

“Gender, Sexuality & SRHR in the Post-2015 Development Agenda”

Asia Pacific CSO Forum on Sustainable Development Side Event
19 May 2015; Nouvo City Hotel, Bangkok, Thailand



Over 30 active participants attended a session on “Gender, Sexuality & SRHR in the Post-2015 Development Agenda,” held during the Asia Pacific CSO Forum on Sustainable Development. During the session, the Global Strategy for Women’s, Children’s and Adolescents’ Health was discussed focusing on sexual and reproductive health and rights (SRHR) with perspectives from marginalized and disadvantaged communities.

The session was co-organized by the Asia Pacific Resource & Research Centre for Women (ARROW), Asia Pacific Alliance for Sexual and Reproductive Health and Rights, International Planned Parenthood Federation (IPPF) South Asia Region and East & South East Asia and Oceania Region, and The Partnership for Maternal, Newborn & Child Health (PMNCH).

In the session, speakers from various stakeholder groups such as migrant workers, HIV/AIDS activists, people with disabilities and the LGBTQ community contributed their views regarding health, social, economic issues and SRHR. Following the key presentations, participants discussed the updated Global Strategy to reflect on the views presented in the first session.

Sepali Kottegoda, ‘Women and Media Collective’ introduced Sri Lanka’s overview on SRHR with relevant statistics. She emphasized the effect of conflict on women’s health, stating that women living in conflict areas have limited access to SRHR services. She also raised concerns over plantation and factory workers, unpaid care work and the issues of sexual orientation and gender identity in Sri Lanka.

Mara Quesada from ‘Coordination of Action Research on AIDS and Mobility (CARAM) Asia’ stressed the importance of putting human rights at the centre of migrant workers’ issues. Diverse issues such as vulnerability against HIV, gender-based violence and criminal systems, poor access to SRHR services, lack

of knowledge and information, discrimination and transgender issues were raised in terms of migrant workers' health.

Sexual orientation and gender identity was one of the major focuses throughout, not only this consultation, but also the entire CSO forum. Rudolph Bastian Tampubolon, 'Global Call to Action Against Poverty Youth Southeast, East North, Central Asia and the Pacific (GCAP Youth SENCAP)' spoke about the linkage of the happiness index of LGBTQ and SDGs. He strongly advocated that SRHR were important LGBTQ issues. He also raised concerns about the LGBTQ community's vulnerability during natural disasters.

Kathy Al Ju'beh from CBM stressed that people with disabilities have the same sexual needs, issues and rights as other people, but at the same time, she recognized that there are different needs and issues between women and men which need to be addressed. She reminded the audience that the UN Convention on the rights of persons with disabilities clearly stipulates the provision of sexual and reproductive health care and programmes (Article 25.a).

A youth representative called for increased social support regarding mental health. He also stressed the need to provide safe spaces for adolescents to speak up about their issues, and concluded saying that, "SRHR is critical for young people to achieve SDGs."

Malyn Ando, Asian-Pacific Resource and Research Centre for Women (ARROW) explained to the participants how and why SRHR is important to SDGs in relation with poverty, gender, food security, nutrition, climate change, disaster and conflicts. She urged participants to ensure that SRHR remains a key concern in post-2015 agenda and the Global Strategy.

Participants agreed that issues on SRHR go beyond health and education sectors, e.g. environment, telecommunication, ICTs, trade and investment issues. Therefore, an innovative and broad-based approach should be encouraged to avoid political contention on this issue.

Marginalized and disadvantaged communities including adolescents, unpaid or low-paid workers such as migrant and factory workers, people with disabilities, LGBTQ individuals, and people with HIV/AIDs, have limited access to SRH services and their issues and rights tend to be overlooked. Access to SRHR and the highest attainable standard to health should be emphasized for these marginalized communities in every aspect of the Global Strategy.

Other comments on the Zero Draft on the Global Strategy for Women's, Children's and Adolescents' Health included the following points:

- It should secure access to safe abortion. It mentions the danger of unsafe abortion, but the strategy is missing.
- It should use wordings aligned with other UN documents, e.g. SRHR instead of using 'the rights to sexual and reproductive health'.
- It should ensure the participation of civil society at the local level, especially within national accountability mechanisms of the Global Strategy.
- Established HIV indicators, especially mother-to-child transmission should be included in HIV and/or SRHR indicators. Knowledge of HIV among adolescents should be gauged with indicators.
- It should promote adolescents' rights to access services and raise awareness of SRHR among youth. Adolescents should not be regarded just as a target of protection, but as specific rights holders.



Key messages from the organizers

Achieving gender equality among women, men, young people, transgender and intersex people, and the realization of women's human rights, including their sexual and reproductive rights, are central to a creating a 'world we want' in post-2015.

The lack fulfilment of SRHR for all undermines poverty eradication efforts and hampers the achievement of gender equality. Stigma and discrimination against vulnerable and marginalized groups -- including LGBTQ, young people, people with disabilities, key affected and infected by HIV populations, and migrants -- act as barriers to accessing important SRH information, education and services.

In order to realize development justice, governments must eliminate discriminatory practices, and review & repeal all punitive laws and policies that violate sexual and reproductive health and rights. SRHR violations against marginalized and vulnerable groups include forced abortion & sterilization of women with disabilities and women living with HIV, forced pregnancy and HIV testing of migrants, the criminalization of adult consensual sexual relations, and sex work.