	↑	→	↗	..	→	..
Qatar	→	↗	↑	→	↗	..	↗	..	↑	→	→	..	→	..
Saudi Arabia	→	↗	↗	↑	↗	..	↗	↗	↑	↓	→	→	↗	..
Syrian Arab Republic	..	↗	↗	..	→	↗	↑	↓	..	↑	↗	→
Tunisia	↑	→	↗	..	↗	..	↑	..	↗	..	→	..	↓	→	↑	→	..
United Arab Emirates	→	↗	↗	↗	→	..	↑	↑	↑	↓	↑	..	→	..
Yemen, Rep.	↓	↓	→	→	→	↗	↗	↗	→	..	→	↗	↓	→	..

Note: Meaning of the "arrows": decreasing (red), stagnating (orange), moderately increasing (yellow), on track (green vertical), keeping SDG achievement (green horizontal).

Source: Sachs et al. (2018: 27).

Politics of 'SRHR', linkages with Justice (social justice)

A journey/trajectory.....ongoing!!

DRAWING THE BIG PICTURE

REPRODUCTIVE JUSTICE

The framework of “reproductive justice”, coined by a group of 12 Black women called “Women of African Descent for Reproductive Justice” in the United States, is widely used as the guiding principle for advocacy in sexual and reproductive health and rights justice. Reproductive justice is defined as “as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” It is “a paradigm shift beyond demanding gender equality or attaching abortion rights to a broader reproductive health agenda” which recognizes that “the impacts of race, class, gender and sexual identity oppressions are not additive but integrative, producing this paradigm of intersectionality.”

HOW DO WE ADOPT THE FRAMEWORK OF REPRODUCTIVE JUSTICE WHILE ADVOCATING FOR HEALTH RIGHTS/SRHR?



REPRODUCTIVE JUSTICE AS HUMAN RIGHTS

WITH
LORETTA ROSS

Co-Founder and National Coordinator of the Sister Song Network of Color Reproductive Justice Collective

CWU

ADVOCATING ON SRHR AS HEALTH FOR ALL

Integrate a comprehensive definition of SRHR and include the broad range of issues within its scope when conceptualising and progressively implementing global health policies as well as in building a collective health for all movement.

Recognise that SRHR is an integral part of the discourse and actions to implement the right to health at the national, regional and international levels.

ADVOCATING ON SRHR AS HEALTH FOR ALL

Ensure that right to health and public health services remain state responsibilities and a part of social protection measures, which should be adequately prioritised, resources and sufficiently available at all levels in a country.

Ensure that systemic barriers to access healthcare that are perpetuated by patriarchy, social norms and practices that perpetuate gender inequality, the influence of socio-cultural beliefs and practices on women and girls on autonomy and agency, and the devaluing of girls are recognised and addressed as persistent barriers to

ADVOCATING ON SRHR AS HEALTH FOR ALL

Regulate the private health sector to provide acceptable, affordable, accessible, quality health services and ensure dignity and respect, privacy and confidentiality.

Ensure strong social protection systems are in place, that they take into consideration gender and SRHR, and ensure coverage of SRHR in social protection systems.

*Thank
you!*