Sexual and Reproductive Health Rights

What is sexual and reproductive health?
Sexual and reproductive health (SRH) is an essential component of the universal right to the highest attainable standard of physical and mental health, enshrined in the Universal Declaration of Human Rights and in other international human rights conventions, declarations, and consensus agreements. Sexual and reproductive health needs must be met for both men and women. Human rights standards require states to respect, protect, and fulfill the right to sexual and reproductive health, and states must also ensure that individuals have the opportunity to actively participate in the development of health care policy and in individual care decisions—including determining whether and when to have children and in protecting the rights of others to sexual and reproductive health, including through ensuring violence-free relationships and homes and in seeking information, education, and care for one’s children.

What are sexual and reproductive rights?
Sexual and reproductive health rights—including access to sexual and reproductive health care and information, as well as autonomy in sexual and reproductive decision-making—are human rights; they are universal, indivisible, and undeniable. Such rights are grounded in other essential human rights, including the right to health, the right to be free from discrimination, the right to privacy, the right not to be subjected to torture or ill-treatment, the right to determine the number and spacing of one’s children, and the right to be free from sexual violence.

Sexual and reproductive rights (SRR) are most clearly defined in the 1994 International Conference on Population and Development (ICPD) Programme of Action, which took place in Cairo, Egypt. Among the elements of comprehensive SRR outlined in the Programme of Action are:

- Voluntary, informed, and affordable family planning services;
- Pre-natal care, safe motherhood services, assisted childbirth from a trained attendant (e.g., a physician or midwife), and comprehensive infant health care;
- Prevention and treatment of sexually transmitted infections (STIs), including HIV and AIDS and cervical cancer;
- Prevention and treatment of violence against women and girls, including torture;
- Safe and accessible post-abortion care and, where legal, access to safe abortion services; and
- Sexual health information, education, and counseling, to enhance personal relationships and quality of life.

SRR assumes that all people have the right to a healthy, safe, consensual and enjoyable sex life; to control their bodies and have sufficient accurate information to use in making decisions and seeking healthy behaviors; and to have affordable, accessible services that keep them healthy, not only when pregnant but before and after—and even if they choose never to get pregnant.

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What does it take to meet the right to sexual and reproductive health?

In addition to identifying critical components of SRH, the ICPD Programme of Action makes recommendations for ensuring these rights are met, including:

- Freedom from discrimination;
- Universal access to education;
- Control of one’s fertility, including the choice of whether and when to marry or have children, and protection from forced sterilization;
- Protection of the family structure, with the understanding that there is a great diversity of family structures that are equally deserving of respect and safeguarding;
- Recognition in policy and practice of the links between sexual and reproductive health, development, and the environment;
- Prevention of early or forced marriage and inclusion of adolescents in planning and implementation of services and programs;
- Engagement of men and boys;
- Respect of the sexual orientation and gender identity of all individuals; and
- Full funding at the national and global levels to ensure universal access to basic health care, including SRH.

Sexual and Reproductive Health Rights are Human Rights:

The interconnection of human rights is reflected in every element of SRH and the rights, policies and funding required for ensuring universal access to SRH. Individuals may be unable to access comprehensive SRH services as a result of poverty, insufficient health care or transportation infrastructure, poor governance, inadequate training of health care workers or access to reliable supplies and supply chains, and a range of other barriers.

A number of human rights documents—both international law and global consensus documents—complement the ICPD Programme of Action and form the basis of the rights to comprehensive sexual and reproductive health.

**International Covenant on Economic, Social and Cultural Rights:** “The state parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of mental and physical health [and] the benefits of scientific progress and its applications.” “The right of men and women of marriageable age to marry and to found a family shall be recognized.” “No marriage shall be entered into without the free and full consent of the intending spouses.” (Articles 12.1, 15.1, 23.2, and 23.3)

**International Covenant on Civil and Political Rights:** “Everyone has the right to liberty and security of person.” “No one shall be subjected to unlawful interference with his [sic] privacy.” “No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment. No one shall be subjected without his [sic] free consent to medical or scientific experimentation.” “State parties shall take appropriate steps to ensure equality of rights and responsibilities of spouses as to marriage, during marriage, and at its dissolution.” (Articles 9.1, 17.1, 7, and 23.4)

The **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** addresses gender-based discrimination. Adopted in 1979, CEDAW is the only human rights treaty that specifically affirms the reproductive rights of women. The United States has signed but not ratified CEDAW, so it has an obligation to refrain from acts that would defeat the object and purpose of the treaty. The United Nation's Office of the High Commissioner for Human Rights (OHCHR) provides details on the treaty. Visit [www.amnestyusa.org/women](http://www.amnestyusa.org/women) for more information.
States is one of a very small number of countries that has not yet ratified the treaty (as of April 2012, this included only the US, Sudan, Somalia, Iran, Palau, Tonga, and South Sudan). CEDAW advances the right to sexual and reproductive health in many ways, including by requiring States parties to:

- take all appropriate measures to eliminate discrimination against women and girls, including in the health sector;
- challenge harmful traditional norms and modify social and cultural patterns that arise from and perpetuate the notion that women are inferior to men;
- ensure that men and women are equally able to determine the number, spacing and timing of their children—including whether to have any at all—and have sufficient and accurate information, education and supplies to enable control of fertility;
- prevent early marriage and eliminate discrimination against women in marriage and family issues, such as by ensuring divorce, inheritance and property rights; and
- prevent and respond to violence against women.

