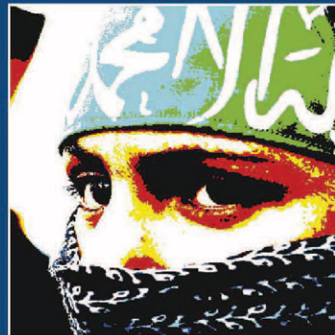
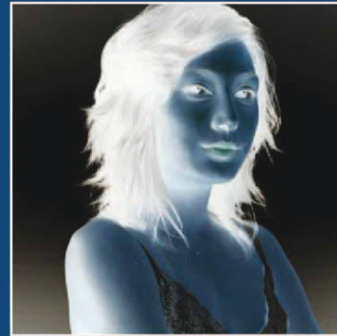


# MY BODY, MY LIFE, MY RIGHTS:

## ADDRESSING VIOLATIONS OF WOMEN'S SEXUAL AND REPRODUCTIVE RIGHTS

2009 VAW Consultation, Bangkok, Thailand



**SUMMARY REPORT OF THE ASIA PACIFIC NGO  
CONSULTATION WITH THE OFFICE OF THE  
UNITED NATIONS SPECIAL RAPPORTEUR ON  
VIOLENCE AGAINST WOMEN, ITS CAUSES AND  
CONSEQUENCES; 'MY BODY, MY LIFE, MY RIGHTS:  
ADDRESSING VIOLATIONS OF WOMEN'S SEXUAL AND  
REPRODUCTIVE RIGHTS'**

**7-8 December 2009  
Bangkok, Thailand**

**Organised by Asia Pacific Forum on Women, Law and  
Development (APWLD)**

## **My Body, My Life, My Rights: Addressing Violations of Women's Sexual and Reproductive Rights**

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Funded with the generous support of the Ford Foundation, (New Delhi office), Global Fund for Women, United Nations Development Fund for Women (UNIFEM) East and Southeast Asia Regional Office and Amnesty International Australia.

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## LIST OF ABBREVIATIONS

AICHR	ASEAN Inter-governmental Commission on Human Rights
AIDS	Acquired immune deficiency syndrome
ACWC	ASEAN Commission on the Promotion and Protection of the Rights of Women and Children
APWLD	Asia Pacific Forum on Women, Law and Development
ASEAN	Association of Southeast Asian Nations
ARVs	Antiretroviral drugs
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CMW	Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
CRC	Convention on the Rights of the Child
CRPD	Convention of the Rights of Persons with Disabilities
DAWN	Development Alternatives with Women for a New Era
DVAW	Declaration on the Elimination of Violence against Women
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICERD	International Convention on the Elimination of all Forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
ICPD PoA	International Conference on Population and Development, Programme of Action
IDPs	Internally Displaced Persons
IPPF	International Planned Parenthood Federation

KRC	Karen Refugee Committee
LBTIs	Lesbian, Bisexual, Transgender and Inter-sexed
MDGs	Millennium Development Goals
MFLO	Muslim Family Law Ordinance, 1961
MTCT	Mother-to-Child Transmission
NGOs	Non-Governmental Organisations
PMCT	Prevention of mother-to-child transmission
SAARC	South Asian Association for Regional Cooperation
SBA	Skilled Birth Attendants
STDs	Sexually Transmitted Diseases
TBA	Transitional Birth Attendants
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNCHR	United Nations Commission on Human Rights
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
UNSRVAW	United Nations Special Rapporteur on Violence against Women, its causes and consequences
UNTOC	United Nation Convention against Transnational Organised Crime
VAW	Violence against Women
WHO	World Health Organisation
WOREC	Women's Rehabilitation Centre, Nepal

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## FOREWORD

The Special Procedures of the United Nations have often been referred to as the ‘eyes and ears’ of the Human Rights Council. Without the Special Mechanisms the eyes of the Council fix mainly on State representatives and the ears are filled with carefully orchestrated statements on the efforts of states to meet human rights obligations. Non Government Organisations (NGOs) with the resources and means to travel to Geneva do their best to be seen and heard but the limitations of the inter-governmental system mean they rarely move from the peripheral vision of the Council members.

The Special Mechanisms move the line of sight from States to people, to civil society, to the structural causes of violations. However the limitations of the mandate allow for limited country visits (generally only two per year) and require a state to invite the Special Rapporteurs. The annual regional consultation with the Special Rapporteur on Violence against Women, its causes and consequences (UNSRVAW), facilitated by the Asia Pacific forum on Women, Law and Development (APWLD), magnifies the vision and amplifies the hearing of the Council.

The consultations, held annually since 1995, allow us to think, discuss and voice our collective anger about the causes of women’s inequality in Asia Pacific without the constraints and rules of treaty bodies. They place women and women’s rights organisations at the heart of the conversation, not on the periphery as observers. The consultations give women the opportunity to tell their stories of pain, of courage, of success and of repression in a supportive environment, but an environment that matters to the ‘ears’ of the Human Rights Council.

The theme of the 2009 consultation was ‘Violations of Women’s Sexual and Reproductive Rights’. Fifty four women, and one man, from twenty one countries in Asia Pacific came together to affirm women’s sexual and reproductive rights as fundamental human rights. In doing so they claimed women’s autonomy to make decisions on issues concerning their own bodies and sexuality.

It is never easy for local NGOs or individual women to be heard at UN level. It is particularly hard, and often even threatening, for women to speak about strengthening sexual and reproductive rights. Conservative groups have vigorously contested efforts to progress recognition of sexual and reproductive rights. These difficulties were poignantly illustrated by a participant who, through tears, spoke of her bitter disappointment after the CEDAW Committee did not address systemic violations committed against lesbian women in its concluding comments to Japan. The efforts of many activists and NGOs to produce a shadow report detailing such violations felt wasted. But, even more devastating, deliberate ignorance of sexual and reproductive violations seemingly provided tacit approval – these matters, it seemed to the participant, were not regarded seriously enough to warrant comment.

This growing conservatism made the regional consultation a rare chance for women to provide evidence of systemic violations of sexual and reproductive rights to a UN representative in a safe environment. It also provided an opportunity for women to share strategies, tactics, networks and resources and, importantly, solidarity.

APWLD is careful to interrogate the underlying causes of violations. We recognise that the human rights framework is only of use where it can name and challenge the conditions and ideologies that enable violations to occur. We are particularly concerned about conditions



that fuel and feed from patriarchy – militarisation, neo-liberal globalisation and fundamentalisms. Through this lens participants provided evidence of violations but were also able to locate solutions and strategies. This analysis frames the structure of this report.

This year was the first consultation with the newly appointed SRVAW, Rashida Manjoo. Unfortunately an unexpected illness prevented Rashida from making her flight to Bangkok to join the Consultation. We were very ably assisted by Gloria Carrera Massana from the Office of the UN High Commissioner for Human Rights Special Procedures Division - Violence against Women mandate and Rashida was able to dial into the consultation and address participants by phone which was very much appreciated. I thank both Rashida and Gloria for their support, their ears and their contribution.

