

**Adopting the Gender Transformative
Approach** in sexual and reproductive health
and rights, and gender-based violence programmes

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| **Module 4:** Handouts |

**Handout 4.1: Rationale for applying a gender transformative approach**

Evidence-based advocacy uses various sources to make the most convincing plea to policy and decision makers. These sources include academic literature, evaluations of international and regional non-governmental organisations, case studies, etc. it provides a brief overview of some of the key arguments for integrating GTA in public policies on sexual and reproductive health and rights (SRHR).

Sexual and reproductive health and rights

There is little published literature specifically on the gender transformative approach. However, there are important literature sources that establish the link between gender equality and SRHR. Lately, there is more evidence being generated on the effects of using a gender transformative approach in policies, programmes, and practices. This evidence can be used to strengthen your advocacy for SRHR policies and practices so that it also contributes to gender equality.

Most importantly:

There is a developed body of research to support the assertion that sexual and reproductive health is critical to achieving gender equality and women’s empowerment. Women are able to participate more fully in all spheres of life when their health and well-being is addressed.

The literature also suggests that sexual and reproductive rights violations are both a cause and a consequence of gender inequality. It is not a coincidence, therefore, that in countries where gender inequality is more pronounced, we also find lower levels of health and autonomy amongst girls.

Harmful gender norms and values and imbalances of power are the root cause of gender inequality and therefore also of poor SRHR outcomes. Addressing these norms at the individual, institutional and societal level will change social inequalities and facilitate sustainable social change.

Further, there is a strongly-established international norms framework, consisting of both human rights instruments and development agreements and other documents relating to how harmful gender norms and stereotypes impact upon the realisation of sexual and reproductive rights and vice versa, to how the realisation of SRHR can contribute to gender equality.

Literature highlights that engaging men and boys in SRHR interventions, including advocacy, has transformative value. There is now recognition that ‘due to gender and power dynamics, men and boys are crucial to overcoming the barriers that hinder women and girls’ SRHR and to end violence.’ A World Health Organization (WHO) review of 58 evaluation studies of programmes seeking to engage men and boys in achieving gender equality and equity in health found that programmes rated as gender-transformative had a higher rate of effectiveness in relation to SRHR and HIV preventative behaviour change.

Recognition of the role that all genders play in shaping and transforming gender relations is crucial for advocates adopting the GTA. Here are two more in-depth examples of how transforming gender relations can strengthen comprehensive sexuality eduction (CSE) and sexual and gender-based violence (SGBV) programmes and outcomes.

Comprehensive sexuality education

The rationale of applying a gender transformative lens to (existing) advocacy on CSE can be summarised as follows:

When CSE includes a strong focus on gender, power and rights, research has shown it has a positive effect on sexual and reproductive health outcomes. For example, a review of twenty-two evaluations of sexuality and HIV education programmes found that those programmes that addressed gender or power were five times as likely to be effective in impacting knowledge, attitudes, behaviour change and health outcomes, as those that did not. Eighty per cent of these sexuality and HIV education programmes that addressed gender and power found significantly lower rates of sexually transmitted infections (STIs) or unintended pregnancies, in contrast to those that did not address gender or power. Gender transformative CSE programmes contribute to changes beyond health outcomes: the prevention and reduction of GBV, child marriage, female genital mutilation, and discrimination and an increase in gender equitable norms.

Overall, this seems to suggest that CSE provides the critical content in education systems, both formal and non-formal, to give young people access to a safe environment to challenge not just how gender norms are created and how they persist, but also to understand the consequences and impact these can have on attitudes, behaviour and SRH outcomes of people.

Furthermore, access to comprehensive information and services on SRHR is critical to realising gender equality and rights. This is reflected in several international and regional agreements and documents, in which CSE is situated within a gender equality framework, recognising the contribution that it makes to dismantling harmful gender norms and practices.

Therefore, CSE should foster self-reflection and critical thinking skills to help children and young people analyse how constructions of harmful gender norms and practices are created and perpetuated. Advocates should ensure that this gender transformative approach is integrated into policy, curricula, teacher training and whole-school approaches to CSE.

Sexual and gender-based violence

Applying a gender transformative approach to advocacy aimed at ending SGBV requires us to look beyond ‘traditional’ approaches in two important ways. Firstly, it would be good to move away from focusing on the ‘men as perpetrators and women as victims’ narrative. Secondly, advocacy must be inclusive of groups other than women and girls that experience SGBV.

To date, much of the literature on the GTA has been focused on engaging men to end SGBV; men’s engagement is one strategy for gender transformative SRHR advocacy. In general, advocacy for male engagement in preventing and ending SGBV requires a shift away from viewing men as perpetrators towards viewing men as gendered beings who are also constrained by norms, expectations and stereotypes. Evidence shows that both men and women are put at risk by gender norms and that social expectations directly affect men’s attitudes and behaviours in relation to SRH and violence.

