



Sexual Rights for All

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Sexual rights cannot be ignored

SWEDEN IS STRONGLY COMMITTED TO and perceived as a champion of sexual and reproductive health and rights (SRHR). Although recognition of the connection between SRHR and poverty reduction has grown in development circles, there is a tendency to favor reproductive rights over sexual rights, despite the progressive plans of action in Cairo in 1994 and Beijing in 1995. The Swedish International Development Cooperation Agency (Sida) wants to again put the spotlight on the importance of sexual rights.

Sweden's point of departure is that development is ultimately driven by people's own willingness and ability to improve their circumstances. The individual is the central subject of development and it is important to create a favorable environment in which every individual enjoys all sexual rights and can take an active part in the development. When sexual rights are respected individuals are empowered to make choices that can affect and improve their lives.

THE UNIVERSAL DECLARATION OF HUMAN RIGHTS and several human rights treaties, ratified by most countries, already embrace sexual rights, even though they are not explicitly stated. Sexual rights are implicit in the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention of the Rights of the Child. The Millennium Declaration and the Yogyakarta Principles also encompass these rights. Sexual rights are human rights and apply to everyone. It is the duty of all governments to respect, protect and fulfill these rights.

THE AIM OF THIS BROCHURE *Sexual Rights for All* is to encourage a frank discussion about sexual rights as human rights and their role in development. This brochure gives a few examples of Sida-supported programs that strengthen sexual rights and create circumstances that enable people to change and improve their lives.

"[Reproductive health] also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

FROM THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, CAIRO, 1994

Human rights comprise the right of women to freely, and without coercion, discrimination or control, make choices related to their sexuality and sexual and reproductive health.

FROM THE JOINT PROGRAMME OF ACTION OF THE UN FOURTH WORLD CONFERENCE ON WOMEN, BEIJING, 1995

What is sexuality?

ONE OF THE MOST COMPREHENSIVE DEFINITIONS OF SEXUALITY can be found in the World Health Organization’s *Defining Sexual Health* from 2006:

*Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.*¹

This definition goes beyond ideas of what is “natural” or “normal”; it invites deeper questions about how working with sexuality can further a rights-based approach to development, rather than reinforce norms that undermine human rights.

THROUGHOUT HISTORY THE STATE, religious authorities and other social institutions have sought to regulate sexuality and sexual expression, prescribing some forms of relationship – heterosexual marriage, for example – and proscribing others, such as love between young, unmarried adolescents or homosexuals.

Sexuality is a charged and taboo topic in many parts of the world, even though sexuality and the pleasure we derive from it is an intrinsic part of being human. Issues related to sexuality can be fraught with confusion, unease, shame and conflict due to cultural, religious, political, social and economic factors outside the control of individuals, particularly those with less power in societies. For these reasons, sexual rights do not receive the attention they deserve. Sexuality and sexual rights cannot be understood without reference to gender and power relations, nor can they be seen as separate from human rights.

¹ Defining Sexual Health, World Health Organization, 2006, www.who.int/reproductive-health/gender/sexual_health.html

Sexuality and gender

MOST GIRLS AND BOYS GROW UP learning that differences between their bodies mean differences in how they are treated, in how they are expected to behave, in what they are praised and criticized for and in what they are allowed to do.

In many societies, girls and women are held in low esteem. A lack of economic resources and power relative to men restrict their ability to make independent choices, which can have a negative impact on their health and well-being. Gender-based violence, female genital cutting and child or early marriage are just some of the physical effects and human rights violations women and girls can face due to inequality. Another consequence of inequality regards ownership. In many countries women are denied equal access to own and inherit land, housing and property.

SOCIAL NORMS AND VALUES MAKE IT HARD for women to enjoy an independent sexual existence. Women and girls are frequently held to different standards than boys and men. It is often more acceptable for men to have extramarital affairs, masturbate, ask for sex and enjoy certain forms of bodily pleasure, such as orgasm.

Culture and tradition can be used as excuses to oppress young people and women and to discriminate against groups and individuals who do not fit established sexual and gender norms. Culture and tradition are not static, however. They are evolving processes that change over time. This insight must be nurtured.

FROM A RIGHTS PERSPECTIVE, SEXUALITY MATTERS because it is about power. Without the basic right and power to decide over our own bodies and fundamental life choices, many other human rights become unattainable. When women have choices, such as if, when and with whom to marry or enter a partnership, or if and when to have children, they can participate on a more equal footing with men in society. Although young women and men have the right to knowledge, information, services and participation in decision-making fora, this is far from a reality in many places.



PHOTO: COURTESY OF INTERNATIONAL PLANNED PARENTHOOD FEDERATION

“When you only target maternal mortality it’s as though the only thing women want is not to die. Women also want access to sexual and reproductive health services and information (and rights) that empowers them to make choices.”

**MARIA ANTOINETA ALCALDE,
DEPUTY DIRECTOR OF PUBLIC
AFFAIRS, INTERNATIONAL
PLANNED PARENTHOOD
FEDERATION, WESTERN
HEMISPHERE REGION**

“The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.”

PARAGRAPH 96, BEIJING PLATFORM FOR ACTION, 1995

“In SRHR work in practice, female sexuality in particular, tends to be subsumed under reproduction, with rights sidelined in favour of services, and women’s rights sidelined for mothers’ health concerns.”

SIDA CONCEPT PAPER “SEXUALITY – A MISSING DIMENSION IN DEVELOPMENT”

What are sexual rights?