Other international human rights documents support and advance sexual and reproductive health rights, including:

- Convention to Eliminate All Forms of Racial Discrimination (CERD);
- Convention Against Torture (CAT);
- Convention on the Rights of the Child (CRC);
- Convention on the Rights of Persons with Disabilities;
- Declaration on the Rights of Indigenous People;
- Declaration on the Elimination of Violence Against Women;
- Rome Statute of the International Criminal Court;
- United Nations General Assembly Special Session Declaration on HIV/AIDS;
- UN General Assembly Statement on Sexual Orientation and Gender Identity; and

In addition, sexual and reproductive health rights are central achieving the Millennium Development Goals. In 2000, 193 countries agreed to the Millennium Development Goals (MDGs), eight specific and measurable objectives for reducing extreme poverty in a manner that recognizes the interconnectedness of many issues. The MDGs include time-bound targets, with a deadline of 2015. While progress has been made on many of the MDGs, one of those furthest behind is MDG 5, Improve Maternal Health. With sub-targets on reducing maternal mortality and achieving universal access to reproductive health services, MDG 5 is most directly linked to sexual and reproductive rights. But MDG 2 on Universal Education, MDG 3 on Gender Equality, MDG 4 on Child Mortality, and MDG 6 on HIV/AIDS, cannot be met without universal access to SRH, nor can universal access to sexual and reproductive health be met without successes in these other areas. As the global community prepares to define targets to continue the work of the MDGs after their current 2015 deadline, a human rights framework would help set meaningful and measurable targets that ensure a focus on the most vulnerable populations and communities and push forward to a world where all people’s needs are met equally.

Gender Discrimination and Sexual and Reproductive Rights:
At its core, universal access to SRH cannot be achieved without the realization of gender equality and women’s rights. Women are disproportionately affected by poverty, violence, a lack of access to decision-making and political processes, and low social status, all of which arise from gender-based discrimination and lead to disproportionate human rights abuses, including of the right to health. Reproductive health is often linked to pregnancy, and women face unique challenges to achieving the

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highest attainable standard of health because of this link: they are often valued only as mothers, making them more vulnerable to human rights abuses, as they are valued less than men. Moreover, their reproductive capacity can be used as a tool for abuses ranging from domestic violence to genocide.

**Violence Against Women:**
Violence against women violates women’s bodily integrity. A woman’s right to control her body, including her sexuality and reproduction, is a basic human right. Failure to recognize this right allows for practices that cause harm to women and sometimes privilege power and tradition over individual wellbeing. When reproductive rights are denied or limited, so are women’s human rights. The fundamental rights to bodily integrity; the enjoyment of the highest standard of physical and mental health; access to healthcare services; the right to determine the number, timing, and spacing of children; the right to exercise one’s sexuality free from discrimination, coercion, and violence; and other human rights recognized in international law are all part of reproductive rights. When these rights are denied to women, the rights of all people everywhere are threatened. Working to protect reproductive rights recognizes the equality and dignity of women and the universality of human rights.

**Amnesty International’s Work on Sexual and Reproductive Rights:**
Amnesty International has a long [history of working to advance sexual and reproductive health rights](https://www.amnestyusa.org) for all people. From the Stop Violence Against Women Campaign and the OUTFront Program focused on lesbian, gay, bisexual and transgender human rights to the current [Demand Dignity Campaign](https://www.amnestyusa.org/demand-dignity), SRR is a key element of our comprehensive human rights work. Some examples of SRR issues on which Amnesty International has issued actions and policies are listed below.

- Forced virginity testing in [Egypt](https://www.amnestyusa.org/);  
- [Maternal mortality](https://www.amnestyusa.org) in the United States, Peru, Sierra Leone, and Burkina Faso;  
- Forced sterilization of Romani women;  
- Total abortion ban and consequent ill-health and violence against women in [Nicaragua](https://www.amnestyusa.org/);  
- Forced pregnancy testing of Chinese Christian women;  
- Inadequate maternal health care in [Indonesia](https://www.amnestyusa.org/);  
- “Corrective rape” against lesbians in South Africa;  
- Female Genital Mutilation in Somalia and elsewhere;  
- Forced marriage and honor crimes in Turkey;  
- Sexual assault against female human rights defenders while in police custody in [Mexico](https://www.amnestyusa.org/);  
- Forced abortion in China;  
- Violence against women who reveal their HIV status in [South Africa](https://www.amnestyusa.org/); and  
- Comprehensive primary and sexual and reproductive health care in the [United States](https://www.amnestyusa.org/).