Having joined APWLD as the Regional Coordinator in October of 2009, the Consultation was my first APWLD event and a wonderful opportunity to meet members, partners and human rights defenders from the region. The Consultation very much affirmed my decision to move my family, including my three-month-old baby who periodically joined the participants for a feed, to Thailand to support the courageous and inspiring women who comprise APWLD. I came away from the Consultation both inspired and enraged. Importantly though I came away hopeful, hopeful that the Consultation and this report will be heard and will fuel the efforts of women and men worldwide to claim and advance sexual and reproductive rights.

I thank all the participants for their time, efforts and generosity. They educated and inspired me and allowed me to see the importance of the consultations as well as ways they can be further improved. The strength of APWLD is in its engaged and active membership. The Consultation would not have happened without them, particularly

Madhu Mehra and Heisoo Shin. I also thank Secretariat staff for their dedicated efforts and long hours to ensure the Consultation went smoothly. Particular thanks to our Programme Officer Misun Woo who had to educate and guide me through the preparations and Tatjana Bosevska who took on the job of preparing for and documenting the Consultation as an intern. This report is testament to the collective efforts of our members and staff.

We would also like to acknowledge the following organisations: Ford Foundation (New Delhi), Global Fund for Women, United Nations Development Fund for Women (UNIFEM) East and Southeast Asia Regional Office and Amnesty International Australia, for their generous financial and moral support, which made this consultation possible.

APWLD looks forward to continuing our long engagement with the SRVAW. If she is the eyes and ears of the Human Rights Council then our Consultation should be the mouth – bringing the voices of women from Asia Pacific to the United Nations.

Kate Lappin  
Regional Coordinator  
Asia Pacific Forum on Women, Law and Development (APWLD)

## INTRODUCTION

The Asia Pacific Forum on Women, Law and Development (APWLD) has been facilitating consultations with the United Nations Special Rapporteur on Violence against Women, its causes and consequences (UNSRVAW) since 1995, following the inception of the UNSRVAW mandate and appointment of the first Rapporteur in 1994.

These annual consultations provide an important forum for women from the region to contribute to the UNSRVAW mandate by detailing the regional specificities of violence against women in the Asia Pacific. The consultations strengthen the capacity of women's organisations to engage with the United Nations (UN) Special Procedures mechanism and provide an opportunity for women to collaborate with other women's rights activists in the region.

In 2009 the consultation<sup>1</sup> focused on women's sexual and reproductive rights.<sup>2</sup> Sexual and reproductive rights are human rights, intrinsically linked to other basic human rights, such as the right to life, expression, privacy, health, education, and work. Even though these rights are fundamental to individuals, couples and families, as well as to the social and economic development of communities and nations,<sup>3</sup> they are the most contested.

Conservative forces are quickly marshalled whenever there is a hint that sexual and reproductive rights may be on the UN agenda. In response, a much

1. APWLD organised the Asia Pacific NGO Consultation with the Office of the UNSRVAW entitled "*My Body, My Life, My Rights: Addressing Violations of Women's Sexual and Reproductive Rights*" on 7-8 December 2009 in Bangkok, Thailand.
2. Due to unforeseen circumstances, the UNSRVAW, Rashida Manjoo was unable to attend the Consultation. Ms. Gloria Carrera Massana, Human Rights Officer providing support to the mandate of the UNSRVAW at the Office of the UN High Commissioner for Human Rights, participated in the discussions and delivered a statement on behalf of the UNSRVAW. APWLD arranged for the UNSRVAW to participate via tele-conference, which provided an opportunity for the UNSRVAW to address all participants, provide comments, detail her concerns, and reflections, and outline her intentions in moving forward with respect to her mandate.
3. "Sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." Commission on Human Rights, resolution 2003/28, preamble and para. 6. See also the Conclusion of the Keynote Statement by UNSRVAW, Yakin Ertürk, "Changing Attitudes to Combat Violence against Women," Council of Europe Campaign to Combat Violence against Women, Including Domestic Violence, Madrid, 27 November 2006.

`safer' and less contested way to advocate for sexuality and reproduction has been through a health lens. While there are purposeful and strategic reasons to emphasise the health aspects of these rights, a purely health-centred approach does not give women autonomy over their own bodies. The health-centred approach also tends to conflate sexual and reproductive rights rather than understanding them as separate, albeit intersecting, rights. The persistent coupling of these rights has to some extent served to reinforce the notion that women's sexuality is necessarily linked to reproduction.

Both sexual rights, particularly the right to determine one's own sexual orientation, and reproductive rights, particularly in relation to contraception and reproductive autonomy, are yet to be fully and adequately defined.

### **Sexual Rights**

Sexual rights can be defined as the right of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health;<sup>4</sup> and freedom from discrimination, coercion or violence in their sexual lives and in all sexual decisions.<sup>5</sup> The realisation of sexual rights is an integral part of women's full enjoyment of all rights as well as being integral to gender equality, development and social justice. Sexual rights have always been however, inextricably linked to and constructed by social and religious mores and patriarchal values, which reinforce the subordination of women through different forms of violence against women, coercion and deprivation of legal and other protections of women.

Sexual rights have long been relegated to the `private realm,' and associated with male ownership over women's bodies, whether it is by fathers, brothers, husbands or even communities or society at large.<sup>6</sup> To maintain this unequal power relationship between men and women, marriage and family are used to institutionalise and perpetuate the logic of the appropriation of women's bodies, by legitimising rape and other forms of violence by husbands and

6. The historic sharp demarcation between the 'private' world of family and domestic life which is defined as the women's sphere and the 'public' world of market place which is defined as the men's sphere has been rejected by the women's movement. The definition of "private" based on a political decision of the male dominant society based on social and cultural assumptions of what is valued, has been reinforcing women's oppression and subordination. For instance, violence within the family including sexual violence has long been assumed to be a "private" matter leaving women without any legal remedies available. Similarly, international law has been slow to develop jurisprudence on women's sexual rights as it has been regarded as one of the most "private" areas, and particularly when it comes to women's sexuality it has been treated as an area not valuable enough to be legally protected or regulated. For further discussion on how the private-public dichotomy has adversely affected the realisation of women's rights, also see E. M. Schneider, "The Violence of Privacy" in *Application of Feminist Legal Theory to Women's Lives: Sex, Violence, Work and Reproduction*, Temple University Press, Philadelphia (1996) at pp. 388-401.

4. For further information please see *Sexual Rights: a Declaration of International Planned Parenthood Federation (IPPF) Article 7: Right to health and to the benefits of scientific progress*, October 2008.

5. P. Ilkkaracan and S. Jolly, *Gender and Sexuality: Overview Report*, Institute of Development Studies (2007), at p. 1. Also see the World Health Organisation (WHO) working definition of sexual rights (2004) and the statement of the SRVAVV.

9. Women with disabilities may be particularly at risk due to stigmas associated with body disability and gender, and are more likely to suffer from discrimination than able-bodied women or men with disabilities.
11. Failure to ensure equal property rights upon divorce discourages women from leaving violent marriages, as women may be forced to choose between violence at home and poverty in the street. In either situation women's human rights, particularly her access to treatment/health care is significantly violated.

intimate partners. Furthermore, this has allowed sexual coercion and violence against women to occur on a mass scale, in multiple forms, and in a myriad of contexts – always with virtual impunity. Women's lack of sexual rights reveals itself in both active acts of violations as well as passive acts such as the systematic denial of protection, assistance and redress in cases of violence against them.

