

MY BODY MY RIGHTS: TRAINERS' CAMPAIGN BRIEFING



Campaign Context

Despite the fact that sexual and reproductive rights are human rights, violations take place on a daily basis. Many women and girls around the world do not have control over their own bodies and struggle to access the information, sex education and reproductive health services they need for a healthy life. They are persecuted for making decisions, or prevented from doing so at all. Religious and cultural norms, gender and racial discrimination, and poverty all disproportionately affect women and girls' ability to enjoy their sexual and reproductive rights. Opposition to sexual and reproductive rights is growing globally, there is a very real backlash, and our rights to express our sexuality and make decisions over our own bodies are being eroded.

The last decade has seen a backlash spearheaded by religious and socially conservative groups increasingly focusing on countering the very notion of gender equality, never mind the sexual and reproductive rights (SRR) for women and young people. At the Rio+20 Conference on Sustainable Development in June 2012, the Holy See and Group of 77 countries were successful in deleting 'reproductive rights' from the final text and some countries even pushed for weakening language on gender equality. In March 2013 during the session of the Commission on the Status of Women, the ruling Muslim Brotherhood in Egypt objected to articles endorsing wives' right to sue their husbands for rape, equality in marriage legislation and equal sharing of roles within the family between men and women, and adolescents' access to contraceptive information and services referring to them as 'destructive tools meant to undermine the family as an important institution'.

The problems are very real and have very real impacts for people's lives around the world. In **Burkina Faso** women and girls are not given contraception unless they are accompanied by their husbands or parents. In **Tunisia and Algeria**, rape survivors can be forced to marry their rapists. In **El Salvador** abortion is criminalised in all circumstances, criminalising women, girls and health professional. In **Ireland**, abortion is illegal except when the life of the woman or girl is at risk but in practice does not adequately protect them. And in **Northern Ireland** women and girls do not have the same access to abortion as women in the rest of the UK and like

women in Ireland, have to travel to England to obtain often life-saving healthcare.

In effect this denies women and girls' rights to privacy, freedom of expression, access to information, right to live without violence and intimidation, right to non-discrimination, their right to life and is contrary to the total ban on torture.



What's the solution?

Amnesty will be working on **four focus countries** between now and the end of 2015, including work that Amnesty UK will do specifically on Northern Ireland. The work on Nepal which launched this campaign back in February has now come to an end. Each of the countries will have their own specific calls and actions – further details below.

But as well as the country-specific work, we need to **engage in the wider debate** on sexual and reproductive rights and specifically the issues of abortion and contraception. "Winning" sexual and reproductive rights is not just about getting laws won or defeated, but a constant struggle to win hearts and minds. Amnesty's emphasis on international human rights law and principles is a new and welcomed voice in this debate which helps take the heat and emotion out of this highly politicised and contested space. This also demonstrates why we need to be so careful about language and tone.

Also key to this campaign is a focus on **human rights defenders**. Those working on sexual and reproductive rights are often the most targeted and beleaguered activists worldwide. You just need to look at the treatment that doctors who perform abortions in the US to see the threats they have to live with on a daily basis. Healthcare professionals increasingly have to be human rights defenders as they campaign against their own criminalisation

MY BODY MY RIGHTS: TRAINERS' CAMPAIGN BRIEFING



and strive to deliver the best possible healthcare they can for their patients.

Country Focus

El Salvador

The El Salvador report is due at the end of **September 2014** and is focussed on the total ban on abortion in El Salvador and the context of high levels of rape and sexual violence against women and particularly young women and girls. We want the incoming government of El Salvador to commit to addressing the issue of violence against women and implement the January 2012 Law Against Violence Against Women. We want to positively influence public opinion on abortion within El Salvador particularly on the issue of pregnancy as a result of rape. And we want to support women's NGOs there in their work to overturn the total abortion ban.



We had an overwhelming response to the case of "Beatriz" in 2013 – the case of a 22-year-old woman - who was already the mother of a young son – and suffered from a number of severe illnesses including lupus and kidney problems, which meant that continuing the non-viable anencephalic pregnancy posed a serious threat to her life and health. Thankfully, she finally received the medical treatment she needed but only after weeks and intense campaigning. We need to ensure that no more women and girls in El Salvador suffer a similar harrowing experience.

Ireland and Northern Ireland

Ireland was recently strongly criticised by the UN Human Rights Committee for its stance on abortion. The UN Committee, which monitors states' compliance with the International Covenant on Civil and Political Rights, found that Irish abortion laws violate human rights and are in serious breach of the country's international obligations.

Terminating a pregnancy is criminalised in most circumstances in Ireland, carrying a prison sentence of up to 14 years. Women and girls who, for example, have been raped, who are carrying a non-viable pregnancy or whose health is at risk, are forced to either carry the pregnancy to term or travel outside the country to obtain abortions, mostly travelling to England. Amnesty will be publishing a report in **March 2015** on access to abortion in Ireland which will also look at the impact on women of having to travel to the UK to access sometimes life-saving healthcare.

We will also be working on the issue of access to



abortion in Northern Ireland where women do not have the same rights or access to abortion as women in the rest of the UK. This is obviously separate to the situation in the Republic of Ireland but there are links and certainly women from both the North and South of Ireland travel to the UK for abortions. Due to potential legislation coming up in Northern Ireland to address access to abortion in the case of rape, incest and fatal foetal abnormality, we will be involved in campaigning work here in the Autumn 2014.

