

Policy Agenda

Generation Equality Fora (GEF)

Bodily Autonomy & SRHR AC

MenEngage Alliance Joint Recommendations for Action Coalition Leaders

Rationale

Around the world women, girls and people of diverse SOGIESCs continue to disproportionately lack access to sexual and reproductive health services and education, and are often denied their human right to health, including sexual and reproductive health and rights. Over 47,000 women dying from unsafe abortion¹ each year, 214 million women in developing countries who continue to have unmet needs for modern contraceptives², more than 290,000 women dying from unintended pregnancy related causes in developing countries each year³, and 19 percent of girls in developing countries become pregnant before they turn 18⁴.

Control of women’s sexuality and reproduction is a key element of patriarchy and a uniform feature of societies’ across the globe. The social control of women’s fertility and reproductive autonomy , is often reinforced by laws and policies which have over time ranged from limiting contraceptive options available to women for the purpose of increasing or decreasing population size, denying women’s ability to access safe, legal abortion care, preventing young people from receiving comprehensive sexuality education, to undue burden on women’s bodily autonomy and agency to prevent untimely and unintended pregnancies, and for even leaving abusive relationships.

As well, violence and discrimination based on sexual orientation and gender identities continues to exist all over the world at alarming rates. Human Rights Council Resolution 38/43, detailing the findings of the Independent expert on SOGI states that: *Several comprehensive reviews have shown that lesbian, gay, bisexual, trans and gender non-conforming persons are at heightened risk of physical and sexual violence⁵ and that in most of those cases, sexual orientation or gender identity played a key role in the perpetration of the abuse.⁶ The data available show that they face the near-certainty of suffering violence during their lives, and that as a general rule they live every day in the awareness and fear of it.*

The shrinking of civil society spaces and resources has increased in recent years, which disempower CSOs and feminist and SOGIESCs groups from carrying out their critical function of serving as watchdogs

¹ WHO Factsheet 2016, <http://www.who.int/mediacentre/factsheets/fs351/en/>

² Ibid., 12 (WHO)

³ Guttmacher Institute and UNFPA, December 2017, <https://www.guttmacher.org/sites/default/files/factsheet/adding-it-up-contraception-mnh-2017.pdf>

⁴ UNESCO (2015) Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review: https://www.unfpa.org/sites/default/files/pub-pdf/CSE_Global_Review_2015.pdf

⁵ Kimberly H. McManama O’Brien, Richard T. Liu, Jennifer M. Putney, Taylor A. Burke and Laika D. Aguinaldo, “Suicide and self-injury in gender and sexual minority populations” in *LGBT Health: Meeting the Needs of Gender and Sexual Minorities*, K. Bryant Smalley, Jacob C. Warren, Nikki Barefoot, eds. (Springer Publishing Company, New York, 2017), pp. 181–198.

⁶ Karel Blondeel, Sofia de Vasconcelos, Claudia García-Moreno, Rob Stephenson, Marleen Temmerman and Igor Toskin, “Violence motivated by perception of sexual orientation and gender identity: a systematic review”, *Bulletin of the World Health Organization*, vol. 96, No. 1, 2018, pp. 29–41.

for State actions as well as an increased criminalization of dissent, with women’s human rights defenders⁷, LGBTQIA activists⁸, SRHR activists and their organizations being subjected to targeted attacks⁹ and have seen their **access to direct funding decrease**.

Furthermore, sexual and reproductive health and rights, as well as recognition and protection of women’s human rights and international commitments to gender equality continue to be questioned and **opposed by anti-women’s rights groups that oppose and seek to reverse progress made in the international development field to protect universal human rights**.

Traditional and religious fundamentalist groups, authoritarian government leaders and autocratic regimes, racially motivated organized groups and neo-liberal economic interest groups that benefit from social inequalities are some of the actors seeking to reverse progress achieved in the last few decades. At the United Nations, Brazil, Russia, the Holy See and the United States are leading efforts to oppose resolutions in support of universal access to SRHR.

Sexual and reproductive health, rights and wellbeing are central aspects of people’s lives, and important elements of development policies and initiatives. **Optimal SRHR for all people is dependent on overcoming barriers in laws, policies, and social norms that keep people, and particularly young people, from accessing information about sexuality and reproduction and from using sexual and reproductive healthcare products and services.**¹⁰

Many of these barriers are commonplace in developing countries while rare in the most developed nations, and thus they prevent the full development of girls in the global south while posing no risks to the development of men and boys of the global north. Access to sexual health supplies, such as menstrual hygiene products, condoms, contraceptive methods and pregnancy tests, and medications for the treatment of GUTIs and STIs are some of the obstacles faced by girls and young women in many developing countries, keeping them from achieving a complete education and providing for themselves and their families.