The most serious violations of women's sexual rights are related to this implied male ownership of women's bodies or sexuality. Violations can include violence with either explicit or covert sexual undertones, such as in the case of marital rape, honour crimes, and `corrective rapes'<sup>7</sup> of lesbians, bisexuals, transgender and inter-sexed persons (LBTIs)<sup>8</sup>. The consequences of such sexual violence are catastrophic.

Discrimination and stigma pose a serious threat to sexual rights for many vulnerable and marginalised groups including; sexual minorities, migrant workers, sex workers, indigenous women, women with disabilities,<sup>9</sup> non-citizens including refugees and internally displaced persons (IDPs),<sup>10</sup> single mothers, unmarried women and those living with HIV/AIDS. Many cases have been reported, for example, that once women are diagnosed with HIV/AIDS, they experience physical, psychological or verbal abuse from their husbands, family and community members and in many instances are forced to get divorced without any right to their property or inheritance.<sup>11</sup> This applies even when they are infected through their husbands or intimate partners.<sup>12</sup> Harmful but culturally tolerated practices such as `dowry'<sup>13</sup> or `bride price'<sup>14</sup>

7. "Corrective rape" is a criminal practice, where LBTIs, especially lesbian women are raped by a member of opposite sex, purportedly as a means of "curing" or "correcting" their sexual orientation.
8. LBTIs refers to lesbians, bisexual, transgender and inter-sexed persons and/or sexual minorities as defined in the Yogyakarta Principles on the Application of International Law in Relation to Issues of Sexual Orientation and Gender Identity, March 2007.
10. According to the UNHCR half of the world's refugees are in Asia, the largest increase of internally displaced people in 2008 was in South and Southeast Asia with the largest new displacement in 2008 being in Southern Philippines.
13. A dowry is the money, goods, or estate that a woman brings to her husband in marriage.
12. The social norms of women based on patriarchal gender hierarchies, to provide sex as their marital duty, invisibly force women to have sex with their husbands, in many cases without using protection as a sign of trust and faithfulness. UNSRVAV report, E/CN.4/2005/72, paras 29-31. UNAIDS reports in its fact sheet on "Women and AIDS: A Growing Challenge" ([http://www.unaids.org/bangkok2004/factsheets/FS\\_Women\\_en.pdf](http://www.unaids.org/bangkok2004/factsheets/FS_Women_en.pdf)) that in Thailand, 75 per cent of women living with HIV were likely to have been infected by their husbands.
14. Bride price is an amount of money, property or wealth paid by the groom or his family to the parents of a woman upon the marriage of their daughter to the groom. The same country may simultaneously practice both dowry and bride price.

continue to occur in the region. These practices reinforce the concept that a man is purchasing his wife, allowing men to exercise power over women making it almost impossible for women to leave abusive relationships. Forced/early marriage hinders girls' abilities to decide on their sexuality (including sexual orientation), whether to be sexually active or not, as well as to enjoy other fundamental human rights such as their right to education, work and to choose a partner.

Constrictive identities of women as appendages to men - wife, mother, daughter, sister - permeate legal discourses in the region. Laws and legal practices are variously employed to cement male control of women's bodies. Non-criminalisation or legalisation of marital rape,<sup>15</sup> criminalisation of adultery, defences for so-called 'honour' crimes, virginity tests or other chastity provisions, female genital mutilation (FGM) for marriage-ability and even dress codes designed to regulate women's sexuality are all premised on the notion that the sexual rights of women lie with her male proprietor. The practice among many communities to force a rape survivor to marry her rapist or 'bride kidnapper' in order to save the family's honour is a further example of the patriarchal foundations lying behind the control of female sexuality.

The lack of legal protection of sexual rights has also been reported in the workplace in the form of sexual harassment, with the situation of female migrant workers being of particular concern. The social and political construction of male and female sexualities based on unequal power relationships creates the market for trafficking of women. Furthermore, the public/private dichotomy coupled with a strictly sex-segregated job market is reinforced by the lack of legal protection for women who work as domestic workers. Not recognised by industrial laws as workers, domestic workers can be subjected to sexual harassment, rape and abuse with little hope of a remedy.

### ***Reproductive Rights***

Reproductive rights include the right to decide when and if to get pregnant, the number and spacing of children, and the right to voluntarily marry and establish family. It also includes the right to attain the highest standard of

15. Annual report of the SRVAW, E/CN.4/1995/42, paras 58-62

19. Not only is premature pregnancy from forced early marriage a violation of reproductive rights. It also in many cases results in the devastating and preventable tragedy, that is obstetric fistula, which primarily affects young, poor women who lack the means to access quality maternal care. Women and young girls living with fistula are constantly wet from the leaking of urine and often experience genital ulceration, infections and a humiliating odour. They are typically shunned by their partners, families and communities because they are considered unclean, and may live in near complete isolation. Without support many women with fistula are forced to beg for a living and are especially vulnerable to malnutrition and violence. For further information, visit [www.endfistula.org/](http://www.endfistula.org/).
22. Securing women's access to safe, legal and affordable abortion and contraception is another way of enhancing women's sexual rights as women's control over their own body integrity has been violated under the family planning which conforms to conservative but socially acceptable lines of reproduction.

sexual and reproductive health.<sup>16</sup> 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.<sup>17</sup> Reproductive rights can only be realised when a commitment to equality and women's autonomy permeate social and development policies. Access to optimal health care, housing, education, employment and property rights as well as freedom from physical abuse, harassment, genital mutilation and all forms of violence against women are required to enable reproductive rights.

Women's reproductive rights in multiple ways intersect with sexual rights, and are linked to the control over women's sexuality. Forced pregnancy, forced/early marriage, forced abortion and forced sterilisation/impregnation (particularly as a tool of genocide) all represent serious breaches of women's reproductive rights,<sup>18</sup> deeply intertwined with sexual rights. Forced/early marriage, predominant in South Asia where over 50 per cent of girls are married by the age of 18, is itself a breach of sexual rights but also heightens the risk of premature pregnancy<sup>19</sup> and the inability to determine the number and spacing of children.

Reproductive rights can be seriously impeded by lack of adequate health care or lack of access to basic and universal health care services. It is reported<sup>20</sup> that an estimated 74 percent of maternal deaths,<sup>21</sup> for example, can be averted if all women had access to reproductive health care, in particular emergency obstetric care, including access to safe abortion.<sup>22</sup> Women living in poverty and in rural areas and women belonging to ethnic minorities or indigenous populations are among those particularly at risk.

16. International Conference on Population and Development (ICPD) Programme of Action, Cairo, Egypt, September 1994, at para 7.3. Also see [www.unfpa.org/rights/rights.htm](http://www.unfpa.org/rights/rights.htm)
17. Beijing Declaration and Platform for Action, Fourth World Conference on Women, 15 September 1995, A/CONF.177/20 (1995) and A/CONF.177/20/Add.1 (1995)
18. Annual report of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, E/CN.4/2004/49, para. 25.
20. A. Wagstaff, and M. Claeson, *The Millennium Development Goals for Health: rising to the challenges*, World Bank, 2004.
21. WHO defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

On the other hand, access to contraceptives and prophylactics enables women to claim their sexual and reproductive rights. It allows them to determine the number and spacing of their children as well as prevents HIV and sexually transmitted diseases (STDs). However, in reality, women's access to contraceptives is controlled by and subjected to the policies of dominant groups in society, including fundamentalist groups who oppose these rights, placing women at considerable health risk.