In order to eliminate the violence, it is essential to examine the root causes of violence, including the socialisation of men, power, patriarchy and masculinities. As the majority perpetrators, the target audience for primary prevention, holders of the social norms and influencers of other men, men need to be engaged to reduce and prevent gender-based violence. There is a much broader spectrum of roles for men and boys to play than perpetrator or potential perpetrator of gender-based violence: men should also be engaged as agents of change, not only to prevent and reduce violence against women and girls, but also to free them from the limits and harms of patriarchy and dominant masculinities.

It is important to realise that violent men may have experienced or witnessed violence themselves during childhood. This is what we call the intergenerational transmission of violence. A violated child may come an abusive father, or a victim of violence once an adult. In your advocacy it is important to realise that men can also be victims of violence who are in need of help. Lastly, gender transformative CSE programmes contribute to changes beyond health outcomes: it can also contribute to the prevention and reduction of GBV, child marriage, female genital mutilation and discrimination, and an increase in gender equitable norms.

The second way in which SGBV advocacy can be gender transformative is through extending the visibility of those who experience violence beyond women, showing that they include boys, heterosexual men, and people with diverse SOGIESC. Although data on violence against trans\* individuals is not tracked systematically, hundreds are murdered around the world each year. Much of the discrimination and accompanying violence experienced by those with diverse gender identities is state-sponsored; for example, twenty-two countries in the world have laws that ban the expression of trans\* identity. Our advocacy must expose how violence plays a role in the lives of gender non-conforming individuals, simultaneously exposing the ‘root causes’ of such violence as patriarchal gender norms and expectations.

**Handout 4.2: Hypothetical case studies**

**Case study 1: Male engagement policy**

In Narnia, men tend to be the decision-makers within a household. However, when it comes to contraception, men tend to leave that responsibility to women. To encourage men to take a more active role in reproductive decision-making, Narnian policy-makers trained service providers to do community outreach with males with the aim of involving them in the contraceptive decision-making processes of female partners. After some months however, complaints arose from especially rural communities that were rolling out the new male engagement policy. Women were being turned away from health centers because their male partners did not accompany them; this had never happened before. Whilst investigating the problem, the Ministry of Health realised that health professionals were interpreting the new policy as requiring male involvement before a woman could access contraception.

**Case study 2: Youth outreach**

Young people in Narnia faced a range of barriers to accessing contraception, especially those people in rural areas where health clinics were few and far between. Socio-cultural barriers that stigmatised sex outside of marriage were also prevalent. The government of Narnia decided to roll out a policy to make contraception more accessible to under-25s. As such, they earmarked a large portion of their SRHR budget to the construction of youth centers across the country. They stocked the centers with games, books and other activities that would attract young people. Two years later, however, evaluations of the youth centers found that twice as many young men were accessing the centers as women, and no young people of diverse gender identities were attending. Interviews in these communities revealed that because young men were frequenting the youth centers, young women’s parents would not let them attend; this prevented them from accessing the services and information at the centers. Interviews with young individuals identifying as trans\* revealed that they experienced discrimination from some of the young men frequenting the center and, thus, did not feel comfortable attending.

**Case study 3: Ensuring non-discrimination**

In several platforms at the United Nations, which are responsible for drafting resolutions to reflect consensus and advance the rights of all persons, the process of ‘negotiating’ priorities between governments is common. Each member state, based on their country context, national priorities and geo-political positioning, values the advancement of certain development priorities. Civil society organisations make recommendations for advancing the rights of different groups.

In one of these negotiations, Narnia (a country in the Global South), with high rates of adolescent pregnancy and maternal mortality, was keen to advance a language proposal whereby member states would commit to ensuring access to sexual and reproductive health services for all adolescents. Recognising that many governments have legal limitations and cultural barriers that prevent girls from accessing services, Narnia made a proposal for all member states to ‘commit to creating enabling environments for all adolescents to exercise their sexual and reproductive health and rights’. Feedback to Narnia’s language proposal was a request from several member states to amend the statement to reflect as committing ‘to creating an enabling environment for adolescent girls to access sexual and reproductive health and reproductive rights.’ Given Narnia’s primary concern of ensuring adolescent girls could receive the SRH services they required, this was an acceptable proposal. However civil society groups representing individuals with diverse sexual orientation and gender identities protested, highlighting that, by only committing to these services for adolescent girls and by dropping ‘sexual rights’, Narnia was enabling member states to discriminate against adolescents based on their gender identity or expression. The delegation from Narnia reflected on their proposal and considered how they should respond.

**Handout 4.3: Outcome evaluation using a gender transformative lens: examples at each stage of the policy cycle**



Applying outcome evaluation during the planning stage of the policy cycle, when legislation and policies are being developed and adopted, is especially important. However, in every step of the cycle, advocates can ensure that the laws, policies and their implementation are gender transformative and support inclusive gender norms.