SEXUAL RIGHTS ARE UNIVERSAL HUMAN RIGHTS based on the inherent freedom, dignity and equality of all human beings. They are interrelated and sometimes overlap with reproductive rights, but they are not synonymous with reproductive rights. Sexual rights encompass a broader aspect of life than reproductive rights. The reason why reproductive rights are more often referred to is perhaps because they are considered less provocative than sexual rights.

Sexual rights include the right to choose one’s sexual partner, to control one’s own body, to experience sexual pleasure, to not be abused or violated, to freely choose contraceptive methods, have access to safe and legal abortion, have access to information about prevention of sexually transmitted infections (STIs) and comprehensive sexuality education.

Reproductive rights, as defined by the World Health Organisation (WHO), are based on the recognition of the fundamental right of all couples and individuals to decide freely and responsibly over the number, spacing and timing of their children and to have the information and means to do so, as well as the right to attain the highest standard of sexual and reproductive health.

SEXUAL RIGHTS ARE SELDOM SPELLED OUT explicitly, even though they are implicitly contained in human rights declarations and treaties. Despite far-reaching human rights guarantees, discrimination in law and practice against women, girls and people with sexual identities not condoned by some societies, is entrenched in many parts of the world.

Sexual rights are important for everyone, irrespective of gender, age, ethnicity or sexual identity. They include positive aspects of pleasure, love, free choice, bodily integrity and sexual identity. These aspects of sexual rights, however, can be threatening to traditional institutions, religious and political power centers, and even to some individuals. Therefore, it is important to demystify the content and implications of fulfilling sexual rights through information and advocacy.

The possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence is a goal in itself – for women and men, girls and boys, persons with disabilities, homosexuals, transgender people, persons living with HIV and other groups who often experience discrimination.

SEXUAL RIGHTS AS DEFINED BY WHO EXPERTS IN 2006

SEXUAL RIGHTS EMBRACE HUMAN RIGHTS THAT ARE ALREADY RECOGNISED IN NATIONAL LAWS, INTERNATIONAL HUMAN RIGHTS DOCUMENTS AND OTHER CONSENSUS STATEMENTS. THEY INCLUDE THE RIGHT OF ALL PERSONS, FREE OF COERCION, DISCRIMINATION AND VIOLENCE TO:



PHOTO: ANTHONY PLUMMER | LONELY PLAN | SCANPIX

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

THE RESPONSIBLE EXERCISE OF HUMAN RIGHTS REQUIRES THAT ALL PERSONS RESPECT THE RIGHTS OF OTHERS.”

THE WORLD HEALTH ORGANIZATION (WHO) arranged a meeting of experts in 2006, during which sexual rights were defined. This WHO expert list is referred to around the world as “The Sexual Rights”. Other organizations, such as the World Association for Sexual Health (WAS) and the International Planned Parenthood Federation (IPPF), have published declarations of sexual rights that are even more comprehensive.

ACCORDING TO IPPF, “SEXUAL RIGHTS REFER TO SPECIFIC NORMS that emerge when existing human rights are applied to sexuality. These rights include freedom, equality, privacy, autonomy, integrity and dignity of all people; principles recognized in many international instruments that are particularly relevant to sexuality. Sexual rights offer an approach that includes but goes beyond protection of particular identities. Sexual rights guarantee that everyone has access to the conditions that allow fulfillment and expression of their sexualities free from any coercion, discrimination or violence and within a context of dignity.”²

All of these declarations affirm the right to make choices regarding one’s sexuality. These choices and rights empower people to influence the direction of their own lives and society.

2 Sexual Rights: An IPPF Declaration, IPPF, London, October 2008.

Sexual rights are essential from a development perspective

THERE ARE CLEAR LINKS between sexual rights and poverty. Poverty prevents the full realization of sexual and reproductive health and rights, and a lack of sexual rights produces a host of poverty-related outcomes, from social exclusion and physical insecurity to greater vulnerability to STIs, HIV and AIDS, hunger and death.

A lack of information on the risks of unprotected sex or lack of access to condoms, for example, contributes to the spread of infectious diseases such as HIV, unwanted pregnancy, unsafe abortion and maternal mortality—all of which have negative effects on social and economic development.

THERE ARE MANY NEGATIVE CONSEQUENCES deriving from a lack of sexual rights. Sexual rights violations can lead to hunger, insecurity, powerlessness and limited access to health and education because of discrimination against non-conforming sexual behavior. Physical aggression against lesbian, gay, bisexual or transgender (LGBT) people or the threat of female genital cutting of young girls creates insecurity, especially for poorer and already powerless people. Police abuse of sex workers and transgender people leads to a lack of power for these groups.

Discrimination on the basis of sexual orientation or marital status in the healthcare and medical system can prevent access to health insurance or proper medical care, can leave many people outside social networks and may push them into poverty.

Bullying in schools and discrimination due to machismo and homophobia and limited access to comprehensive non-discriminatory sexuality education can make it harder for young people to build self-esteem and self-identity. This weakens their chances of taking part in society on equal terms.

IN MANY COUNTRIES GIRLS ARE PREVENTED FROM PARTICIPATING in school during menstruation, if pregnant or even due to sexual harassment. Women who are restricted in their mobility because their husbands want to protect the honor and reputation of their wives will miss out on participating in social, educational and economic opportunities.