In particular, women experience discrimination and violence in relation to their reproductive rights based on their HIV status; in being pregnant, giving birth/family planning, and medical care, especially with regard to mother-to-child transmission of HIV.<sup>23</sup> The choice of whether or not to have children and information on the means of avoiding transmission of the disease to an unborn child or a newborn infant, makes women the focus of intense scrutiny. Pregnancy, lactation and childcare are areas around which multiple stigmas regarding family, community and health care converge. HIV-infected pregnant women may be advised or pressured to terminate their pregnancy which in many cases occurs in a form of forced sterilisation, another fundamental violation of women's reproductive rights.

### **Empowering Women: Positive Affirmations of Sexual and Reproductive Rights**

Sexual and reproductive rights should include both the right to freedom from sexual violations as well as positive sexual and reproductive rights. Positive rights include the rights to determine ones own sexual life (self-determination), freedom of thought and expression, right to information and access to reproductive health care services. Protection and promotion of sexual and reproductive rights must be accompanied by both legal and social interventions which aim to achieve gender equality in law and in practice.

23. Mother-to-child transmission (MTCT) may take place during pregnancy, childbirth, or while breastfeeding, in which mothers with HIV are held to be solely responsible for infecting their child, thus constituting another source of gender discrimination for women with the virus, despite in many cases being infected by their husbands and/or intimate partners. The term 'mother-to-child' transmission itself was debated at the Consultation. Refer to page 22 of this report.





There is a need, as a first step, for positive affirmations of sexual and reproductive rights. Unless sexuality is deconstructed, reconceived and articulated from a feminist perspective, women's bodies and sexuality will be used as a means of subordination and oppression by dominant society, including both men and women. Exploring and affirming sexual and reproductive rights, including the right to sexual pleasure and fulfilment outside of the heterosexual norm, is an essential part of breaking the control of and violence against women.

Fulfilling sexual and reproductive rights requires that states provide enabling environments. For instance, integrated crisis centres, places where violated and abused women and children can utilise the information, services and resources they need in one place, including medical treatment, police services, counselling, forensic tests and shelter services is imperative.

### **International Framework for Women's Sexual and Reproductive Rights**

Several international instruments within the UN and special agencies can be used to advance women's sexual and reproductive rights. Specifically, the UN Commission on Human Rights (UNCHR)<sup>24</sup> has recognised the link between violence against women and sexual rights in the Programme of Action of the International Conference on Population Development (ICPD) and ICPD+5. International human rights instruments incorporating sexual and reproductive rights include, inter alia: Universal Declaration of Human Rights (UDHR)<sup>25</sup>; International Covenant on Civil and Political Rights (ICCPR)<sup>26</sup>; International Covenant on Economic, Social and Cultural Rights (ICESCR)<sup>27</sup>; International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)<sup>28</sup>; Constitution of the World Health Organisation<sup>29</sup>; Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)<sup>30</sup>;

24. UN Human Rights Council since 2006

25. Articles 3, 16 and 25.

26. Articles 3, 6 and 7.

27. Articles 3, 10 and 12.

28. Preamble and article 5(iv)

29. Chapter II, article 2, (I)

30. Articles 1, 5, 12, 16,

Declaration on the Elimination of Violence against Women (DVAW)<sup>31</sup>; General Recommendation Nos. 14<sup>32</sup>, 19<sup>33</sup> and 24<sup>34</sup> of CEDAW Committee.

These instruments together with others pertaining to human rights need to be creatively employed and considered in conjunction with one another, to achieve a broader and holistic approach and to address the intersectionality of rights violation experienced by women. In the event of violations for instance, together with CEDAW, women can utilise other international human rights treaties to seek protection and redress. Women from racial minorities can use the ICERD which provides extra protection for people of racial or ethnic descent. Likewise the rights of girl children are protected by the Convention on the Rights of the Child (CRC); and the rights of women who are migrant workers themselves or family members of the migrant workers are protected by the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW). Similarly, for women with disabilities, new international standards were adopted by the UN General Assembly in 2006 as the Convention for the Rights of Persons with Disabilities (CRPD). However, it is notable that for women of particular sexual orientation and gender identity, as of yet there is no human rights treaty established.<sup>35</sup> This redirects our attention to the fact that sexual and reproductive rights have not yet been fully defined highlighting the need to positively formulate and define 'sexual and reproductive rights.' Such a formulation will contribute to the empowerment of women and combat the root causes of multiple forms of violence and discrimination against women.

31. Articles 1, 2 (a), (b), and (c)

32. on female circumcision

33. on violence against women

34. on women and health

35. Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity (2006) provides mechanisms for the various international human rights law to be applied to the rights related to sexual orientation and gender identity. See also Heisoo Shin, National Movement for Eradication of Sex Trafficking, Korea, in her paper *Sexual and Reproductive Rights and International Framework: Achieving Fundamental Human Rights* during the Consultation.

## CHAPTER I: CRITICAL ISSUES FROM ASIA PACIFIC

APWLD situates its understanding of women's realities in the context of neo-liberal globalisation, fundamentalisms, and militarisation.<sup>36</sup> These three major global trends have fused with patriarchy to constitute new patterns of subordination and oppression of women in the region. Expressions of these three ideologies are often articulated through pernicious contests over women's bodies and sexuality that are manifested through a myriad of discriminative practices that deny and violate women's sexual and reproductive rights.

### 1.1 Neo-liberal Globalisation and Women's Sexual and Reproductive Rights

In the last two decades neo-liberal theories have dominated economic policy in Asia Pacific. The international architecture of neo-liberalism is mandated to raise standards of living and has embraced neo-liberal economic orthodoxy as the path to prosperity. While economic growth may have been achieved through this approach, there is an absence of evidence to indicate that it has led to improved standards of living or improved human rights climates for the majority of the world's poor. Conversely, research conducted by APWLD and others suggests that unconstrained neo-liberalism has exacerbated the gap between rich and poor, and in many cases, has led to further feminisation of poverty. The essence of globalisation is to enable monopoly capitalists represented by transnational corporations to maximise their profits from the exploitation of the labour of working people and natural resources of countries, both in developing and developed countries.<sup>37</sup>

The biggest price of such neo-liberal economic policies has been paid by the

36. The overall framework of Chapter I of this report is framed based on Madhu Mehra's paper on *'Introducing APWLD's analytical framework: fundamentalisms, militarization and globalisation and women's human rights during the Consultation.*

37. Judy M Taguiwalo, Rural and Indigenous Women Task Force, APWLD, *Globalisation and Women: A discussion guide for Trainers*, 2006 (page 21)



rural poor, small farmers and indigenous communities and is manifested in large scale displacement and loss of livelihoods often without any adequate rehabilitation plans or compensation. These developments have also created hubs of employment, bringing about the largest inter and intra state migration in recent times and likewise in trafficking of women and children. Younger women form a large part of migrant labour, employed as contract based unorganised workforce. Even as younger women have gained mobility and employment in wake of these sweeping economic changes, the security is no more than a tenuous foothold in the unorganised low paid unskilled workforce, with no employment security, and with increased vulnerability to violence and exploitation as a migrant.