On the next page, are some examples of how advocates can apply outcome evaluation to the different step of the accountability cycle:

Planning: Adoption of laws, policies, strategies and plans

* + - * Share relevant evidence and lessons learnt on GTA with policy and decision makers, by:
* reviewing documentation of lessons learnt (successes and challenges) from previous policies and their implementation that uses a GTA
* collecting data directly from various gender groups and communities through interviews or focus groups, and involve them in determining solutions
* Advocate the advantages of policies that not only solve short-term problems but also mark the root causes of discrimination, inequality and violence
* Advocate for the creation of spaces for meaningful consultation and involvement of people who experience discrimination and violations of their rights such as young women and girls who are displaced/refugees, people with diverse SOGIESC, and/or representatives from gender groups from religious, social and ethnic minority communities.

Budgeting

Analyse the budget and how it will impact diverse gender groups, and advocate to:

* do no harm: avoiding that budget allocation for one gender group has adverse consequences for the budget allocation to another gender group, e.g. funds for engaging men and boys at the expense of marginalised groups, but rather advocate jointly with other women’s rights organisations to increase the total budget for SRHR and gender equality programmes
* ensure that there is budget allocated for implementation with special attention to gender groups that need extra support in the strategy and plan

Implementation of legislation and policies/practices

* Collect data and stories to monitor whether the implementation reaches all relevant gender groups
* Create awareness on harmful gender norms in society or specifically in relation to certain practices/the implementation of policies, e.g. through a public campaign

Monitoring and evaluation

* Make visible the populations that are made invisible by policy and programmes (f.e. people with diverse SOGIESC), and creating space for their voices to be heard in the monitoring and evaluation of policies and their implementation.
* Ensuring there are data disaggregated by sex and age and gender statistics available to inform policy makers on the outcomes achieved through the implementation. Civil society organisations may wish to collect their own data to fill gaps in current data sets that will help policy and decision makers evaluate the outcomes of policies and programmes. For example, in some countries data on SRHR is only collected from married women, thus rendering invisible the experience of unmarried women; in such cases, advocates can highlight the gaps and voices of these invisible populations, as well as advocate for funding and efforts to be devoted to the collection of more and better data from unmarried women.

Remedies

* Propose remedies based on inputs from various groups and based on data and case studies
* Advocate for meaningful engagement of diverse gender groups in the full policy cycle.

International actors/international agreements

* Using international language (e.g. from international human rights instrument ratified by your government or other commitments, see Handout 4) that supports your advocacy demand (the so-called ‘ask’).

## Advocating for improved (language in) international or regional agreements and with international actors, such as donors and multilateral organisations.

**Handout 4.4: Examples of international and
regional agreements and human rights documents**

This handout presents a non-exhaustive overview of international and regional agreements related to SRHR and the gender transformative approach. There are three tables:

1. **International human rights documents:** this table includes information on language in treaties, conventions and covenants; interpretation by Human Rights Treaty Bodies, such as general comments/general recommendations and concluding observations; and resolutions by the Human Rights Council.
2. **Other international (development) commitments, such as agreements and declarations**, for example the Programme of Action of the International Conference on Population and Development (ICPD) and the 2030 Agenda for Sustainable Development.
3. **Regional documents:** human rights as well as other (development) agreements and declarations.

In each table, samplings of language from these documents (presented in chronological order) are provided alongside a brief analysis. These samplings are meant to illustrate what basis already exists in international and regional human rights instruments, agreements, declarations etc. for inclusion of a GTA perspective in (SRHR) advocacy. And how international or regional language can be used to support and enrich (existing) advocacy on SRHR, as well as specific topics such as comprehensive sexuality education (CSE), sexual orientations, gender identities & expressions and sex characteristics (SOGIESC) and sexual and gender based-violence (SGBV).

To give some examples:

* The CEDAW Committee has emphasised that States Parties are obliged to refrain from gender stereotyping in the provision of healthcare services and to adopt measures to expose and modify gender stereotypes within the sector.[[1]](#footnote-1)
* There is language available that stresses the need to include information on gender equality in sexuality education, for example in the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa.[[2]](#footnote-2)
* A core pillar of the 2030 Agenda for Sustainable Development is ‘leaving no one behind’,[[3]](#footnote-3) which could be used for advocacy for inclusion of people with diverse SOGIESC.