Another example of how a lack of sexual rights influences development can be seen in the power relations within the family. The power dynamic determines who makes the deci-



PHOTO: XINHUA | SCANPIX

IN THE MAPUTO DECLARATION OF 2006 African heads of state affirmed that addressing poverty and SRHR are mutually reinforcing. Further, the declaration affirms that African leaders have a civic obligation to respond to the sexual and reproductive health needs and rights of their people.

THE MAPUTO PLAN OF ACTION WAS ADOPTED by health ministers from 48 countries in Africa in 2006. It states that poverty reduction cannot be achieved, nor the MDGs reached, without more work on SRHR.



PHOTO: PERNILLA NORSTRÖM/SAVE THE CHILDREN

sions on land use and who benefits from increased outputs due to agricultural extension.

BECAUSE SEXUALITY IS SO MULTIFACETED and controversial, there is often confusion about how best to address sexuality-related issues and development. Development agencies sometimes address sexuality only in relation to physical health and disease prevention, if at all, or portray women as victims of trafficking and gender-based violence instead of as actors and survivors with their own agency.

In other words, sexuality is thought of as a problem to be solved with technical solutions, not as an arena for empowering people from a rights-based perspective. For example, while youth clinics provide valuable health services, they can and should also be a place to encourage discussions about gender equality and relations.

Ensuring that sexual rights are promoted and respected is an enormous challenge requiring a holistic, multi-sectoral approach that includes health services, sexuality education, legal aid and freedom of speech. This is why it is so important to make the connections between sexuality, human rights and development.

“Swedish goals for development cannot be fully realized without increased attention to sexuality and support for sexual rights as human rights.”

**SIDA CONCEPT PAPER
“SEXUALITY - A MISSING
DIMENSION IN DEVELOPMENT
2008”**

“Most development work has been related to the more problematic and negative aspects of sexuality. Rarely has development work taken on the more comprehensive and positive dimensions of sexuality.”

SIDA CONCEPT PAPER “SEXUALITY - A MISSING DIMENSION IN DEVELOPMENT 2008”

What is Sida doing to strengthen Sexual Rights?

THE CONVENTION ON THE RIGHTS OF THE CHILD spells out the rights of the child and the right of all children to information and participation. Children and young people are important stakeholders and actors with the initiative and will to contribute to development.

IN 2009 UNESCO PUBLISHED "International Technical Guidance on Sexuality Education", providing guidelines for schools, teachers and health educators, as well as decision-makers and professionals. The guidance provides an evidence-informed, rights-based framework with topics and learning objectives to be covered at different ages.

PRINCIPLES OF EQUALITY AND OPENNESS surrounding sexual rights, sexuality and gender equality are hallmarks of Swedish society. The Swedish government has adopted several policies and strategies related to sexuality and sexual rights in development cooperation. These include *Sweden's International Policy on SRHR* (2006); *The Right to a Future : Sweden's Policy for International HIV and AIDS Efforts* (2008); the policy *Promoting Gender Equality in Development Cooperation* (2005) and the *Policy for Democratic Development and Human Rights in Swedish Development Cooperation 2010–2014*.

Apart from these policies, Sida has adopted an *Action Plan on Sexual Orientation and Gender Identity in Swedish Development Cooperation* (2007–2009), an *Action Plan for Sida's Work Against Gender-Based Violence 2008–2010* and a concept paper *Sexuality – a Missing Dimension in Development* (2008).

Sweden's International Policy on SRHR emphasises the following areas:

- enhancing the right of women to have control over their own bodies;
- empowering women and young people to shape society and their own lives;
- examining the role and responsibility of men and boys;
- promoting the sexual and reproductive health and rights of young people;
- strengthening the rights of LGBT people and improving their situation and living conditions;
- combating gender-based sexual violence and sexual exploitation, including prostitution and human trafficking;
- promoting access to safe and legal abortion;
- combating HIV and AIDS and other STIs;
- improving maternity and neonatal care;
- supporting access to sexuality education, counseling and contraception.

In line with these policies and strategies, Sida supports SRHR and gender equality through advocacy, dialogue, mainstreaming, direct support via bilateral and multilateral chan-

nels, as well as through funding to research institutions, civil society and collaboration with the private sector.

A FUNCTIONING HEALTH SYSTEM IS A PREREQUISITE for the sustainability of SRHR and HIV and AIDS efforts. Hence, donors' overall health sector support is also a means to improve the sexual and reproductive health of populations in low-income countries. Similarly, Sida's support to human rights and democracy is also contributing to the fulfillment of sexual rights. Sida's SRHR portfolio comprises support to smaller, more specialised global, regional and national networks and organisations that often combine advocacy work and service delivery. The majority of Sida's contributions to SRHR goes to initiatives at the global level, whereas most of the HIV and AIDS support goes to Sub-Saharan Africa, the region most affected by HIV and AIDS.

IN THE FOLLOWING PAGES YOU WILL FIND examples of Sida's work to strengthen sexual rights around the world. This includes a range of areas such as comprehensive sexuality education, involving men and boys in the promotion of gender equality, maternal health (including abortion services) and strengthening the rights of LGBT people.

Sida further supports programs for children and adolescents about gender equality, gender roles and sexuality. Other important areas include support to disabled persons' organisations, to organisations working for persons living with HIV and to organisations of sex workers, to protect their rights. Gender-based violence (GBV) is another key area for support, and here Sida has developed material to support dialogue on GBV.

