POLICY BRIEF 03
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WOMEN'S INTERNATIONAL LEAGUE FOR PEACE & FREEDOM

Action Coalition 3: Bodily Autonomy and Sexual and Reproductive Health and Rights (SRHR)

> Interlinkages between the Women, Peace, and Security Agenda and the work of the Generation Equality Action Coalitions and the Compact for Women, Peace and Security and Humanitarian Action

SUMMARY

Dominant patriarchal societal structures reproduce gender inequality, which impedes the right of women, girls, and people of diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC) to bodily autonomy and sexual and reproductive health and rights (SRHR). Bodily autonomy refers to the right of all people to make decisions concerning their bodies, including fertility and sexuality, free of coercion and violence. In health care contexts, the rights to informed consent and confidentiality are vital to ensuring free decision-making. Conditions of war and conflict pose direct violations to the right to bodily autonomy, from forced militarisation of society through compulsory conscription, which produce violent masculinities and have direct gendered impacts on women and girls, including increased sexual and gender-based violence (SGBV) during and after conflict, to the violations of fundamental human rights, including SRHR, significantly reducing people's capacity to use their own body at will. At the most fundamental level, bodily autonomy requires the ability for all people to meaningfully participate in decisions that impact their lives and have their voices heard. Participation of women and girls, people of diverse SOGIESC, and people with disabilities in all decision-making processes, which inevitably impact their rights, including bodily autonomy and SRHR, is vital for building an equal and just future.

THE ISSUE

Background

The rights of women and girls in conflict and humanitarian settings, including migrants, refugees, and internally displaced women, are protected by various, complementary bodies of international law ranging from humanitarian, human rights, criminal to refugee laws. Nevertheless, regardless of the character of the armed conflict, its duration, or the actors involved, women and girls, as well as individuals of diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC), are increasingly deliberately targeted for and subjected to various forms of violence and abuse, including rape; arbitrary killings; torture and mutilation; sexual violence and slavery; child, early and forced marriage; forced prostitution and forced impregnation; and forced termination of pregnancy and sterilisation. Furthermore, they are also deprived of access to essential health care, including SRHR information and services, leaving them more vulnerable to high rates of unwanted pregnancies, unsafe abortion, maternal and low birthweight, miscarriage, premature labour, and sexually-transmitted infections due to disintegrating health systems, unsafe environments, mobility restrictions and pre-existing structural barriers. Currently, an estimated 60% of preventable maternal deaths, 53% of under-

five deaths, and 45% of neonatal deaths globally occur in humanitarian crises or fragile contexts[1]. The lack and denial of SRH services is a direct violation of human rights, which perpetuates gender inequality and impedes inclusive and sustainable peace.

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Due to the instability of governance structures and increased gender inequality, conflict situations present additional challenges for ensuring available, accessible, acceptable, and good quality healthcare information and services, including on SRHR. Women and girls may undergo mistreatment or abuse while seeking sexual and reproductive health services, which in some instances include service providers refusing to provide girls with access to contraceptive information and services or imposing conditions such as spousal, parental or guardian consent. Furthermore, people with disabilities, including women and girls, face additional barriers to accessing healthcare, assistive devices, wheelchairs, and medicines–barriers which have heightened as a result of the COVID-19 pandemic–in conflict and humanitarian settings. People with disabilities often are also unable to access their rights to SRHR,[2] both due to lack of trained medical professionals as well as laws which limit their autonomy by giving other individuals, such as family members or doctors, the right to make decisions for them without their consent, including about contraception, abortion, and sterilisation. Displacement camps are not adequately designed for people with disabilities, and frequently lack access to disability-sensitive access to water, healthcare and sanitation.

How do bodily autonomy and SRHR intersect with Women, Peace and Security?

The Women, Peace and Security Resolutions 1889 (2009), 2106 (2013), and 2122 (2013) highlight SRHR and mental health as a particular need for women and girls, including survivors of SGBV and persons with disabilities, in post-conflict situations, and encourage member states to support and provide such services in a comprehensive manner and without discrimination. Nevertheless, survivors of SGBV who are individuals of diverse SOGIESC, including transgender women, often have access to few, if any, services and personnel that are trained to respond to their specific needs in a non-discriminatory and affirming manner. These survivors may also experience discrimination, fear of future violence, stigma, and shame that prevent them from seeking out and accessing care. This gap leads to physical and mental conditions, including physical traumas, sexually transmitted infections such as HIV, and post-traumatic stress disorder, to go untreated and also inhibit economic and social rights. Indeed, the Women, Peace and Security Resolutions 2106 (2013) and 2467 (2019) highlight the disproportionate impact of HIV and AIDS on women and girls in conflict and post-conflict situations as a major obstacle to gender equality.

Social, political, economic, and environmental crises exacerbate existing gender inequalities and multiple and intersecting forms of discrimination as well as the violation of fundamental human rights, including SRHR. UN Security Council Resolution 2242 (2015) recognises health as a direct concern for global peace and security and highlights the WPS agenda as a cross-cutting framework to health pandemics. This connection has been clearly demonstrated with the global surge of gender-based violence incidents during the COVID-19 pandemic. Additionally, UNFPA data[3] projects that more than 47 million women will lose access to contraception, leading to 7 million unintended pregnancies in the coming months. Furthermore, an environment affected by climate change and natural disasters uniquely impacts the sexual and reproductive health of women and girls by impeding their access to clean water, sanitation

1 UNFPA. 2015. *State of World Population 2015. Shelter from the Storm: A Transformative Agenda for Women and Girls in a Crisis-prone World.* https://www.unfpa.org/sites/default/files/sowp/downloads/State_of_World_Population_2015_EN.pdf

2 Women Enabled. n.d. "Sexual and Reproductive Health and Rights of Women and Girls with Disabilities," https://www.womenenabled.org/pdfs/Women%20Enabled%20International%20Facts%20-%20Sexual%20and%20Reproductive%20Health%20and%20Rights%20of%20Women%20and%20Girls%20with%20Disabilities%20-%20ENGLISH%20-%20FINAL.pdf?pdf=SRHREasyRead

3 UNFPA. 2020. "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage." https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital

facilities, and food resources. These conditions reduce women's and girls' access to SRHR services, lead to poorer reproductive and maternal health outcomes, and increase threats of sexual violence.[4]

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What needs to change?