Please note that the following tables are not exhaustive. If you know of additional international, and in particular regional, documents that are relevant, feel free to add them. It is also worth looking into the most recent recommendations of the Universal Periodic Review (UPR) of your country and of relevant Human Rights Treaty Bodies[[4]](#footnote-4) to the country of focus, as these country-specific recommendations might be a good basis for holding the government to account. Advocates should do further research to determine which documents are most appropriate in their context, and with which audiences.

| Document | **Language samplings** | **Analysis** |
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| **1. International human rights documents** |
| **Treaties, conventions or covenants** |
| **Convention on the Elimination of Discrimination against Women (CEDAW, 1979)**[[5]](#footnote-5)  | **Preamble:** Aware that a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women.**Article 2(f):** States Parties … undertake to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women.**Article 5:** States Parties shall take all appropriate measures: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women; ...**Article 12:** State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning (..) | The whole of this Convention relates to the elimination of discrimination against women in a range of sectors, as well as the elimination of gender stereotyping that leads to violations of women’s rights. In the Preamble of CEDAW, there is recognition of the ways in which ‘traditional roles’ and women’s roles need to change to achieve gender equality. Article 2 calls on States Parties to eliminate laws and practices that discriminate against women. This has been interpreted by the Committee as requiring States Parties to modify and transform gender stereotypes.[[6]](#footnote-6) Article 5 specifically mentions the modification of ‘social and cultural patterns of conduct’ that place one ‘sex’ (not gender) in an inferior position to the other.  |
| **Interpretation by human rights treaty bodies** |
| **CEDAW Committee. LC v Peru (2009)**[[7]](#footnote-7) | **Paragraph 7.7:** L.C. was a victim of exclusions and restrictions in access to health services based on a gender stereotype that understands the exercise of a woman’s reproductive capacity as a duty rather than a right.**Paragraph 7.12:** The lack of legislative and administrative measures regulating access to therapeutic abortion condemns women to legal insecurity insofar as protection of their rights is completely at the mercy of gender prejudices and stereotypes, as shown in the present case. The sociocultural pattern based on a stereotypical function of a woman and her reproductive capacity guided the medical decision on which the physical and mental integrity of L.C. depended, subjecting her to discrimination by placing her on an unequal footing with men with respect to the enjoyment of her human rights**Paragraph 8.15:** The Committee also considers that the facts reveal a violation of article 5 of the Convention, as the decision to postpone the surgery due to the pregnancy was influenced by the stereotype that protection of the foetus should prevail over the health of the mother. | LC v Peru was a case brought before the CEDAW Committee concerning the Peruvian government’s failure to provide abortion services to a minor who was pregnant as a result of repeated rape and required spinal surgery after attempting suicide. The doctors’ decision was condemned by the Committee on the basis of gender stereotypes that promote motherhood as an ideal state for all women, thus placing the protection of the foetus over the life and rights of the young woman. Peru was found to be in violation of Articles 5 and 12 of CEDAW.Reading article 12 together with articles 2(f) and 5 of CEDAW, the Committee has emphasised that States Parties are required to refrain from stereotyping women who are seeking health care services and to adopt measures to expose and modify harmful gender stereotypes within the health sector.[[8]](#footnote-8) |
| **CEDAW Committee, General Recommendation 28 (2010)**[[9]](#footnote-9) | **Para. 18:** Intersectionality is a basic concept for understanding the scope of the general obligations of States parties contained in article 2. The discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as race, ethnicity, religion or belief, health, status, age, class, caste and sexual orientation and gender identity. Discrimination on the basis of sex or gender may affect women belonging to such groups to a different degree or in different ways to men. States parties must legally recognize such intersecting forms of discrimination and their compounded negative impact on the women concerned and prohibit them.(..) | ‘Gender equality’ is usually used to refer to equality between those who identify as men and women. A positive development in this regard was CEDAW’s General Recommendation 28, as it refers to intersectionality and confirms that the discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as (…) sexual orientation and gender identity. |
| **Resolutions** |
| **Human Rights Council resolution 32/L.28, Accelerating efforts to eliminate violence against women: preventing and responding to violence against women and girls, including indigenous women and girls (2016)**[[10]](#footnote-10) | States are called upon ‘to take effective action to prevent violence against women and girls, including indigenous women and girls, by:**7(c)** by taking measures to empower women by, inter alia, […] implementing social and economic policies that guarantee women full and equal access to quality education, including comprehensive sexuality education.**7(e)** Engaging, educating, encouraging and supporting men and boys to take responsibility for their behaviour and to become active partners in the prevention and elimination of all forms of discrimination and violence against all women and girls, including indigenous women and girls, and to end the stigmatisation of victims and survivors of violence by encouraging a change in attitudes, perceptions of masculinity, gender stereotypes and other norms and behaviour through the promotion of gender equality;’ | This 2016 HRC resolution explicitly mentions the various roles men and boys can take to prevent discrimination and violence against women and girls. And it promotes a change in attitudes and perceptions of masculinity. These new roles for men are gender transformative. |
