



Commentary

Searching for the Second R in Sexual and Reproductive Health and ... Rights



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A B S T R A C T

Sexual and reproductive health and rights have gained prominence in the HIV response. The role of sexual and reproductive health in underpinning a successful approach to HIV prevention, treatment, care, and services has increasingly been recognized. However, the “second R,” referring to sexual and reproductive rights, is often neglected. This leads to policies and programs which both fail to uphold and fulfill these rights and which fail to meet the needs of those most affected by HIV by neglecting to take account of the human right-based barriers and challenges they face. In this commentary, the authors draw on the approach and practical experiences of the Link Up program, and the findings of a global consultation led for and by young people living with and most affected by HIV, to present a five-point framework to improve programming and health outcomes by better protecting, respecting, and fulfilling the sexual health and reproductive rights of young people living with and most vulnerable to HIV.

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While the language of sexual and reproductive health and rights (SRHR) has become more prominent in the HIV response, the second “R” referring to sexual and reproductive rights is often poorly understood, contested, or purposefully neglected/omitted in policies and programs (see “Rights critical to the realization of

sexual health...”). The HIV response has demonstrated the necessity of a community-driven, right-based approach [1–3], as have efforts to align and integrate HIV and sexual and reproductive health (SRH) services [4].

Young people living with and most affected by HIV (including young people from key populations (defined by UNAIDS as people living with HIV, men who have sex with men, sex workers, people who inject drugs, and transgender women), young women and girls, and other young people made vulnerable to HIV acquisition by their age, economic status, sexual orientation, or gender identity) face legal and sociocultural barriers to realizing SRHR, both on account of their age and on account of their association with marginalized or stigmatized groups [5]. Stigma, discrimination, and criminalization linked to factors like HIV status, sexual orientation, sex work, gender

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identity, or drug use compound barriers already experienced by young people (particularly those under 18 years), limiting their access to information, services, and choice. Similarly, a continued failure to consistently respect, protect, and fulfill sexual and reproductive rights fuels high levels of HIV prevalence, transmission, and mortality among adolescents, young women, and other groups most affected by HIV [6].

International commitments such as the International Conference on Population and Development Programme of Action [7] and the Sustainable Development Goals (SDGs) [8], while acknowledging the role of reproductive rights in achieving related health outcomes, have not acknowledged sexual rights at all, much less as integral for achieving health and equity. (The SDG framework references SRH prominently—in the preamble, in goal 3 [health], and in goal 5 [gender equality]—but notably divorces it from rights, a word that appears only once in clear relation to reproductive rights [under goal 5]. There is no reference to sexual rights, SOGI, comprehensive sexuality education, abortion, or to people living with HIV or from key populations—which weakens the entire SDG framework). The omission of rights language in relation to sexual and reproductive health in international agreements allows governments to “opt out” of highly contested issues such as safe abortion and postabortion care, comprehensive sexuality education, and decriminalizing sex work and same sex practices.

The full inclusion of sexual and reproductive rights in legislation, policies, and programming can support more effective services, more able to identify and meet the needs of young people most affected by HIV. This is demonstrated by the success of a right-based approach in the Link Up project, where the leadership of young people living with and affected by HIV enabled an overall approach that recognized and upheld the sexual and reproductive rights of young people (see Stackpool-Moore et al., this supplement). Elsewhere in this supplement, colleagues discuss the success of this approach. Vu et al. describe how validating a tool to identify inequitable gender norms held by young people in different stages of development supports the right to gender equality. Geibel et al. show how an intervention to reduce stigma among health care providers enables young people to access services free from discrimination. Aung et al. demonstrate how the effectiveness of an integrated service for young men who have sex with men supports their right to information.

Our commentary proposes a five-point, rights-based framework for SRHR programming and advocacy designed by and for young people living with and most affected by HIV. It is a call to national governments, policy and program developers, civil society, and advocates to be mindful of the absence of sexual rights from the Sustainable Development Framework, to safeguard our SRHR progress to date, and to acknowledge the foundational role of rights in securing sexual and reproductive health for all as well as the inherent value of sexual and reproductive rights as central to a free, happy, and enjoyable life.

1. Rights: Gains and Gaps in the HIV Response

Sexual and reproductive rights refer to the set of existing human rights that must be realized as ends in themselves and in order to achieve sexual and reproductive health (see Box 1). Advancing these rights not only increases access to services, but creates the freedom to choose health—to make and enact decisions that protect and enhance health, well-being, and ultimately, human development. Freedom from violence or fear of

Box 1. What are Sexual Rights?

Rights critical to the realization of sexual health include the rights to:

- ◆ equality and nondiscrimination
- ◆ be free from torture or cruel, inhumane, or degrading treatment or punishment
- ◆ privacy
- ◆ the highest attainable standard of health (including sexual health) and social security
- ◆ marry and to found a family and enter into marriage with the free and full consent of the intending spouses and to equality in and at the dissolution of marriage
- ◆ decide the number and spacing of one's children
- ◆ information as well as education
- ◆ freedom of opinion and expression
- ◆ an effective remedy for violations of fundamental rights

Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination. (World Health Organization, Developing sexual health programs: a framework for action. Geneva: WHO, 2010.)

violence, access to justice, nondiscrimination, and personal autonomy are all equally important and interlinked human rights. They underpin individual agency to pursue a healthy and pleasurable sexual life without fear of unwanted pregnancy or sexually transmitted infections, loss of bodily integrity or identity—all key components of the right to the highest attainable standard of health [9–11].

A transformative legacy of the HIV response is the legacy of a founding architect of it, Dr. Jonathan Mann (Jonathan Mann founded the World Health Organization's Global Programme on AIDS in 1986 and was a pioneer in advocating combining public health, ethics, and human rights) [12]. Mann's articulation of and determined action to bring health and human rights together and to advance rights as fundamental to the HIV response ushered in an era where the role of civil society and the principle of participation became paramount. A further legacy of Dr. Mann and of decades of mobilization by affected communities is the progress we witness in long-contested areas of: upholding the fertility choices of women living with HIV; collective action by sex workers to ensure safety with clients, access to services, and protection from unfair policing; greater visibility and inclusion of lesbian, gay, bisexual, and transgender communities; and harm reduction for communities of people who use drugs. These, among other right-based approaches, have shown positive results in reducing vulnerability to HIV, onward HIV transmission [13–15], and the enjoyment of dignity for individuals who have, in many instances, been sidelined by society.

2. How Do Sexual and Reproductive Rights—or Lack Thereof—Impact the Lives of young People Living With and Most Affected by HIV?

Barriers to realizing SRHR experienced by young people living with and most affected by HIV were documented through a consultation supported by Link Up partners ATHENA Network

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