Burkina Faso

In Burkina Faso, many women and girls struggle to access the information and health services they need to be in control of their lives and safeguard their sexual and reproductive health. Religious and cultural norms, gender and racial discrimination, practices such as early marriage, in combination with poverty, disproportionately undermine women's and girls' ability to make decisions about their sexual and reproductive lives.

The treatment women and girls receive at the health services is a huge barrier. Often there is

MY BODY MY RIGHTS: TRAINERS' CAMPAIGN BRIEFING



little consideration for privacy, especially in smaller communities where people know each other too well. Women and young people are not treated with confidentiality. Moreover, medical professionals often display discriminatory attitudes and refuse to provide contraception to women and girls unless they are accompanied by their husbands or family members who agree to their choice.



We will be calling on the government to lift the financial barriers to contraception and tackle health service providers' discriminatory attitudes towards women and girls who seek contraception. We will also call on the government to ensure access to information and education about sexual and reproductive rights in order to empower women and young people to make choices about their sexual and reproductive rights. We will also raise awareness in society about sexual and reproductive rights and challenge discriminatory attitudes against women and girls at community level.

The report on Burkina Faso is due **in February 2015** and we will be looking into the involvement of the UK Government through its international aid budget.

Maghreb

In the Maghreb (Morocco-Western Sahara, Algeria and Tunisia), the legislation on rape places the emphasis on morality rather than on the attack against the personal and bodily integrity of the victim. For instance, the discriminatory provisions in the Penal Codes in Algeria (Article 326) and Tunisia (Article 227) allow rapists to escape prosecution if they marry their victim. In March 2012 in Morocco the suicide of Amina Filali, a 16-year-old girl coerced into marrying the man she said had raped her, led to a public outcry. Amina Filali swallowed rat poison, having reportedly been mistreated by the man she had been forced to marry and his family, with whom she lived. This is one example of how the legislation victimises women and girls who were raped rather than protect and affirm their rights and provide them with access to health services and judicial remedies. Thankfully, Morocco repealed Article 475 in 2014 but there are still discriminatory provisions relating to rape and Algeria and Tunisia are yet to follow suit.



The legislation in all three countries further fails to adequately prevent violence against women and girls and to provide them with effective remedies when violence does occur. A comprehensive review of the Penal Codes shows there are many provisions that create obstacles to adequate protection of women's rights in the context of sexual violence. In Morocco-Western Sahara for instance, rape is not defined in accordance with international standards, marital rape is not recognised as specific offense and consensual sexual relations between unmarried people are criminalized.

MY BODY MY RIGHTS: TRAINERS' CAMPAIGN BRIEFING



More campaigning work on this area will take place in **April/May 2015**.

In the meantime, you can sign an online petition calling for an end to the total ban on abortion in El Salvador: www.amnesty.org.uk/actions/end-ban-abortion-el-salvador-beatriz

Changing the debate

For many of us, choice is something that comes easily and often. For some of us, those choices are made freely – without interference from government, parents or faith leaders. But for many, this isn't the case.

All over the world, people are persecuted because of choices they make about their bodies and their lives – or are prevented from making them at all. Sometimes this is because governments deny them access to the information and services they need to make those decisions, or because governments give someone else the power to make decisions for them. Sometimes women and girls do not have a choice about who they marry, have sex with or have children with as they are subjected to forced marriage, rape and sexual violence or incest. These are all violations of people's sexual and reproductive rights.

Tradition, religion and custom are often invoked to justify the denial of rights. Entrenched and discriminatory attitudes about the 'appropriate' role for women and young girls often puts control of sexual and reproductive choices into the hands of male family members, the community, religious institutions and the state, denying these individuals full access to sexual and reproductive rights and undermining their ability to make choices about their own lives. A backlash against sexual and reproductive rights is brewing – driven by well-funded and organised interest groups. At the highest levels, some governments are trying to roll back these rights, questioning the ideas of "sexual rights", "reproductive rights" and "gender equality" or branding the very principle of "human rights for all" as Western. What's clear is that our rights to express our sexuality and make decisions over our own bodies are being challenged.

Opposition by states to sexual and reproductive rights is growing globally, there is a very real backlash, and our rights to express our sexuality and make decisions over our own bodies are being eroded. At the same time, states continue to fail a protect women and girls from gender-based

**MY LIFE
MY HEALTH
MY EDUCATION
MY CHOICE
MY FUTURE
MY BODY
MY RIGHTS**

violence. Now is the time to demand that states meet their obligations to protect these rights. At the same time, we will expose states when they violate these rights, and we will demand change. Why? Because sexual and reproductive rights are human rights. They belong to us all.

Abortion and contraception are controversial issues and they are at the forefront of the global struggle for gender equality. This is where the backlash is happening and where the battle is being fought. Amnesty needs to speak out on this hard, difficult yet fundamental human rights issue. We need to stand in solidarity with some of the most targeted and beleaguered human rights defenders in the world. We have the research, the evidence, and the arguments and together we can achieve real progress for women and girls worldwide.

Resources for Trainers

We will be developing the following materials for Trainers.

- A Q&A which activists can use to raise awareness in their communities.
- A Training Pack, including
 - a. A workshop;
 - b. Materials and Resource links;
 - c. Information on issues raised by this campaign so that activists feel confident and supported in their work.