| **Human Rights Council resolution 35/L.15, Accelerating efforts to eliminate violence against women: engaging men and boys in preventing and responding to violence against women and girls (2017)**[[11]](#footnote-11) | Recognising the importance of investment to close resource gaps for achieving gender equality and the empowerment of all women and girls, and that resources for gender equality initiatives for men and boys should build upon rather than compromise opportunities and resources for women and girls,**6.** Also recognises the critical role of men and boys in preventing and eliminating all forms of discrimination and violence against women and girls in both the public and private spheres, and urges States to design and implement national policies and programmes that address the roles and responsibilities of men and boys in the promotion of gender equality;**7.** Urges States to condemn strongly and publicly all forms of violence against women and girls in all settings, public and private, and to refrain from invoking any custom, tradition or religious consideration to avoid their obligations with respect to its elimination, including by eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation;**9.(b)** Addressing the root causes of gender inequality, including gender stereotypes and negative social norms, attitudes and behaviours, and socioeconomic drivers of violence, and unequal power relations such as patriarchal norms that view women and girls as subordinate to men and boys and that normalise, condone or perpetuate discrimination and violence against women and girls;**10.(a)** Ensuring that all initiatives on preventing and ending violence against women and girls aimed at engaging men and boys are designed and promoted with the aim of ensuring that the concerns of women and girls, their rights, their empowerment, their safety and their equal and meaningful participation in decision-making at all levels are prioritised;**10.(c)** Holding persons in positions of authority, such as teachers, religious leaders, traditional authorities, politicians and law enforcement officials, accountable for not complying with and/or upholding laws and regulations relating to violence against women and girls, in order to prevent and respond to such violence in a gender-sensitive manner, to end impunity and to avoid the abuse of power leading to violence against women and girls and the revictimisation of victims/survivors of such violence; | The resolution was led by Canada and co-sponsored by over 80 countries. It goes further than the above resolution from 2016, as it makes explicit that gender transformation is needed in order to eliminate all violence against women and girls (even though the term gender transformation is not used), by making reference to ‘addressing the root causes of gender inequality, including gender stereotypes and negative social norms, attitudes and behaviours, (…)’ (paragraph 9b). By indicating that resources made available by states for engaging men and boys should not compromise resources for women and girls, the do no harm principle (which is part of outcome evaluation) has been applied. Another example is paragraph 10a. (see Handout 4.3 on outcome evaluation for more information).New agreed language was achieved on patriarchal norms, holding persons in positions of authority, such as religious leaders (among others) accountable for not complying with and/or upholding laws and regulations relating to violence against women and girls, and recognising that structural and institutional discrimination against women compounds violence experienced. |
| **2. Other international (development) commitments** |
| **Treaties, conventions or covenants** |
| **International Conference on Population and Development: Programme of Action (1994)[[12]](#footnote-12)** | **4.1:** (…)In all parts of the world, women are facing threats to their lives, health and well- being as a result of being overburdened with work and of their lack of power and influence. …The power relations that impede women’s attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. (…)**4.4:** Countries should act to empower women and should take steps to eliminate inequalities between men and women as soon as possible by: …(c) Eliminating all practices that discriminate against women; assisting women to establish and realise their rights, including those that relate to reproductive and sexual health;**4.16:(a)** To eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection;.**4.17:** Overall, the value of girl children to both their family and society must be expanded beyond their definition as potential child-bearers and caretakers and reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live. (…) **4.24:** (…)Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. (…) | Throughout the ICPD Programme of Action (PoA), there is implicit and explicit recognition of the disadvantaged position that women occupy in relation to men. In the middle column are just a few examples of language from the PoA that highlight the gender norms that threaten women’s lives, well-being and health. Whilst progressive in relation to women’s empowerment and the need to transform relations between men and women, the PoA’s language does not convey a transformative approach that would free all people from harmful and destructive sexual and gender norms. The ICPD PoA is binary in its approach, meaning it does not recognise all genders.  |
| **Beijing Declaration and Platform for Action (1995)**[[13]](#footnote-13) | **90:** (…)Health policies and programs often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health. Women’s health is also affected by gender bias in the health system and by the provision of inadequate and inappropriate medical services to women.**92:** (…)The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making are social realities which have an adverse impact on their health. (…) | The Platform for Action (PfA) recognises the gender bias inherent in many systems, including health and education, as well as the disproportionate burden that is placed upon women in relation to family and reproduction, amongst other issues. The PfA calls for recognition of these violations and calls for men to share equal responsibility in these matters.  |
