Reproductive Health, Gender and Human Rights: A Dialogue

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5. Challenges in Promoting Women’s Reproductive and Sexual Rights

Introduction

In recent years, there has been an increased exchange of ideas and strategies between practitioners in the fields of human rights and public health, and specifically between those who promote women’s human rights and those seeking to improve women’s quality of reproductive and sexual health. I hope we will continue to develop this exchange by identifying not only our shared goals but also how to work across and through the differences we may see between the two fields in approach, method and even desired result, in pursuit of those goals.

Among the challenges involved in this endeavor, first of all, are finding ways to make the promotion of women’s human rights integral to strategies to improve women’s access to and quality of reproductive health care. Second, we need to develop norms that will clarify how we can hold states accountable for ensuring that women’s basic health needs are met.

It is critical that we move this dialogue forward because there is much to gain by joining forces. Yet we still operate largely in distinct spheres, with a few notable exceptions. Human rights people do not know how to think about public health issues, and many public health people do not see where human rights fits into their work. This is the case even though the relationship between the two is more and more recognized. For example, a recent report on safe motherhood in Eritrea noted that the country’s high maternal mortality, one of the highest in the world, was in part attributable to women’s low status in the society. It is important that the relationship between women’s status and maternal mortality was noted, but the gaps remain when it comes to translating this awareness into policy and programmatic change. In the Eritrea example, when it came to establishing priorities for change, there was no effort to take on improving women’s status alongside the other important goals of generally improving the country’s health infrastructure and specifically expanding a safe motherhood initiative.

Why a Dialogue in Human Rights and Public Health?

I start from the assumption that we approach our dialogue with some shared goals. Stated most broadly, one goal is making the world a better place for women. But since that could mean almost anything to almost anyone, let us be more specific. One specific goal I would propose is improving women’s status in a way that will last, that gives women greater control over their lives and that enables them to have access to and enjoy the benefits of quality health care. Let me also propose another goal: that programs and policies designed to promote public
health should respect and support women's fundamental human dignity. To my mind, those that do not do so risk creating their own problems, both in their purpose and in their prospects for lasting impact.

Why Human Rights?

As a women's rights activist, I have seen time and again that no matter what the abuse we are investigating, whether it is rape of women in Kosovo, attacks on female refugees in Tanzania or forced virginity tests in Turkey, human rights abuses against women are almost always about controlling women's bodies, especially their reproductive and sexual lives. In other words, much of the violence and discrimination and other intrusions on women's autonomy have, at least as part of their purpose, controlling women's reproductive and sexual choices. If we want to change the situation for women's health in these areas, and if we agree that women themselves must be active and necessary participants in making decisions about their own health, it makes sense to tear down the barriers to their playing that role. I have recently worked in Uganda, a country like many others that does not consider rape in marriage to be a crime. What hope do women have to negotiate the terms of sex with their husbands if their husbands are entitled in law and in practice to force their wives to have sex under any circumstances and at any time?

The links between human rights and public health are also clear in that violations of women's human rights often carry with them serious consequences for women's health. Research has demonstrated powerfully the costs to women's health of violence and discrimination against them.

Domestic violence is both a source of injury and an obstacle to care and treatment. Women subjected to violence in conflict situations suffer grave physical harm, often as a result of sexual violence, and may have to deal with pregnancy resulting from rape. Women face pregnancy-based discrimination in the workplace; they are told that they will lose their jobs if they get pregnant. Forced to choose between their jobs and their rights, many of these women hide their pregnancies despite the risks to their own health and the lack of prenatal care. The bottom line is this: without respect for women's human rights, women will always be at the mercy of others in making fundamental decisions, like whether and when to have sex or to have children or whether to do what is needed to care for their health.

Women's rights advocates know well the reasons why the model of relying on others to make decisions in women's interest will not work. Most countries have traditions of abusing women's human rights and manipulating women's reproductive health and sexual rights and health for political purposes. For
example, in countries like Albania and Russia, pro-natalist government policies denied women access to family planning methods. In Morocco, the law submits women’s choices about whom to marry to a male guardian’s control. In other contexts, health care providers—sometimes at the behest of the state—get directly involved in violating women’s rights in ways designed to control their sexuality, as is the case in Turkey, where doctors have performed virginity exams against their patient’s wishes, and in Mexico, where factory doctors have tested job applicants for pregnancy and demanded to know the details of their sex lives and birth control use.

Women’s awareness that the beneficence of others was not giving them the choices and dignity they desire is part of what led women to the human rights movement. Let us take a moment to explore the transforming power of human rights as an idea and the political rise of human rights as a movement. It is worth noting that the human rights system and movement did not make women their business. Instead, women have claimed human rights as their own. Women chose to make human rights tools a part of their efforts to change the circumstances of their lives, not as the only solution, but as an important part of the solution, because of the political resonance and potential of the existing system.

**What Are Women’s Human Rights?**

The human rights system and movement that we know today trace their roots to 1948, when the United Nations adopted the Universal Declaration on Human Rights as a pledge by the countries of the world to act against future abuses and to avoid atrocities like those committed during World War II. From 1948-1953, the UN Commission on Human Rights drafted the two main human rights treaties that legally bind those governments that ratify them to respect and ensure basic human rights. These treaties, one on civil and political rights, the other on economic, social and cultural rights, only came into legal enforcement in 1976. For such a recent development, the movement has had quite an impact, including visibility in the press and in policy discussions, as well as the meaning it has for people in communities around the world.