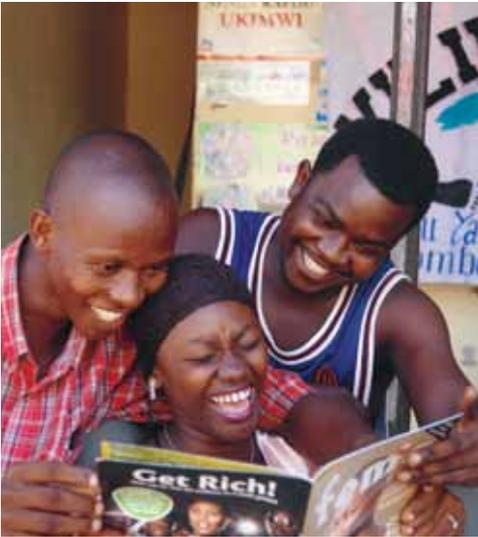
IT IS THE RESPONSIBILITY OF GOVERNMENTS to defend, protect and promote human rights, including sexual rights. Because of the sensitivity, and sometimes challenging religious and cultural contexts, surrounding sexual rights, civil society organisations play an absolutely key role in work on sexual rights.

A crucial but relatively untapped channel is the corporate sector, which can effectively reach out with information and services regarding reproductive and sexual rights to women in the workplace.

Through dialogue and materials like this brochure Sida wishes to inspire, challenge and encourage other agencies, governments and the private sector to increase support to programming that promotes sexual rights in development work.



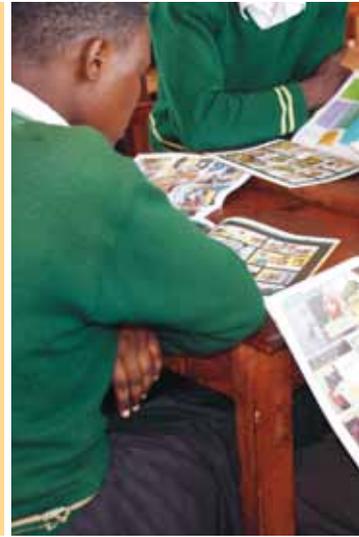
Sida supports SRHR, including sexual rights, through advocacy, dialogue, mainstreaming, direct support via bilateral and multilateral channels, as well as through funding to research institutions, civil society and collaboration with the private sector.



PHOTOS: COURTESY OF FEMINA HIP

FEMINA HIP IS A MULTIMEDIA platform and civil society initiative working with youth, communities and strategic partners across Tanzania. Since 1999, the aim has been to promote healthy lifestyles, sexual health, HIV prevention, gender equality and citizen engagement.

Femina HIP educates and entertains young people by giving them fora in which to speak up and share experiences. Some of Femina's media products include *Fema* and *Si Mchezo!* magazines and *Fema TV Talk Show*.



Femina HIP gives voice to



PHOTO: COURTESY OF FEMINA HIP

“Now I go to buy not only pads, but I even ask for condoms without fearing anything.”

CHRISTINE BISANGWA

FEMINA HEALTH INFORMATION PROJECT (HIP) HAS SHAPED A GENERATION OF YOUNG TANZANIANS BY GIVING THEM A FORUM TO SPEAK UP ABOUT THEIR SEXUALITY, LIFESTYLES, DREAMS AND EXPERIENCES. TODAY THIS MULTIMEDIA INITIATIVE REACHES MORE THAN 3 MILLION YOUTH EACH WEEK.

FOR CHRISTINE BISANGWA, 23, FEMINA HIP became an important part of her life in secondary school, when she would borrow the magazine *Fema* from her friends or at the school library.

Not only did the magazine provide valuable information about relationships and healthy choices, Christine says it helped her focus in school. “Generally, I can say 25 percent of my success in passing exams from secondary school to university can be attributed to *Fema*’s encouragement for youths to concentrate on education.”

Today Christine feels empowered to take control over her life and create a healthy lifestyle with the help of the information and advice that she received from the initiative. “Now I can stand up and express myself without fear,” she says.

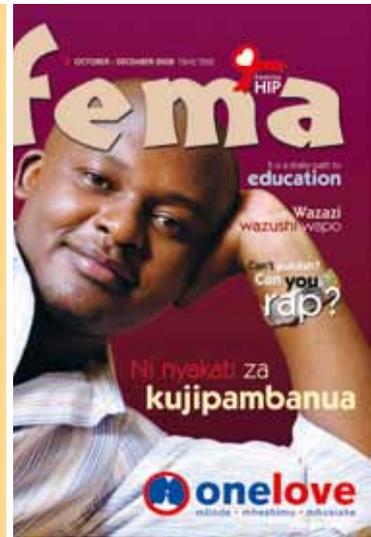
THROUGH TWO MAGAZINES, a TV talk show, a radio programme and a web site, Femina HIP reaches people of all ages and professions. The goal is to provide information and engender awareness and discussion about sexuality, HIV and AIDS, health services, sexual health and gender equality. *Fema* helped Christine when she started having relationships



FEMINA HIP REACHES MILLIONS WITH INFORMATION ON HEALTHY LIFESTYLES AND SEXUALITY.

Femina HIP works through several channels:

- Fema magazine is read by 2.8 million Tanzanians each week.
- About 2.6 million people read Si Mchezo! magazine .
- Fema TV Talk Show is seen by 1 million regular viewers and 3,4 million who watch 'every now and then.
- About 5.4 million listen to Pilika Pilika Radio regularly.
- Chezasalama.com has more than 35.000 registered users.



youth on sexuality

after she had reached the age of 18. The articles in the magazine gave her the courage to talk to different people about relationships and HIV.