| **The Yogyakarta Principles (2006) and The Yogyakarta Principles plus 10 (YP+10)**[[14]](#footnote-14) | The 2006 principles include: **1. The Right to the Universal Enjoyment of Human Rights** (…)**2. The Rights to Equality and Non-discrimination** (…)**3. The Right to Recognition Before the Law** Everyone has the right to recognition everywhere as a person before the law. Persons of diverse sexual orientations and gender identities shall enjoy legal capacity in all aspects of life. (…)**4. The Right to Life.** (…)**5. The Right to Security of the Person** Everyone, regardless of sexual orientation or gender identity, has the right to security of the person and to protection by the State against violence or bodily harm, whether inflicted by government officials or by any individual or group. (…)**17. The Right to the Highest Attainable Standard of Health** Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right.States shall: (…)**F.** Ensure that all sexual and reproductive health, education, prevention, care and treatment programmes and services respect the diversity of sexual orientations and gender identities, and are equally available to all without discrimination; (…)**H.** Ensure that all health service providers treat clients and their partners without discrimination on the basis of sexual orientation or gender identity, including with regard to recognition as next of kin; **The Yogyakarta Principles plus 10 (YP+10)** includes: **32. The Right to Bodily and Mental Integrity** Everyone has the right to bodily and mental integrity, autonomy and selfdetermination irrespective of sexual orientation, gender identity, gender expression or sex characteristics. Everyone has the right to be free from torture and cruel, inhuman and degrading treatment or punishment on the basis of sexual orientation, gender identity, gender expression and sex characteristics. (…) | These are considered a seminal agreement, drafted by experts on the application of international human rights law to SOGI. The group affirmed the application of binding international legal standards to SOGI, setting out 29 principles that affirm the obligation of states to implement these rights.The Yogyakarta Principles plus 10 (YP+10) affirmed the continuing validity of the original 29 Yogyakarta Principles and provided a number of additional principles, one of which is partly included in this table. Whereas the 2006 principles refer to sexual orientation and gender identity (SOGI), the YP+10 document refers to principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC).  |
| **Sustainable Development Goals (SDGs): 2030 Agenda for Sustainable Development (2015)**[[15]](#footnote-15) | **Para 20** (under the section ‘The New Agenda’): Realising gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets. The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities. Women and girls must enjoy equal access to quality education, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels. We will work for a significant increase in investments to close the gender gap and strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels. All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys. The systematic mainstreaming of a gender perspective in the implementation of the Agenda is crucial.**Para 26:** To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. (…)**Target 4.7:** By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, (…) **Target 5.1:** End all forms of discrimination against all women and girls everywhere**Target 5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation **Target 5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation **Target 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 for Action and the outcome documents of their review conferences (…)**Target 5.C:** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels | The introductory text to the SDGs mentions gender equality as crucial to achieving progress, including the importance of engaging men and boys (point 20)A core pillar in the document is to leave no one behind (e.g. in point 4 and 26). This notion of ‘leaving no one behind’ could be used for advocacy for inclusion of persons with diverse SOGIESC.SDG 5 is focused on gender equality, with many relevant targets and indicators related to eliminating violence, ensuring equal pay and access to SRH services. However, the language used is still very binary; no mention is made of the violence or discrimination experienced by transgender individuals, for example. Regardless, efforts to reform policy, law and programmes at the national level in line with the SDGs are opportunities to be inclusive of those with diverse gender identities and expressions. Target 5.6 calls for ‘universal access’ to SRH, which is inclusive of all people. ‘Universal access’ could be used to advocate for policies and programmes that address the needs of persons with diverse SOGIESC.  |
| **3. Regional documents** |
| Treaties, conventions or covenants |
| **AFRICA****Maputo Protocol. Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (2003)**[[16]](#footnote-16) | **Article 2(2):** States Parties shall commit themselves to modify the social and cultural patterns of conduct of women and men through public education, information, education and communication strategies, with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on stereotyped roles for women and men. **Article 4(2):** States Parties shall take appropriate and effective measures to: ...c) identify the causes and consequences of violence against women and take appropriate measures to prevent and eliminate such violence; d) actively promote peace education through curricula and social communication in order to eradicate elements in traditional and cul-tural beliefs, practices and stereotypes which legitimise and exacerbate the persistence and tolerance of violence against women; | The Maputo Protocol, as it is known, adopts a progressive, gender transformative approach to the realisation of rights that recognises that harmful practices and inequalities result from stereotyped roles and the idea of inferiority of women. States are obliged to address such root cases. Similar to other international human rights agreements, however, the goal is equality between men and women, without a recognition of other diverse gender identities that exist.  |