**Indigenous women** are of particular concern in this regard and there are many reported cases of sexual violence against indigenous women who migrate to urban areas or to developed countries. For instance, two young girls (who had migrated from the north western part of **India** to the cities with their families), a six year old and a 19 year old were raped and murdered in April and in October 2009 respectively.<sup>38</sup> Not only are women at risk as a result of this vulnerability, state laws and policies such as those implemented to combat trafficking and human rights violations often put them at risk of further violence and exploitation. For example, it is often the case that national anti-trafficking legislation uses a criminalisation approach to attempt to eradicate prostitution. In practice this increases the risk of violence for sex workers by putting them in a more vulnerable situation via harsh crack downs which push them underground, creating more complicated barriers and access to legal, social and health services.

*Women migrant workers* are also of concern as they are faced with multiple forms of violence due to their undocumented status or due to the discriminatory laws and policies in destination countries. There was a reported case of a woman, one amongst thousands of **undocumented migrants from Burma, working as a domestic worker in Thailand.**<sup>39</sup> She was

38. Reported by Atina Gangmei, Asia Indigenous Peoples Pact (AIPP) Foundation, Thailand, during the Consultation.

39. Usa Lerdsrisuntad, Foundation For Women, Thailand, in her paper '*Migration and Trafficking and Women's Sexual and Reproductive Rights*,' during the Consultation

sexually exploited and abused by her employer but decided not to report the abuse to the police in fear of losing her job and being deported back to her country of origin. Although the Thai criminal law protects everyone without discrimination, those migrant women who have no legal status cannot seek legal redress since they cannot afford to lose the opportunity to earn a living in Thailand.

Plu, a **Thai** woman, in order to pay off a large debt after her husband left her to start a new family, was persuaded to become a housemaid abroad only to end up working as a sex worker in Italy. She did not know how to use a condom, fell pregnant and was forced to have an abortion, the expense of which was added to her already large existing debt. When she returned to Thailand she cooperated with authorities to prosecute the trafficker, who was from the same village as her however the trafficker left the country whilst on bail and has never been prosecuted.<sup>40</sup>

Women domestic workers are further discriminated against in countries such as **Singapore** where they are the only category of workers who are not permitted to marry Singaporean nationals. Further they are not allowed to fall pregnant and should this occur they are automatically deported to their countries of origin.<sup>41</sup>

These migration trends have seen a steep increase in *international marriages*. It has become one of the choices women make to seek better economic and social opportunities as well as a way to free themselves from forms of oppression faced in their own countries. In some cases, women are trafficked and forced into international marriages where they face multiple forms of violence including marital rape and other forms of physical and psychological

40. *ibid*

41. Mara T Quesada, Action for Health Initiatives, Inc (ACHIEVE), Philippines, in her paper 'Sexual and Reproductive Health Issues Faced by Women Migrant Domestic Workers' during the Consultation

violence, limited freedom of movement and slavery-like situations. Countries such as **Cambodia** reported increased international marriage which is deeply rooted in a tradition whereby a woman marrying into a good family is considered to be a way of returning 'gratitude' to her parents. Forced arranged marriage is common in such patriarchal and male-dominated societies where women are expected to conform to traditions. Furthermore, women are often forced by their husbands to give birth to a son, after which in some cases the women are forced to return home without their children and with little money.<sup>42</sup>

With the acceleration of globalisation, new markets have opened for women where in most cases they find jobs in cheap and unregulated labour markets with minimal monitoring and protective mechanisms, leaving them exposed to new forms of sexual and reproductive exploitation or abuse. Such an avenue is *commercial surrogacy*, i.e. surrogacy for strangers with an explicit cash transaction, made possible through the advent of newer technologies for assisted reproduction, for domestic and international markets.

Commercial surrogacy is gaining ground in many urban and semi-urban centres in **India**. Patriarchic families and communities have always regulated and controlled women's sexual and reproductive labour for the maintenance and sustenance of the hetero-patriarchal family. Women have lived with this control through loss of freedom, curtailment of their mobility, and restricted access to the public world and been offered instead notions of security, protection and status. Their reproductive rights have been trampled upon in the name of the welfare of the family, the community and the nation state. Their sexuality is defined in terms of the norms of the hetero-sexual monogamous family not in terms of rights<sup>43</sup>. The lack of rights, including: the lack of development, education, social security and an adequate standard of living such as adequate food, clothing, and housing, are compounded by the lack of choice, resources and the political and economic oppression of women.

42. Eart Pysal, Khmer HIV/AIDS NGO Alliance (KHANA), Cambodia in her paper 'International Marriage and Women's Sexual and Reproductive Rights' during the Consultation

43. Chayanika Shah, Forum Against Oppression of Women and Lesbians and Bisexuals in Action, India in her paper, 'Surrogate Motherhood and Women's Sexual and Reproductive Rights' during the Consultation

These factors come together to place women in the position where employment as a surrogate appears to be the best of all possible options and can place already vulnerable women at risk of further exploitation.

Hetero-patriarchal relations have shaped not just women's status in the family but also economic opportunities in the market and the workplace. This has over the last decade, combined with global capital to shape international trade and the global market – manifested in international marriages, trafficking, reproductive technology, and the growth of the surrogacy industry.

Furthermore, neo-liberal economic policies have been in many contexts a major factor for the exacerbation of poverty and marginalisation, making basic social services even more inaccessible for women. The *increasing privatisation of health services* in countries in the region is a particularly worrying phenomenon, which limits access to health services for more vulnerable groups such as the poor, HIV positive, sex workers, rural and indigenous women and migrant women amongst others. It makes sexual and reproductive health services accessible only to the women who can afford the cost as customers, leaving women who need the services the most in a more vulnerable position. The privatisation processes, most often imposed by donor/multilateral policies in the neo-liberal global environment, also reduces the accountability of governments to actively promote and fulfil sexual and reproductive rights as mandated in their obligations as signatories to international agreements such as the International Conference on Population and Development, Plan of Action (ICPD PoA), Millennium Development Goals (MDGs) and human rights instruments.

In **Bangladesh**, denial of services by the state, through the lack of adequate health care or lack of access to basic and universal health care services is reported as a major factor responsible for preventable deaths, and lifelong or long lasting injuries of women. Public institutions subsidise private service when public services are neglected due to private practice. For instance, doctors working in the public health sector devote large amounts of time and energy to private practice, arriving late for their duty and leaving early, prohibiting them from performing their government jobs in a professional, effective and accountable manner. Patients are pushed towards private clinics by doctors and other staff who profit from increased private patients, even when there are available public facilities. Affordable universal health care access is being undermined by less regulation and accountability in the private health care sector, which patients are turning to due to the lack of alternative options and the weakened public health institutions.<sup>44</sup>

Increasing privatisation of health is a concern also in **Mongolia**. Government doctors are sending clients or patients to their own private hospitals to earn more money from the provision of private services. The corruption and lack of political will to provide universal health care services further impedes women's access to basic health services.<sup>45</sup>



44. Sadaf Saaz Siddiqi, Naripokkho, Bangladesh in her paper, *'My Body, My Life – Whose Rights?'* during the Consultation

45. Dr. Semjidmaa Chojil (PhD), Mongolian Family Welfare Association (MFWA), Mongolia, in her paper, *'Violations of Women's Sexual and Reproductive Rights in Mongolia'* during the Consultation



The exclusion of Traditional Birth Attendants (TBAs) either trained or untrained from the category of skilled health workers by international agencies such as the World Health Organisation (WHO) can have detrimental effects on women's reproductive health rights particularly in rural areas.<sup>46</sup> TBAs are still a choice for women living in rural areas or in indigenous communities, who have very limited or sometimes no access to health services and who are not being reached by government/public services, as they are the only form of assistance available.