Despite all the new attention to human rights and the progress made toward promoting human rights for all people—at the United Nations and by the many human rights organizations sprouting around the world—something was missing. Women’s rights advocates will tell you that the something was women. In countries around the world, women saw that their governments had ratified human rights treaties, but that they had almost nothing to show how, or even if, these protections applied to women. What is more, the international human rights system did not press governments in this regard. On the contrary, governments were expressly skittish about seeing women’s rights as human rights. Several governments accepted the obligation to eliminate all forms of discrimination under one “gender-neutral treaty,” but declined to be bound by the same
obligation when it was found in a treaty dealing specifically with the rights of women.

Women’s anger at and refusal to accept this disparate treatment led them to challenge the systematic exclusion of women’s experience from international human rights law and practice and to challenge the political and theoretical underpinnings of that law and practice. The slogan “women’s rights are human rights” served as the banner for women in many countries, working at many levels to challenge their governments’ failure to protect the human rights of women and the failure of the international community to pressure those governments to change their ways.

Thus, for example, the women’s rights movement in Brazil began to denounce violence against women in the family not only as a criminal act under domestic law, but also as a gross violation of human rights obligations if the government stood by and tolerated such violence. In this way, activists put additional pressure on their government to step up efforts to investigate and prosecute violence against women—and attracted international solidarity to their cause. This strategy helped to secure needed legal reforms at home and to influence the approach of the international human rights community to the problem of domestic violence, which had often been dismissed as a family matter, a private problem not in the state’s purview.

Through international meetings, women’s rights activists have pushed governments and other international actors to recognize new norms that apply human rights to women’s lives and give governments responsibility for enforcing those norms. At the 1994 UN International Conference on Population and Development in Cairo, for example, women forced policymakers to recognize that population policies should be driven not only by a political agenda like fertility reduction, but also out of respect for women and the importance of their role in decision-making. At the Fourth World Conference on Women in Beijing the following year, the discussion focused not just on the deprivations that governments need to alleviate, but also on what governments must do as a result of their human rights obligations to ensure change.

As this international movement has grown, its opponents have denounced it as the agenda of a few that imposes a single feminist vision upon women and forces them to abandon other aspects of their identity. But as women’s rights activists can demonstrate, this criticism looks like another way to limit women’s choices. Rather than burying women’s particular experiences, human rights has given women a way to make their local experience visible to the international community and to build new, collective strategies to change the rules that govern women’s everyday lives.

Using a human rights approach has also produced specific change on the ground for women. For example, in Russia domestic violence is an enormous problem, and the state had traditionally accepted such violence through its total failure to protect women at risk and go after their batterers. In that case, human
rights have begun to make a difference by exposing the prevalence of violence and showing its consequences. Human rights documentation also helped activists show that the lack of state response to violence against women gives rise to a climate of impunity. Thus human rights tools drew attention to a hidden problem, made it a policy concern, and improved the quality of state services in part by generating the resources to support reform.

This example also shows how public health programs and human rights principles can come together to make change on the ground. Public health providers in Russia reinforced human rights goals by challenging social norms that accepted domestic violence and by articulating notions of reproductive and human rights. Health care providers also were able to intervene to prevent the violence. The message: there is no excuse for domestic violence, and the reproductive health care system is a good and safe place for victims to get help. As a result, service providers were better able to respond to domestic violence and health clinics played an advocacy role against domestic violence. This approach also improved preventive possibilities, by giving women information and support as they came into contact with the health care system.

These examples highlight some of the strengths of taking a human rights approach to improving women’s status: the political force of human rights language, and the impact of combining ground work with high level advocacy. In each case, the human rights approach took on only a particular aspect of women’s situation that needed to change, but in doing so brought urgency and new actors into the solution.

**Conclusion**

There has been some success in joining forces with colleagues in public health. At Cairo, government and family planning advocates recognized that protecting women’s human rights would improve women’s ability to enjoy good reproductive health, access to health care and choices about that health care. Women’s rights activists have begun to learn how public health strategies can strengthen the impact and extend the reach of efforts to improve women’s rights. Joining forces helps to build consensus that the fundamental human rights notion of human dignity must convey respect for women’s and men’s decisions about their reproductive and sexual lives.

We have a two-step challenge before us: 1) seeing the relationship between public health and human rights, and 2) making it mean something. Many of us already see the value in working together. Women’s rights advocates, for example, have long worked to reinforce the indivisibility of rights: Women need to enjoy their rights in all spheres—political and economic—if they are to challenge their
subordination and secure equality and dignity. But work to articulate norms such as those governing the right to health has moved slowly in the human rights community, in part because key expertise in public health is needed.

To make it mean something, we must first make working broadly on women’s human rights a part of solving public health problems. Second, we should look for ways that the public health and human rights communities can work together to promote women’s reproductive and sexual health as a matter of right. In doing so, we should remember to take each community’s methods and contributions seriously. From the human rights perspective, this means that we need to develop enforceable reproductive health norms and not just invoke the language of rights. And finally, it means that we do more to understand and address the social justice dimensions of health.