Universal access to health care, and school-based and out-of-school comprehensive sexuality education (CSE) are essential for the full development of all societies and nations, and for the achievement of a healthy, productive generation of people entering adulthood. Research shows that accurate information about reproduction, sexuality, and consent provided in an age appropriate, unbiased and in a respectful way prevents unintended pregnancy and STIs, as well as sexual abuse and violence, and promotes healthy practices and self care.

Sexual and reproductive health and rights issues are often narrowly and mistakenly understood as a non-essential health need, and usually described as a women’s problem. As such, SRHR is given lower priority in national budgets which perpetuate the challenges that women, girls and LGBTQIA+ persons

⁷ OHCHR (2010), Report of the Special Rapporteur on the situation of human rights defenders, Human Rights Council 16th Session

⁸ OHCHR (2015), Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General, [Follow-up to and implementation of the Vienna Declaration and Program of Action](#), Human Rights Council-Twenty-ninth Session, 4 May 2015

⁹ Women’s Rights and Gender Section, OHCHR (2014), One Pager on [the Situation of Women Human Rights Defenders](#)

¹⁰ Starrs AM, Ezeh AC, Barker G et al., Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, The Lancet, 2018

face when seeking health care. Men and boys can also enjoy improved health outcomes by recognizing their own health needs, and by refusing to accept this narrow framing of such essential health needs, which is largely responsible for men's poor health seeking behavior.

Additionally, many men neglect their own SRHR needs and those of their partners and their families. Men's lower use of SRH services, such as HIV testing and treatment, is a result of rigid gender norms as well as structural barriers, such as clinics that are ill-prepared to address male-specific health issues. As a result, not only are women and girls left to bear much of the burden of their own and their families' SRHR, but men's lack of involvement places expensive and unnecessary burdens on health-care systems.

Interventions with men and boys around SRHR have been effective at increasing men's use of services, as well as their support and respect for their partner's SRHR. This involvement, in turn, improves the health of women, children and men themselves. Healthcare and economies of care are essential to our collective wellbeing, as the covid-19 pandemic illustrated, and men and boys have a role to play in improving access to care, to quality, unbiased health services, and the elimination of barriers to SRHR.

We strongly believe that SRHR is essential to the health and wellbeing of all people regardless of their gender or sexual identity or expression. **Men and boys do not live in isolation, they have health needs and rights related to SRHR, and must work alongside women, girls and people of diverse gender identities to ensure the full realization of SRHR for all.** Work with men and boys should challenge the laws and policies that disregard international commitments to human rights, including SRHR, and stand together in solidarity with allies for social justice in protecting SRH as essential health care and as part of all people's right to universal health care.

Engaging men and boys in SRHR from an inclusive human rights lens acknowledges that limited and oppositional gender norms stand in the way of health and wellbeing. Some successful examples are policies that support programs demonstrating the health benefits of health services that are respectful and welcoming, non judgmental, and that seek to understand how people experience poor health and health needs. Studies have shown that violence against women, GBV and homophobia impact people's physical and mental health directly, and indirectly by inhibiting people's ability to seek care when they need.

Men can play a positive role in their own health as well as in the health of those in his care, either in their own family or in their community. In many parts of the world, the health of women and girls is routinely threatened by harmful practices such as child early and forced marriages, FGM and illegal abortions. Initiatives that use evidence to sensitize men about the role they can play in listening to, becoming informed about and supporting women's and girl's health needs can produce changes in a cascade effect beyond their immediate households. Demanding and promoting safe and accessible abortion care where it is legal is one of such initiatives. Promoting girls' education by opposing early marriage is another way to prevent early pregnancies and poor health outcomes for girls under 18 years of age.

Furthermore, to eliminate harmful practices, including traditional beliefs that deny women and girls the right to health and education, we must work together, engage with the policy makers, faith leaders, educators and health providers to accelerate change and protect people's health. One way to achieve this goal is through initiatives to engage in partnerships to expand understanding about harmful practices, break the silence and facilitate exchanges between policymakers, service providers and community leaders, particularly women and youth.

Men's roles within relationships also matter for women's SRHR. Research¹¹ highlights that across several countries' large percentages of women and girls assert that they involved a male partner in a decision to have an abortion. We know that gender norms often limit girls' and women's access to SRHR services, including safe abortion. Men's lives are also affected by abortion, yet men rarely speak up in large part due to gender norms around masculinities, tell their stories or voice their support for safe and legal abortion. We believe we must work to make sure that boys' and men's involvement in SRHR is always positive and centered on respecting girls' and women's full bodily autonomy.