In **Bangladesh**, 85 percent of deliveries take place at home attended by relatives and TBAs. The remaining 15 percent are handled by the public sector, non-government organisations (NGOs) and private sector. Although UNICEF has undertaken to identify young women working as family welfare assistants and have them trained on a six month programme to become skilled birth attendants (SBAs), SBAs are few and far between at the local level as the training process has not been completed yet in many areas nor is it completely comprehensive.<sup>47</sup>

46. According to WHO, a skilled attendant refers to "an accredited health professional-such as a midwife, doctor or nurse-who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and new born." ([http://www.who.int/making\\_pregnancy\\_safer/topics/skilled\\_birth/en/](http://www.who.int/making_pregnancy_safer/topics/skilled_birth/en/)). For further information on skilled attendants in Asia, see Asian-Pacific Resource and Research Centre for Women (ARROW), *Reclaiming & Redefining Rights: Status of Sexual and Reproductive Health and Rights in Asia*, pp. 61-63 (2009).
47. Sadaf Saaz Siddiqi, Naripokkho, Bangladesh in her paper, *'My Body, My Life – Whose Rights? during the Consultation*

Service providers are not reaching out to **indigenous women**, the majority of whom live in remote areas and do not have adequate, accessible and affordable health care services. Government policies follow the instructions of international agencies, including WHO and UNICEF, which most often reject and deprive indigenous communities of their traditional rights of giving birth, effectively practiced by TBAs and traditional healers. This will only have further detrimental impacts on the reproductive health rights of indigenous women. Support from governments to upgrade the knowledge and skills of TBAs as well as to enhance the delivery of public sector services are critical in enhancing reproductive health rights of indigenous women.<sup>48</sup>

In **Papua New Guinea**, a country where 85 percent of the population lives in rural areas with no roads available due to its mountainous topography, TBAs are the only ones in the communities to assist women in delivery, family planning or basic reproductive health services. Denying access to reproductive health care to women who have no access to government/public facilities or even private facilities is a serious form of violence and discrimination against women.<sup>49</sup>

The role of TBAs is of note in the context of militarisation. In **Burma**, particularly in the eastern military zone, TBAs are the only ones that can assist women as a result of the on-going fighting and limited or no access to health care services.<sup>50</sup>

48. Reported by Atina Gangmei, AIPP, Thailand during the Consultation.

49. Juliana C Riparip, Marie Stopes Papua New Guinea, (PNG) in her report, 'Violence against Women and the HIV/AIDS Epidemic in Papua New Guinea' during the Consultation

50. Reported by Naw K'nyaw Paw, Karen Women's Organisation, Karen State Burma, during the Consultation

The contestations to maintain and assert control over women's sexual and reproductive rights in the wake of globalisation have had the strongest political currency when couched in the language of fundamentalist cultural identity politics, based on religion, ethnicity, and nationalism. These contestations have relied upon violence as a strategy and means of control over women's sexual and reproductive rights.



## 1.2 Fundamentalisms and Women's Sexual and Reproductive Rights

APWLD uses the term 'fundamentalism' to refer to monolithic, rigid narratives adopted by movements in their quest for power, particularly through deployment of cultural, religious, ethnic and nationalist discourses. These movements are distinct from other movements in that the power they seek is absolute and in opposition to plurality, difference, debate or dissent. In the context of culture/religious based fundamentalisms, power is inevitably and most easily exercised by targeting women, through regulation of their bodies, roles, freedoms and rights.

Nowhere is this more evident than in the sphere of sexual and reproductive rights. Harmful but culturally tolerated practices such as dowry or bride price, which reinforce the concept that a man is purchasing his wife and allows him to exercise complete power over her, are often justified as honouring 'religion' or 'culture.' Women's sexual and reproductive rights are closely tied with notions of the family name, honour and esteem with the result that great control is exercised over it by the latter, as any violations of the set traditional norms of the society are commonly accompanied by severe punishment, disability and even death.

In **Pakistan**<sup>51</sup>, even though the law has persistently made an attempt to promote sexual and reproductive health rights and discourages practices like child marriage through the establishment of various laws (e.g. the Muslim Family Law Ordinance (MFLO), 1961), they remain commonplace. In many cases, a child marriage is contracted with a much older man and negotiations on sexual and reproductive health issues including use of condom or discussion on family size are well beyond the capacities of the child bride. It is reported that pregnancy related death is a leading cause of death for girls between 15 and 19 years of age. Furthermore, women are prevented from marrying or bearing children, if they are 'married to the Holy Book' (Quran);<sup>52</sup> women (usually young girls) are traded for peace between warring factions; and women are subjected to extreme violence justified by the practice of punishing 'honour crimes' whenever women transgress traditional norms. For instance, pre and extra marital sexual activity is considered a stain on the honour of the man/family and a rightful provocation to violence. What is worse is that on many occasions, the perpetrators are excused by traditional para-legal bodies in the name of upholding patriarchal tradition. In many instances, the alleged transgression of the woman is not actual but merely used as an excuse to achieve a motive such as stealing away property from the woman.

52. Marriage to the Quran [known as *Haq Bakshish*], a practice that is widespread in the Sindh province in the south of Pakistan where young girls are asked to dedicate themselves to memorising the Holy Quran. Their families hold a ceremony to marry the girl to the Holy Book. A girl places her hand on the Quran and takes an oath that she is married to it until death. The phenomenon has caused much controversy throughout Pakistan with some families encouraging "marriage to Quran" to prevent a woman from marrying any person. Women who are married to the Holy Book are not allowed to have a relationship with a man or to marry anybody. Moreover, men fear being cursed if they have a relationship with a woman who is married to the Quran. The trend is more notable amongst the rich and feudal families in Sindh. It was first devised to deny women their rights of inheritance and out of fear of property being passed on to outsiders through the daughters or sisters (i.e. their spouses or children). According to independent sources in the Pakistani capital, Islamabad, approximately 10,000 girls are married to the Quran in the Sindh province.