Accountability is a major component of protecting and fulfilling individuals' sexual and reproductive health and rights. It is particularly important to ensure that governments are held accountable for rights violations and secure full access to SRHR information and services for all women and girls in conflict and post-conflict settings. Specifically, Women, Peace, and Security Resolution 1820 (2008) addresses the need to invest in health systems through the development and strengthening of the capacities of national institutions. This requires the active role of governments to ensure equal access to healthcare, including SRHR services, underscoring the principles of non-discrimination, transparency and participation without distinction of any kind as to race, colour, language, religion, political or other opinion, national or social origin, property, birth, disability, SOGIESC, or any other status. Additionally, governments must take all measures to ensure women and girls' access to SRHR services and protection from SGBV by ensuring their access to relevant information and services as well as ensuring their participation in all stages of peacebuilding, conflict prevention, and post-conflict reconstruction and recovery efforts.

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The Generation Equality Forum, the Action Coalitions and the Compact for Women, Peace and Security and Humanitarian Action present an opportunity to focus momentum and implement commitments on the Women, Peace and Security agenda to shape a feminist future. We urge UN Women, Member States, Action Coalition leaders and other stakeholders to ensure that the Women, Peace, and Security agenda is reflected in the priorities of the coalitions and the compact for continued implementation of the Beijing Declaration and Platform for Action and its contribution towards the full realisation of human rights for all.

Priority actions

Ensure delivery of and access to information and full range of medical, legal, psychosocial and livelihood services, including access to safe abortion, without discrimination as way to fulfil international commitments pertaining to gender equality and SRHR. This means developing and supporting gender- and age-responsive programs that empower women and girls, including comprehensive sexuality education, and ensure their decision-making power with respect to their future and bodily autonomy. Additionally, governments, international organisations, the UN, and other stakeholders must ensure that SRHR services are non-discriminatory, gender-responsive, rights-based, adolescent- and youth-responsive including in conflict and crisis response settings.

4 Hwei Mian Lim. 2017. "Climate Change Exacerbates Gender Inequality, Putting Women's Health at Risk." https://www.openglobalrights.org/climate-change-exacerbates-gender-inequality-putting-womens-health-at-risk/

Invest in the immediate and long-term stability of healthcare systems, including sustained and comprehensive SRHR services. This requires an immediate stop to austerity-driven reforms within the healthcare system and a reversal of their detrimental effects so far, and long-term planning and investment in health system infrastructure, labs, equipment, and medical personnel (including education), as well as in water and sanitation and mental health services. On the onset of a humanitarian crisis, the Minimum Initial Service Package including awareness-raising about sexual and reproductive health services should be implemented with the earliest transition to comprehensive services and supplies based on a detailed needs assessment and longer-term programme planning.

Ensure direct, sustained, and accessible funding for SRHR services by governments and international organisations, especially in conflict and humanitarian settings, where women and girls face additional challenges as migrants and refugees, as well as in crisis response settings, such as measures implemented for COVID-19. This includes a holistic approach to SRHR financing including a dedicated health budget for adolescent SRHR services that incorporates women's and girl-led organisations as equal partners and decision-makers in program design and delivery. Women's and girls' access to healthcare and information must remain an essential priority at all times, including in conflict and crisis response settings. There must also be direct, sustained, and accessible funding for gender-sensitive programs for people with disabilities as well as people of diverse SOGIESC, *in addition to,* not in lieu of, existing funding.

Develop and operationalise strategies and plans to address sexual and reproductive health services and information through a coordinated, multi-sectoral approach by governments and international organisations, that includes other relevant sectors including education, justice and child protection services, to ensure that cross-cutting issues are addressed in a comprehensive manner.

Centre a holistic, non-discriminatory, survivor-centred approach that guarantees the rights and addresses the needs of women and girls, persons of diverse SOGIESC, and other marginalised groups. This includes ensuring multi-sectoral services for all survivors of sexual violence, such as clinical treatment of rape, medical, mental health, psychosocial and legal services, including comprehensive sexual and reproductive health care and rights such as access to emergency contraception, safe termination of pregnancy, and HIV prevention and treatment. Displaced survivors of sexual violence in conflict, and displaced women and girls that survive sexual violence within refugee camps, must have access to a wide range of services, especially health services that meet their distinct and diverse needs.

Make equal, just, and non-discriminatory access to medicines, including the supply of antiretroviral medications for those living with HIV as well as safe, affordable, and accessible contraception. The current pandemic has strained global supply chains, leading to significant shortages of contraceptives. Access to critical SRHR services have been further constricted as a result of disruption to health systems, restrictions on movement, unpaid care work, unavailability of clean water and adherence to pandemic hygiene measures which make it harder for women and girls to receive pre- and post-natal care and safe delivery. Governments must urgently address this by ensuring reliable access to medication without discrimination.

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