| **AFRICA****Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa (ESA, 2013)**[[17]](#footnote-17) | **Article 2.2.5:** (…) When sexuality education includes a strong focus on rights and gender, greater benefits are possible[[18]](#footnote-18)**Article 3.9:** Strengthen gender equality and rights within education and health services including measures to address sexual and other forms of violence, abuse and exploitation in and around school and community contexts whilst ensuring full and equal access to legal and other services for boys and girls, young men and women. | The ESA commitment is specifically relevant for the rela-tion between CSE and gender. It also recognises that when gender is included, CSE will be more effective. In article 2.2.5. references are made to the research by the Population Council on the inclusion of rights and gender in CSE.  |
| **AFRICA****Resolution 275 of the African Commission on Human and Peoples’ Rights. (2014)**[[19]](#footnote-19) | **3.** Calls on State Parties to ensure that human rights defenders work in an enabling environment that is free of stigma, reprisals or criminal prosecution as a result of their human rights protection activities, including the rights of sexual minorities; and**4.** Strongly urges States to end all acts of violence and abuse, whether committed by State or non-state actors, including by enacting and effectively applying appropriate laws prohibiting and punishing all forms of violence including those targeting persons on the basis of their imputed or real sexual orientation or gender identities, ensuring proper investigation and diligent prosecution of perpetrators, and establishing judicial procedures responsive to the needs of victims. | Key document on sexual orientation and gender identity at regional level in Africa in regard to ongoing human rights abuses against LGBTI persons in Africa and the criminalisation of homosexuality in a substantial number of African States. |
| **ASIA** **Economic and Social Commission for Asia and the Pacific Sixth Asian and Pacific Population Conference, Bangkok (2013)**[[20]](#footnote-20)  | **110.** Provide a comprehensive package of sexual and reproductive health information and other services that includes adequate counselling, information and education, access to a full range of acceptable, affordable, safe, effective and high-quality modern contraceptives of choice, comprehensive maternity care, including prenatal and postnatal care, access to safe abortion under the criteria permitted by law, post-abortion care, safe delivery services, prevention and treatment of infertility, prevention and treatment of sexually transmitted infections, HIV and reproductive cancers and other communicable and non-communicable diseases, employing a rights-based approach, paying particular attention to women, newborns, adolescents, youth, and hard-to-reach and underserved groups;  | Governments adopted the Declaration by a vote of 38 to 3, with 1 abstention. Some governments recorded reservations regarding references in the agreement to ‘sexual rights’ and ‘sexual orientation and gender identity’. It calls for universal and equitable access to comprehensive sexual and reproductive health services and information, access to contraceptive services for all couples and individuals, further reductions in maternal deaths, and universal access to HIV prevention, treatment, care and support. The Declaration emphasises the promotion of gender equality and calls for an end to gender-based violence and child and forced marriage |
| **Latin America and the Caribbean** **The Montevideo Consensus on Population and Development (2013)**[[21]](#footnote-21) | **12.** Implement comprehensive, timely, good-quality sexual health and reproductive health programs for adolescents and young people, including youth-friendly sexual health and reproductive health services with a gender, human rights, intergenerational and intercultural perspective, which guarantee access to safe and effective modern contraceptive methods, respecting the principles of confidentiality and privacy, to enable adolescents and young people to ex-ercise their sexual rights and reproductive rights, to have a responsible, pleasurable and healthy sex life, avoid early and unwanted pregnancies, the transmission of HIV and other sexually transmitted infections, and to take free, informed and responsible decisions regarding their sexual and reproductive life and the exercise of their sexual orientation;**14.** Prioritize the prevention of pregnancy among adoles-cents and eliminate unsafe abortion through comprehensive education on emotional development and sexuality, and timely and confidential access to good-quality information, counselling, technologies and services, including emergency oral contraception without a prescription and male and female condoms;**34.** Promote policies that enable persons to exercise their sexual rights, which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and that guarantee the right to information and the means necessary for their sexual health and reproductive health; | The Montevideo Consensus is the Latin America and Caribbean regional framework for the further implementation of the Cairo International Conference on Population and Development Programme of Action (1994).They agreed to ensure that there are safe and quality abortion services available for women with unwanted pregnancy in cases where abortion is legal, and urge the States to progress on the amendment of public policies and laws on the voluntary interruption of pregnancy to protect the lives and health of women and adolescents.Groundbreaking language on sexual rights and strong commitments to promoting sexual and reproductive health and rights for youth and indigenous people, to ensuring access to emergency contraception without a prescription and to male and female condoms, and to pro-tecting marginalised groups such as sex workers and lesbian, bisexual, and transgender women from violence and discrimination.With article 34 governments agreed to a definition of ‘sexual rights’ for the first time in an inter-governmental negotiation. |