“It has changed my life and made me understand many things about HIV and AIDS. After reading about condoms I fully understand how to protect myself against HIV;” says Christina. “This has given me courage, and now I can carry condoms wherever I am, unlike other girls who think that girls having condoms reflects prostitution or that it is the duty of men to carry condoms.”

PENDO JAMES, 31, STARTED TO READ Femina HIP’s *Si Mchezo Magazine!* in 2007. She says the story about a woman living with HIV inspired her and helped change her life. Reading that issue of *Si Mchezo Magazine!* motivated Pendo to get tested for HIV. “I decided to go to Kibakwe Health Centre to have the test on April 10, 2008, and I was told I was infected with HIV.”

She overcame her fear, learned she can live with HIV and now advocates to end behaviors that put people at risk. Says Pendo, “I try to mobilize society to protect against HIV infections and to discard harmful cultural practices and attitudes and to avoid promiscuity. ”

“I try to mobilize society to protect against HIV infections and to discard harmful cultural practices and attitudes and to avoid promiscuity.

PENDO JAMES

Talking about sexual rights at the workplace

IN SOME COUNTRIES THE WORKPLACE CAN BE A GOOD ENVIRONMENT AND CRITICAL ENTRYPOINT FOR DIFFICULT DISCUSSIONS AND INFORMATION ON SENSITIVE SEXUAL RIGHTS ISSUES.

IN MANY CONSERVATIVE countries, religious and cultural beliefs prevent mothers from educating their daughters about feminine hygiene and sexual relations. This creates a pattern of silence, embarrassment and potential health risks.

IN THESE COUNTRIES the workplace can be a critical point for information-sharing and interaction. Business for Social Responsibility's Health Enables Return project uses a peer education model to address difficult topics, such as menstrual hygiene, female genital cutting, contraception and other sexual and reproductive health and rights issues, with women in factories in China, Egypt, India, Pakistan, and Vietnam.

GOWRAMMA NAGESH, 30, is a peer educator at an apparel factory in Bangalore, India. She says the programme encouraged her to grow and take on new roles in the factory and in her community. Now she counsels coworkers and women in her neighbourhood about sexual rights and health, such as the right to decide over reproduction. "One woman I advised was apprehensive about using contraception. Since I counselled her, however, she and her husband have been using contraceptives successfully and happily," says Gowramma Nagesh.

"When ladies' room workers asked me about the proper disposal of sanitary napkins in the ladies' room, I gave a health presentation to the factory cleaners to help them address the issue."

GOWRAMMA NAGESH,
PEER EDUCATOR

SINCE 2009 SIDA'S SUPPORT to the Business for Social Responsibility Health Enables Return project (HER) is helping to provide female workers at factories in low- and middle-income countries with information and services.

SO FAR HER HAS REACHED 50,000 women in China, Egypt, India, Mexico, Pakistan and Vietnam. Basic information has proven to have a positive effect on workers and factories in terms of lower health-related absenteeism and less staff turnover.



PHOTO: RACHEAL YEAGER, BSR

Female condoms save lives in Nigeria

AFTER 15 YEARS FEMALE CONDOMS ARE FINALLY CATCHING ON, MAKING IT POSSIBLE FOR WOMEN TO AVOID PREGNANCY AND PROTECT THEMSELVES AGAINST STIs. THE UNIVERSAL ACCESS TO FEMALE CONDOMS JOINT PROGRAMME (UAFC) AIMS TO DISTRIBUTE 5 MILLION CONDOMS IN 3 YEARS.

IN NIGERIA, THE UAFC PROGRAM distributes condoms through the NGO Society for Family Health (SFH). Seyi Jamoh, a volunteer with SFH, sells condoms to the entire neighborhood at her hairdressing salon.

Seyi Jamoh is HIV positive and first became acquainted with the female condom at SFH. “Fortunately, I get medicines, so I can live with it, but unprotected sex is not done. After using the female condom once, I wanted nothing else,” says Seyi Jamoh, who became an ambassador for the product. When people go to the salon for a new haircut they leave with a box of female condoms. At least that’s her goal. “I tell young girls above all. Abstinence is better, but I’m not a fool. I know that is unrealistic,” she says.

THERE IS USUALLY A MIX OF CURIOSITY and embarrassment among the women watching when Kehinde Mercy Odialaye demonstrates how to use a female condom in Benin City, Nigeria. Kehinde is used to the audience giggling and twisting uncomfortably in their chairs. “You take off the wrapping and hold the condom. Once in place, you won’t notice it any longer. Nor will your husband,” she says.

“People must use condoms. I tell young girls above all. Abstinence is better, but I’m not a fool. I know that is unrealistic.”

**SEYI JAMOH, VOLUNTEER
(PICTURED BELOW RIGHT)**



PHOTO: ROBERT BODEGRAVEN



PHOTO: ROBERT BODEGRAVEN

SIDA SUPPORTS UAFC and its response to the global unmet need for contraceptives. 200 million people lack access to contraception. One-third of all pregnancies are unintended. In Sub-Saharan Africa 61 % of new HIV infections are among women.

THE FIRST FEMALE CONDOM became available in 1993. With technical and design innovations, the female condom is finally catching on. It is the first and only woman-controlled contraceptive that protects against pregnancy and STIs, including HIV.