51. Saman Yazdani, Shirkat Gah, Pakistan in her paper '*Harmful Cultural Practices and Women's Sexual and Reproductive Rights - Pakistani Perspective*' during the Consultation

**Papua New Guinea** has the highest incidence of HIV/AIDS and sexually transmitted diseases (STDs) in the Pacific which are associated with an increase in sexual assault including rape. Three of the seven major practices linked to the high incident of HIV/AIDS were identified as violence against women (including: sexual coercion and gender-based violence); accepted practice of polygamy; and early onset of sexual activity, often where first experience involves violence, abuse and coercion. In Lae, the capital of the Morobe Province, Papua New Guinea's second largest city, it is common for women who travel the Highlands Highway to wear the female condom as protection against STDs or HIV/AIDS from infected gang rapists as it is expected that they will be raped. Survivors of violence are further violated by the practice of paying 'compensation,' in many cases in the form of the rapist's family paying to the victim's family an agreed sum in lieu of prosecution which is accepted as 'justice,' and further justifies repeated rape incidents by the same perpetrators.<sup>53</sup>

In **Sri Lanka**, religion or culture plays a dominant role in controlling women's bodies and sexualities. A 30-year-old Muslim woman, mother of three children, was killed in the name of 'honour' allegedly by men from the same Muslim community for having 'bad character and connection with men.'<sup>54</sup>

53. Juliana C Riparip, Marie Stopes Papua New Guinea, Papua New Guinea (PNG) in her report, '*Violence against Women and the HIV/AIDS Epidemic in Papua New Guinea*' during the Consultation

54. Segaruban Vijayalochumi, Suriya Women's Development Centre, Sri Lanka in her report '*Reproductive Health and Rights Issues for Women in Conflict Affected Areas*' during the Consultation

In many parts of the Asia Pacific region, religious institutions play an influential role in reinforcing violations or suppression of women's sexual and reproductive rights in law and policy-making and/or by obstructing positive developments in women's rights. Religious fundamentalisms promote a dominant, male-centred, patriarchal and hetero-normative model of the family, claiming to be "pro-family" and "pro-life", subsequently exercising and reasserting absolute control over women's bodies. In the **Philippines**, the Catholic Church has been extremely vocal in its opposition to the draft Reproductive Health Bill (which if passed will allow the use of artificial contraceptives, while not decriminalising abortion) with some local governmental units establishing an affirmative policy of promoting natural family planning as the *only* acceptable form of family planning.<sup>55</sup> This places women, particularly poor women, in a situation where the only remaining solution is abortion, which is mostly clandestinely practiced in and under unsafe places and conditions, in turn resulting in a high rate of maternal mortality.

55. Alnie G. Foja, Gabriela Women's Party, Philippines, in her paper 'Beyond "Pro-Life versus Pro-Choice" Debate: The Status of Reproductive Health and Rights in the Philippines' during the Consultation

Similarly, in **Timor-Leste**, which reports the highest rate of maternal mortality in the Asia region deriving from unsafe abortion, law-making is also strongly influenced by the Catholic Church. A review process of the Penal Code in October 2008 resulted in Parliament approving the draft Penal Code which was to be reviewed by civil society. Article 142, of the draft Penal Code permitted termination of pregnancy on grounds of illness, including mental or psychological trauma from rape or incest, and risk to life of the mother. During the review, NGO advocacy networks made additional recommendations to consider broadening the article to include permitting abortion in the incidences of rape, incest and economic social issues as exception for interruption of pregnancy. The Catholic Church simultaneously sent a petition to the National Parliament requesting that the recommendations not be implemented into the Penal Code with the reason that it was against Catholic morals and the rights of the foetus, since conception is considered the moment of human life. As a result, the current Penal Code, article 141 criminalises termination of pregnancy in all circumstances only with the exception of risk of death under strict conditions which includes three doctors being required to agree to the procedure and sign a certificate with the written consent of the women seeking the abortion. Consent from a women's spouse is also required. A fourth doctor (not one of the original three) should perform the abortion and one of the doctors should be trained in obstetrics/gynaecology. There should be a delay between gaining consent and performing the actual procedure which puts women at further risk of complications. Furthermore, medical practitioners may conscientiously object to performing an elective abortion however in this instance they must refer the woman to another doctor.<sup>56</sup>

56. Veronica Correia, Alola Foundation, Timor - Leste, in her paper '*Maternal Mortality, Unsafe Abortion and Women's Reproductive Rights in Timor-Leste*' during the Consultation

In **Fiji**, women and girls' sexual and reproductive rights are strongly influenced by traditional cultural and religious values. Abortion is criminalised with criminal penalties ranging from two years to life imprisonment for women who are convicted. The penalty also applies to those who perform the procedure whether it is using traditional or medical means, and a medical practitioner can be imprisoned for 14 years.<sup>57</sup> The lack of appropriate facilities places women at greater risk and those conducting the abortions are general practitioners who do not have sufficient knowledge or expertise in this area and use this as a money making exercise. The resistance to making abortion legal, coming mainly from faith-based organisations, only increases clandestinely practiced abortions without appropriate health care services reaching women in most need.

On the other side of the spectrum, the current realities of abortion practices in **Korea** raised the concern that the primary beneficiary was not the women seeking the abortion but the hospitals and practitioners profiting from providing the service. Abortion in Korea is permitted to save a woman's life, in instances of rape, incest and foetal impairment with the condition that spousal approval is required. It is estimated that there is more than half a million abortions per year, 340,000 of these in South Korea alone which has raised much debate over whether Korea's low birth rate to some extent correlates with the high abortion rate.<sup>58</sup> In comparison the realities in **Kyrgyzstan**, where abortion is legal and permitted without restriction, medical services are not accessible for most women. Women in rural areas are unable to access services as a result of not being able to travel the long distance (sometimes up to four hours) to reach a medical facility and in most instances are unable to afford the treatment. In Kyrgyzstan, to receive medical treatment, citizens are required to produce evidence of medical insurance and identification cards, which discriminates against sex-workers as most do not have such documentation as a result of having been trafficked or forced into

57. Naeemah Khan, Virisila Buadromo and Edwina Kotoisuva, Fiji Women's Rights Movement/ Fiji Women's Crisis Centre, Fiji, in paper 'Women-centred Services: from Individual Empowerment to Social Change Sexual Reproductive and Health Rights' during the Consultation

58. Reported by Heisoo Shin, National Movement for Eradication of Sex Trafficking, Korea during the Consultation.



prostitution.<sup>59</sup> Sex workers are unable to access abortions free-of-charge and there is currently no Acts or laws that specifically protect or support them.

Cultural attitudes and practices cultivate an environment where violence against women persists and is used as a way to control women. The perception is reinforced through cultural attitudes that women should be kept in their place if they are not seen to conform to the ideal notions of being female or are not judged by the prevailing cultural traditional attitudes to be a ‘good woman.’ For instance, in many cases of sexual assault in **Fiji**, the female victim may be blamed by the community and it is commonly reported that a community may victimise a survivor of sexual violence for reporting the matter to the police giving no space for the survivor to seek justice.

*‘A 15 year old girl, lodged a complaint with the police for being gang-raped. That Sunday when she went to church with her family the members of the congregation moved to sit apart from her family, as they were upset with her for reporting the matter and bringing shame onto the community.’<sup>60</sup>*

Discrimination and stigma poses a serious threat to the sexual and reproductive rights of many vulnerable and marginalised women. For instance **women with disabilities** face triple discrimination within society in general: not only because of their disabilities but also because they are women and often from lower socio-economic circumstances. Even within each of the three categories, prejudice against women with disabilities prevails, i.e. among women; women with disabilities are seen as inferior and, among people with disabilities; disabled women are not considered equal to disabled men. In particular, the sexual and reproductive rights of women with disabilities are neglected simply because of the fact they are women with a disability. Most of the time, women with disabilities are likely to be treated as asexual, sexually inactive or unable to have sexual relationships. They are forced to undergo sterilisation and/or to have abortions in some cases by their family and service providers. Women with disabilities are at high risk of being abused physically, sexually and mentally

59. Reported by Irena Ermolaeva, NGO Asteria, Kyrgyzstan, during the Consultation.

60. Naeemah Khan, Virisila Buadromo and Edwina Kotoisuva, Fiji Women’s Rights Movement/ Fiji Women’s Crisis Centre, Fiji, in paper ‘Women-centered Services: from Individual Empowerment to Social Change Sexual Reproductive and Health Rights’ during the Consultation

at home, within their community and within the institutions established to support and protect them.