**Handout 4.5 Key concepts from international and regional language**

Highlighting some key concepts found in international and regional language that relate to GTA

**Equality and non-discrimination**

The principles of equality and non-discrimination are part of the foundations of the international human rights framework and are thus an important entry-point to advocate for inclusion of all people. Article 2 of the Universal Declaration of Human Rights (UDHR), for example, states that every human being is entitled to all rights and freedoms *“without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”*.[[22]](#footnote-22) While the grounds in this article and other similar articles – such as article 26 of the International Covenant on Civil and Political Rights, article 2 of the African Charter on Human and Peoples’ Rights and article 14 of the European Convention on Human Rights – do not explicitly contain sexual orientation or gender identity, these grounds are not exhaustive, as can be deducted from the words “such as” in these articles.[[23]](#footnote-23)

**Gender equality**

In international agreements, as well as in national legislation, ‘gender equality’ is usually used to refer to equality between those who identify as men and women. A positive development in this regard was CEDAW General Recommendation 28, which refers to intersectionality and confirms that the discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as (…) sexual orientation and gender identity.[[24]](#footnote-24)

**Gender stereotyping[[25]](#footnote-25)**

Two international human rights instruments - the Convention on the Elimination of Discrimination against Women (CEDAW)[[26]](#footnote-26) and the Convention on the Rights of Persons with Disabilities (CRPD)[[27]](#footnote-27) – refer specifically to states’ obligations to address gender stereotyping. CEDAW requires States Parties to take all appropriate measures to modify the social and cultural patterns of conduct of men and women in an effort to eliminate practices that are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women. Whilst based in a binary understanding of gender, addressing gender stereotypes may be seen by advocates as an ‘in road’ toward helping to free all people from harmful norms. At the same time, other treaty monitoring bodies have interpreted the rights to non-discrimination and equality as requiring the elimination of stereotypes, including gender stereotypes.

**Root causes**

Addressing the ‘root causes’ of harmful practices and unequal power dynamics requires a recognition of the gender norms that perpetrate them. For example the 2017 Human Rights Council (HRC)[[28]](#footnote-28) resolution on accelerating efforts to eliminate violence against women calls on States to engage men and boys to take responsibility and be held accountable for their actions in public and private spheres (including online) and to challenge gender stereotypes and negative social norms, behaviours and attitudes that are among the root causes of violence against women and girls. Quite often, the term ‘root causes’ is used to advocate for sustainable, impactful policies and practices that not only address the manifestations of gender inequality but, also, the norms that underlie them.

**Universal access to ...**

Achieving universal access to health services is part of the 2030 Agenda for Sustainable Development (the SDGs).[[29]](#footnote-29) The use of this term, which is widely used in public health, is an opportunity for advocates to highlight the ‘access differential’ between individuals and groups with diverse needs. For example, universal access to contraception requires different approaches for those people who are female, male, trans\*, young, rural, urban, disabled, etc. Increasing access to sexual and reproductive services for these groups must take into account the specific barriers of these groups, recognising the overlapping, intersectional nature of these factors.

1. OHCHR (2013). [↑](#footnote-ref-1)
2. ESA (2013). [↑](#footnote-ref-2)
3. UN General Assembly (2015), Transforming our world : the 2030 Agenda for Sustainable Development, A/RES/70/1, <https://sustainabledevelopment.un.org/post2015/transformingourworld>. [↑](#footnote-ref-3)
4. Consider for example the general observations of the CEDAW committee, the Committee on Economic, Social and Cultural Rights and the Committee on the Rights of the Child. [↑](#footnote-ref-4)
5. CEDAW (1979). [↑](#footnote-ref-5)
6. OHCHR (2013). [↑](#footnote-ref-6)
7. CEDAW Committee (2011). [↑](#footnote-ref-7)
8. OHCHR (2013). [↑](#footnote-ref-8)
9. CEDAW Committee (2010). [↑](#footnote-ref-9)
10. Human Rights Council resolution 32/L.28/Rev.1 (2016). [↑](#footnote-ref-10)
11. Human Rights Council resolution 35/L.15 (2017). [↑](#footnote-ref-11)
12. UN Population Fund (UNFPA), Program of Action (1994). [↑](#footnote-ref-12)
13. United Nations (1995). [↑](#footnote-ref-13)
14. International Commission of Jurists (2007) and International Commission of Jurists (2017) [↑](#footnote-ref-14)
15. UN General Assembly (2015). [↑](#footnote-ref-15)
16. African Union (2003). [↑](#footnote-ref-16)
17. ESA (2013). [↑](#footnote-ref-17)
18. Population Council (2009). It’s All One Curriculum. [↑](#footnote-ref-18)
19. African Commission on Human and Peoples’ Rights (2014). [↑](#footnote-ref-19)
20. Economic and Social Commission for Asia and the Pacific (2013). [↑](#footnote-ref-20)
21. Regional Conference on Population and Development in Latin America and the Caribbean (2013). [↑](#footnote-ref-21)
22. UN General Assembly (1948). [↑](#footnote-ref-22)
23. OHCHR (2003). [↑](#footnote-ref-23)
24. CEDAW Committee (2010). [↑](#footnote-ref-24)
25. Based on: OHCHR-Commissioned Report (2013). [↑](#footnote-ref-25)
26. CEDAW (1979). [↑](#footnote-ref-26)
27. CRPD (2006), art. 8. [↑](#footnote-ref-27)
28. Human Rights Council 35/L.15 resolution (2017). [↑](#footnote-ref-28)
29. UN General Assembly (2015). [↑](#footnote-ref-29)