PHOTO: VSEVOLOD GALKIN

THE LASKY - TRUSTING EACH OTHER project is implemented in Moscow and Sochi, Russia. Its aim is to develop evidence-based services and recommendations for policy reforms regarding access to HIV prevention programs, as well as medical and social services for men having sex with men (MSM). The project helps raise awareness about prevention, treatment and human rights issues among MSM and deaf MSM.

LASKY'S POSTCARD CAMPAIGN "SPEAK OUT!" (pictured left) aims to break the stigma and taboo surrounding homosexuality and men having sex with men.



PHOTO: KRISTINA HENSCHEN

LaSky fights stigma and p

MEN WHO HAVE SEX WITH MEN FACE WIDESPREAD DISCRIMINATION IN THE RUSSIAN HEALTHCARE SYSTEM. THE LASKY - TRUSTING EACH OTHER PROJECT AIMS AT MAKING MEDICAL AND SOCIAL SERVICES MORE ACCESSIBLE TO LGBT PEOPLE.

"In many cases doctors refuse to deal with or treat men who have sex with men. That is why the human right's perspective is so important."

ANDREY BELOGLAZOV, PROJECT COORDINATOR

DISCRIMINATION on the part of certain religious and political groups and society, in general, has resulted in limited access to vital services for gays and men having sex with men (MSM) in Russia. Homophobia and the resulting stigmatization and discrimination on the part of the medical community have made it difficult for some gays and MSM to receive basic medical attention.

MANY MEN FIND IT HARD to overcome the psychological barrier associated with doctors and medical institutions, which prevents them from going for medical checkups, HIV testing or even seeking out basic information on HIV prevention. This is worrisome because MSM are particularly vulnerable to HIV infection.

According to Andrey Beloglazov, 44, project coordinator with the LaSky - Trusting Each Other project in Moscow (pictured above left), many doctors refuse to deal with or treat MSM. "That is why the human rights perspective is so important. You cannot separate human rights from work with MSM," he says.



WIDESPREAD HOMOPHOBIA IN RUSSIA is one of the reasons why the LaSky project focuses on the human rights perspective in the work to fight stigma and increase access to professional healthcare for MSM in Russia.

DOUBLE STIGMA Deaf MSM is a group unlike any other. "To be a deaf MSM is to live with a double stigma," says Maxim Proshkin, project coordinator with LaSky.



SIDA HAS SUPPORTED the LaSky - Trusting Each Other project since 2008. The project has successfully measured positive behaviour changes, such as increased condom use among MSM.

rejudice for MSM in Russia

THE LASKY PROJECT WORKS TO FIGHT STIGMA and prejudice against MSM within the Russian healthcare system.

LGBT people in Russia often try to hide their sexual orientation from families, friends and society because homophobia is so widespread, says Andrey Beloglazov. "Many people think of homosexuality as an illness or the result of a psychological trauma, degeneracy, bad habit or something that should simply not exist. This situation makes it hard and dangerous for many gay men to find a sexual partner or seek treatment for sexual diseases or HIV," he says.

MAXIM PROSHKIN, 29, (above right) is a project coordinator with LaSky. He says deaf MSM live with double stigma. This marginalized group of men needs special attention. An important issue within the project has been to lobby for interpretation assistance when seeking healthcare. People who are hearing impaired in Russia are entitled to this assistance.

MANY DEAF MSM PRACTICE SELF-TREATMENT and choose not to seek help from a doctor when they get sick. LaSky tries to arrange doctor's visits for deaf MSM with the assistance of an interpreter. The goal is that MSM and deaf MSM stop treating themselves and instead have full access to professional healthcare all over Russia.



“Now we are being taken seriously. Presidents and ministers meet with us and consult us, and we can demand changes in policy and legislation.”

ELENA REYNAGA, PRESIDENT, REDTRASEX

REDTRASEX IS A PARTNER of the International HIV/AIDS Alliance. Since 2004 the Alliance has received core support from Sida. Its vision is a world in which people do not die from AIDS. For the Alliance this means a world in which communities have brought HIV under control by preventing its transmission. Furthermore people enjoy better health and can fully exercise their human rights.

Rights of sex workers made visible

WHAT ARE THE NEEDS AND REALITIES OF SEX WORKERS? THIS IS ONE OF THE QUESTIONS THE LATIN AMERICAN NETWORK OF SEX WORKERS, REDTRASEX, ADDRESSES. THE GOAL IS TO PREVENT HIV AND MAKE THE RIGHTS AND NEEDS OF THIS GROUP MORE VISIBLE.

THE LATIN AMERICAN AND CARIBBEAN Sex Workers Network, REDTRASEX, was set up in 1997 to strengthen the rights of sex workers. Today REDTRASEX includes groups representing 15 countries and reaching 100,000 sex workers.

From the very start activities have focused on increasing the network’s participation in national, regional and international decision-making fora, where new policies and laws are discussed and developed. This includes issues such as violence against sex workers, sexual and reproductive health and rights, gender and integrated health services, as well as HIV prevention and treatment.

ONE OF THE GOALS of the network is to empower sex workers to exercise their rights.

According to Elena Reynaga, president of REDTRASEX, sex workers are becoming stronger and more confident as a result of the network’s activities. “We are no longer intimidated and we no longer feel powerless,” she says.

THE NETWORK’S EFFORTS have engendered greater acceptance and receptiveness toward sex workers and brought about changes in social policies in several countries in the region.

In Ecuador, a stigmatising “Sex Workers Health Card” that recorded personal details with a photo and record of past infectious diseases, was replaced with a “Comprehensive Healthcare Card.” This has increased access to healthcare for sex workers and decreased extortion and police persecution. In Panama and in four states in Argentina, codes criminalizing sex workers have been repealed.