Harmful social norms related to masculinity act as barriers to the realization of SRHR, and are key drivers of discrimination, stigma and violence towards women, girls and people of diverse gender identities. Increasingly, the critical roles of men and boys in achieving SRHR are being recognized. Research¹² confirms that better outcomes for women and girls' health are achieved when men and boys are engaged as accountable counterparts and allies. Many of the recent steps towards limiting women's access to safe and legal abortion have been made by heads of state and policy-makers, most of whom are men. We therefore urge men and boys at all levels of society, to speak out and challenge other men and boys who seek to limit girls', women's and people of diverse SOGIESCs rights' to bodily autonomy.

Tactics

MenEngage Alliance stands firmly in support of LGBTQIA+, women's rights, feminist and SRHR activists, organizations and movements in advocating for:

- **The Right to Comprehensive Sexuality Education (CSE)** that is science-driven and mindful of universal and equal human rights, and that addresses boys and young men's notions, attitudes and behaviours associated with sexuality, power, privilege, gender identities, masculinities, women and girls' empowerment, and reproductive rights.
- **The Right to Safe Abortion for All Who Can Become Pregnant**, with access to the information and means to have a safe abortion, including self-managed options, and to engage men and boys to work as meaningful allies to eliminate stigma and discrimination in access to SRHR including safe abortion.
- **The Right of All People to Bodily Autonomy and Integrity Free From Discrimination and Coercive Practices** by increasing men and boys' understanding and acceptance of the fact that human rights apply to all people, that no one's right is above another's, and that¹³ no one should be denied their right to health.

¹¹ Results for the International Men and Gender Equality Survey (IMAGES Survey) in various countries:
<https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/>

¹² Greene ME, Walston N, Jorgensen A, Sambath MR and Hardee K (2006) From Adding to the Burden to Sharing the Load: Guidelines for Male Involvement in Reproductive Health in Cambodia. Washington, D.C.: Futures Group, POLICY Project. See also International Center for Research on Women (ICRW) and Instituto Promundo (2007) Engaging Men and Boys to Achieve Gender Equality: How Can We Build on What We Have Learned? Washington, D.C.: ICRW

¹³ Bodily autonomy is understood to encompass SOGIESC identities and experiences as well, per the Yogyakarta Principles:
<https://yogyakartaprinciples.org/relating-to-the-right-to-the-highest-attainable-standard-of-health-principle-17/>

- **The Right to Enjoy Health Care Systems and Policies that Serve and Protect the SRHR of All People** by working to transform discriminatory and divisive distribution of responsibilities between men and women and gender non-conforming people, in and within access to SRHR, including in decision-making spheres, and public and private spheres, in order to transform unequal gender norms, attitudes and beliefs.
- **Universal Access to Sexual and Reproductive Health for All**, within the scope of Universal Health Coverage (UHC) for all people, and with attention and care for the rights, health, and needs of all women and girls, all men and boys, and marginalized groups often excluded from accessing basic healthcare and education, including access to HIV treatment and a better quality of life for people living with HIV and access to HIV prevention treatment for all, especially in countries with low social and economic status where the seroprevalence is still high.
- **To advance all efforts to engage men and boys and transform masculinities in SRHR through feminist-informed, gender-transformative, human rights-based, intersectional and accountable approaches** that seek to dismantle patriarchy, and to transform social norms around masculinities, unequal power relations and root causes of violence and discrimination against all women, girls and SOGIESC peoples.

As well, other meaningful tactics include:

- Implement Comprehensive Sexuality Education in schools, that provides accurate information in addition to a focus on gender, diversities of sexual orientation, gender identities and expressions as well as sexual characteristics, masculinities and healthy relationships.
- Target men and young men in maternal health programs, as an entry point to encourage them to be more involved in their partner's health as well as their own.
- Ensure access to informational educational communication materials for men and boys, including men and boys of diverse sexual identities, to be able to make informed decision on whom they love, their sexual reproductive health and their sexual rights, free from coercion, violence, stigma or discrimination.
- Create supportive and safe environments for persons of diverse SOGIESC to freely choose whom they love or whom they have sex with it without fear of stigma, discrimination and violence.
- Create youth-friendly health services, and spaces for peer-to-peer conversations and learning between and among boys and girls in order to break taboos around sexuality.
- Work alongside women and girls to ensure access to safe and legal abortion, and support women before, during and after an abortion;
- Compel men and boys to take more responsibility for contraceptive use, and to advocate for accessible education and services to enable them to do so;
- Promote a wider understanding and acceptance of sexual diversity and rights and the links between harmful expressions of masculinities and their ties to violence and discrimination towards people of diverse SOGIESCs
- Call attention to appropriate SRH services for boys and men, in order to co-share SRHR responsibilities