STRENGTHENING THE VOICES OF SEX WORKERS and other marginalized groups in the region is not only changing lives but improving their capacity to get more involved in decision-making processes.

CREA's institute empowers

CREA'S GLOBAL SEXUALITY, GENDER AND RIGHTS INSTITUTE (SGRI) IS AN INTENSE WEEK-LONG COURSE FOR PEOPLE WORKING IN THE FIELD OF SEXUALITY, GENDER, HEALTH AND RIGHTS AT THE GRASSROOTS, NATIONAL AND INTERNATIONAL LEVELS.

MEL ROSE LAWAS DINGAL DEVELOPS PROGRAMMES to strengthen the sexual health and rights of young people at the Family Planning Organization of the Philippines and the International Planned Parenthood Federation. As a 25-year-old student from the from a conservative religious community with strict gender and sexual norms, she has to hide part of her life from her family and raise her own money for her education and work as an activist.

Mel Rose participated in CREA's Sexuality, Gender and Rights Institute in June 2009.

"SGRI PROVIDED A SAFE SPACE TO TALK about and study sexuality, which has broadened my understanding and perspective. I have more appreciation for my own sexuality. I have erased my own biases regarding gender and identities," says Mel Rose.

Now she advocates for inclusiveness in her organizations. She helped change the maternity leave policy at the Family Planning Organization of the Philippines to include unmarried women. She also helped broaden the reach of the sexual health programs to LGBT and youth and move the discussion toward a variety of sexual health and rights issues.

MEL ROSE SAYS SHE HAS LEARNED the importance of focusing on the positive aspects of sexuality, not just unwanted pregnancy, STIs and violence. "Pleasure for me is not just having an orgasm. It is also about feeling accepted as who we are, what we are and being respected," she says.

MEL ROSE HAS EXPERIENCED A LOT OF RESISTANCE to her work, but finding allies has helped. SGRI also provides a support network. Says Mel Rose, "I treasure it. Sometimes, with so much pressure I thought of stopping but knowing there are great people working in this field keeps me moving."



PHOTO: COURTESY OF CREA

"Pleasure for me is not just having an orgasm. It is also about feeling accepted for who we are and being respected."

MEL ROSE LAWAS DINGAL,
PROGRAMME MANAGER

SIDA HAS supported CREA since 2009.

CREA IS A FEMINIST organization based in the Global South and led by women from the Global South. CREA promotes, protects and advances women's human rights and the sexual rights of all people by strengthening feminist leadership, organizations and movements, influencing global and national advocacy, generating information, knowledge and scholarship, changing public attitudes and discourses, and addressing exclusion.

MAMTA – HEALTH INSTITUTE FOR MOTHER AND CHILD has a presence in 14 states in India, Nepal and Bangladesh. MAMTA has a lifecycle approach and is committed to integrated health and development issues in the context of poverty, gender and rights.

SIDA SUPPORTS THE NATIONAL TRAINING PROGRAMME on Youth Friendly Health Services in India during 2010-2013. The aim of the program is to strengthen the provision of sexual and reproductive health services for young people (ages 10 to 24) by training public health care providers. Youth clinics established under this program make it possible for young people to access health services in a supportive environment.



Peer educators inform about early marriage

AT THE MAMTA CLINIC IN TIGRI, NEW DELHI, YOUNG PEOPLE HAVE ACCESS TO INFORMATION AND ADVICE ON SEXUAL AND REPRODUCTIVE RIGHTS. THIS EMPOWERS THEM TO TAKE BETTER CONTROL OVER THEIR LIVES.

“Now I know that I can say no. If I hadn’t learned this, people around me would have pressured me into getting married.”

PUSHPA, PEER EDUCATOR

PUSHPA, 17, IS A PEER EDUCATOR at the MAMTA - Health Institute for Mother and Child clinic in the slum area of Tigri, New Delhi. She learned about MAMTA through a friend who told her she can get information about HIV, menstruation and birth control at the clinic. “I was curious and wanted to learn more about HIV and what happens after you get married,” says Pushpa.

Pushpa’s parents had chosen a boy for her to marry, but she says she felt unprepared and afraid. “I felt that I was too young to care for the household. Through MAMTA I learned at what age I should get married. This meant that my marriage was postponed.”

ACCESS TO INFORMATION HAS ALLOWED PUSHPA to make informed decisions and learn how to protect herself. Now she has been a peer educator for three years, informing others that they can get information about early marriage, pregnancy and other sexual and reproductive health issues at the MAMTA clinic. Asked what changes she has seen since she started, Pushpa answers, “Before I didn’t go out so much. Other girls in the lane also never went out. Now they leave the house and they talk much more. Before the girls did not dare talk to the boys, but now that they have more information they are not afraid to talk and express themselves.”



PHOTO: BRIDGET MNYULWA

SONKE GENDER JUSTICE NETWORK, A SOUTH AFRICA-BASED NGO, works with men and boys across Africa to prevent gender-based violence, reduce the spread and impact of HIV and AIDS, and promote human rights and social justice.

SINCE 2008 SIDA HAS SUPPORTED SONKE in its goals to end violence against women, help boys and men take action in their own lives and in their communities and promote healthy relationships based on gender equality. The aim of Sonke's "One Man Can" Campaign is behaviour change in a range of areas, including gender relations, health and sexual behaviour.

Boys and men working for gender equality

IN FEBRUARY 2009, SIMPHIWE PETER PARTICIPATED IN A SONKE WORKSHOP IN GUGULETHU, SOUTH AFRICA. HE WAS INSPIRED AND IS NOW ACTIVELY INVOLVED WITH THE ORGANISATION.

THE SONKE GENDER JUSTICE NETWORK in South Africa is changing lives through its work with men and boys to prevent gender-based violence, reduce the spread and impact of HIV and AIDS, and promote human rights and social justice.

Through initiatives such as the *One Man Can* and *Brothers for Life* campaigns, Sonke supports men and boys to take action to end domestic violence and to promote healthy, equitable relationships that men and women can enjoy.

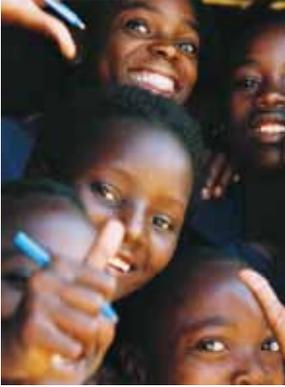
For Simphiwe Peter, 32, Sonke was a mind opener from the start. "I did not know anything about respecting women or respecting other men," he says. "My involvement with Sonke has challenged me to be a responsible person. I am now a man that I never dreamed I would become. I'm more positive about my future and the future of my community."

EVER SINCE HIS FIRST ENCOUNTER WITH SONKE Simphiwe has become increasingly aware of the advantages of gender equality and the importance of sexual and reproductive rights. As a result, he is helping out more at home. He has learned about the importance of HIV testing and has already been tested twice.

"For me sexual and reproductive rights means that if my girlfriend says 'no' to sex, it means no. It also means if she decides to terminate her pregnancy, then I have to accept her decision."

SIMPHIWE PETER

PHOTO: PERNILLA NORSTRÖM/SAVE THE CHILDREN
THE CHILDREN IN THIS PHOTO DO NOT HAVE ANYTHING
TO DO WITH THE ARTICLE.



“It was easy for friends to pressure me into doing things I did not want to do, such as having a boyfriend.”

JESSICA LUBINDA, 15

SIDA SUPPORTS Save the Children Sweden and its work with organisations like Youth Vision Zambia, a Zambia-based NGO focusing on SRHR for young people.

YOUTH VISION ZAMBIA'S information and education cover STI prevention, substance abuse and HIV and AIDS. Youth Vision Zambia values the voices of young people.

Peer education informs decisions about sex

IN SUB-SAHARAN AFRICA CHILDREN ARE PARTICULARLY VULNERABLE TO HIV AND AIDS, ESPECIALLY BECAUSE THEY LACK ACCESS TO INFORMATION. SAVE THE CHILDREN SWEDEN SUPPORTS PEER EDUCATION PROGRAMMES, SUCH AS YOUTH VISION ZAMBIA'S GOLD PROJECT.

JESSICA LUBINDA, 15, IS IN NINTH GRADE AT NANGONGWE BASIC in Kafue District, Zambia. She is an only child orphan and knows firsthand the challenges of growing up without a role model. “It has been hard for me, especially when I had no one to turn to with questions,” she says.

Not having proper guidance in issues related to sexuality and boys put Jessica Lubinda in compromising positions. “It was easy for friends to pressure me into doing things I did not want to do, such as having a boyfriend, because I wanted to feel ‘cool’ and feel a sense of belonging.”

YOUTH VISION ZAMBIA'S Generation of Leaders Discovered Project (GOLD) helped build Jessica Lubinda’s self-esteem. “I have learned to say no,” she says.

The GOLD project addresses HIV and AIDS in the Kafue District with 30 peer educators between the ages of 11 and 15 who reach out to school students with information on SRHR, HIV and AIDS. The project has observed an increase in knowledge on these issues and the pupils have been empowered to make informed choices and decisions.

ACCORDING TO SAVE THE CHILDREN SWEDEN'S REPORT *Tell me More: Children's rights and sexuality in the context of HIV/AIDS in Africa*, children are particularly vulnerable to HIV and AIDS. Often adults restrict access to information and sexual and reproductive health services, instead of facilitating the needs and rights of children and young people.

YOUTH VISION ZAMBIA USES THE “TRIPLE P” STRATEGY (peers, parents and providers) in all of its programmes. The organisation believes that it is imperative to build partnerships with key stakeholders that have a significant influence on the target group. The “Triple P” strategy engages peers, parents and providers in information dissemination and education regarding SRHR for young people, prevention of STIs, substance abuse, leadership and HIV and AIDS.

Sida works according to directives of the Swedish Parliament and Government to reduce poverty in the world, a task that requires cooperation and persistence. Through development cooperation, Sweden assists countries in Africa, Asia, Europe and Latin America. Each country is responsible for its own development. Sida provides resources and develops knowledge, skills and expertise. This increases the world's prosperity.

Sexual Rights for All

GLOBAL ISSUES

Sexual rights are essential from a development perspective, as there is a clear link between poverty and unmet sexual and reproductive rights. Although sexual rights are implicitly embraced in many universal human rights instruments, they are not explicitly stated. Sweden's point of departure is that development is ultimately driven by people's own willingness, possibility and ability to improve their circumstances. The individual is the central subject of development and it is important to have an environment in which each individual enjoys all sexual rights and can take an active part in the development of their societies. The aim of this brochure Sexual Rights for All is to encourage a frank discussion about sexual rights as human rights and their role in development.

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