In **Korea**, access to justice and/or health services is limited. For instance, Korean courts recently rejected a case of sexual abuse against a girl with an intellectual disability on the grounds that the evidence provided by her or the testimony of a mentally ill or retarded young girl was not credible. Often in such cases, women with disabilities are blamed but not protected from violence. A young woman with intellectual disabilities who was repeatedly sexually assaulted on her way to school was blamed by her mother for the assault and was prohibited from attending school denying her also the right to an education.<sup>61</sup>

Similarly, **women living with HIV/AIDS** are ‘recommended’ not to have a child even by doctors and often forced to undergo sterilisation against their will. Forced sterilisation is not a new concept and is a violation that many women have voiced concern about. Yet sterilisation without a woman’s knowledge or consent continues to be an unnerving reality for some of the world’s most marginalised women, such as those living with HIV/AIDS. Blatant discrimination and denial of reproductive choices is a common experience for many women living with HIV. Dwi Surya Kusuma from **Indonesia**, in her testimony spoke courageously of living with HIV and the pain of discovering she had been sterilised:

*‘The doctor recommended that I should terminate my pregnancy given that I was HIV positive ... however I insisted on continuing the pregnancy, I was four months pregnant at the time. I underwent prevention of mother-to-child transmission (PMCT)<sup>62</sup> treatment on the advice of my doctor. My child was born HIV negative however I was sterilised forcibly after delivery.’*

61. Mijoo Kim, Women with Disabilities Arts and Culture Network, Korea in her paper ‘Women and Girls with Disabilities, Sexuality and Reproductive Rights’ during the Consultation

62. PMCT refers to Prevention of Mother -to- Child Transmission

Dwi's story highlights what is really at risk: respect for fundamental human rights of all women regardless of their HIV status including their sexual and reproductive rights; the right to make choices about reproduction free of discrimination, coercion and violence and; the right to attain the highest standard of sexual and reproductive health. HIV positive women can and do lead fulfilling, safe, pleasurable sex lives and women who have access to PMCT<sup>63</sup> services such as antiretroviral drugs (ARVs) can give birth to healthy infants as is evident in Dwi's testimony. The concept of mother-to-child transmission in and of itself sparked much debate as the terminology once again holds women accountable for transmitting the virus to their children and absolves their husbands and/or partners of any responsibility, even though in many cases the virus is transmitted to the women by their husbands and/or partners.

HIV positive women have less access to reproductive health care systems than non-HIV positive women. Furthermore, fear not receiving funding for proper treatment if they do not conform to their doctors' advice in relation to their pregnancy, HIV positive women are left without a choice but to undergo sterilisation in many cases. In addition, women with HIV/AIDs are reluctant to see doctors when they are unwell in fear of discrimination. Their HIV status prevents them from having appropriate medical treatment as the doctor would often not offer services when informed of their HIV positive status. Therefore, the lack of dissemination of accurate information and accessible medical treatment and health care services are key contributing factors to the discrimination of women living with HIV/AIDs. In **India**, it was reported that women are able to access health facilities for HIV treatment only when their husband felt that his wife should receive the treatment.<sup>64</sup> HIV positive women in **Vietnam** face a similar situation of very limited access to health care facilities and treatment<sup>65</sup>.

Fundamentalisms are particularly dangerous for women who identify as lesbian, bisexual, transgender or intersexed. Culture, religion or tradition is used to

63. Some nations in Africa have chosen to adopt the terminology of 'parent -to- child transmission' to ease this debate

64. Reported by Anuradha Mukherjee, Naz Foundation, India, during the Consultation.

65. Reported by Vu Song Han, Centre of Creative Initiatives in Health and Population, Vietnam, during the Consultation.

justify hate, discrimination, persecution and abuse against sexual minorities. While sexual health is an integral and essential component of reproductive rights; sexual rights are distinct from reproductive rights since many of the expressions of sexuality are non-reproductive and include the right of all persons to express their sexual orientation, with due regard for the well being and rights of others, without fear of persecution, denial of liberty or social interference.<sup>66</sup>

In **Malaysia**, where there is an increase in Islamic conservatism, a **Malaysian transgender woman** who is now living in England recently married her English boyfriend. When her story came to light in Malaysia the government threatened to punish her if she returned to the country because she is Muslim and has insulted Islam, the government and her family. Unnatural offences is found in Section 377 of the Malaysian Penal Code where it explicitly states that “whoever voluntarily has carnal intercourse against the order of nature with any man, women or animal shall be punished with imprisonment for a term which may extend to 20 years and shall also be liable to fine or whipping/canning.” Malaysia stands under the heavy influence of Islam and LGBTI Malaysians are often seen as immoral and treated as deviants and criminals. This particular Malaysian transgender individual now remains in a situation where she is not able to return to Malaysia due to likely persecution. At the same time the home office in England is unable to accept her because her passport photo displays a male face. In Malaysia, as in most other countries, even if she was to have an operation or obtained letters from medical professionals confirming her gender as that of a ‘woman’, she would not officially be able to change her identity card nor her passport to identify as a woman.<sup>67</sup>

66. Statement of Special Rapporteur on Violence against Women, its causes and consequences, Ms Rashida Manjoo

67. Reported by Ivy Josiah, Women’s Aid Organisation (WAO), Malaysia, during the Consultation



In **Fiji**, with a rise in religious and cultural fundamentalism, the Methodist Church (the largest denomination which wields considerable political and religious power) has advocated against homosexuality. Methodist priests have called for the stoning of homosexuals and have organised a public march against homosexuals, often quoting the Bible as a source of justification for its stance.<sup>68</sup>

Neo-liberal globalisation has fuelled fundamentalist movements based on cultural identity politics, alongside the use of violence by state and non-state actors as forms of resistance and means of maintaining law and order – in the process, eroding democratic spaces of debate, dissent, difference and plurality on which democracy and respect for human rights rests. The fall out for women has been enormous in the context of increasing fundamentalist identity politics and militarization, adversely impacting gender equality and protection from violence. Women have been central to identity politics as the bearers of identity, which makes them the subject of additional patriarchal controls and the target of attack in violent conflict between communities. The control over women’s reproduction, sexuality and bodies are key to patriarchy, and are aggravated in fundamentalist discourse – so as to draw boundaries between communities, to mark ‘us’ from ‘them’.

### **1.3 Militarisation/Armed Conflict and Women’s Sexual and Reproductive rights**

Armed conflict, the threat of armed conflict and the militarisation of societies affects women in a multitude of ways. APWLD is particularly concerned about the impact on women’s human rights – both as an immediate consequence of hostilities and the legacy of militarisation that makes it harder for women to claim their human rights.



68. Naeemah Khan, Virisila Buadromo and Edwina Kotoisuva, Fiji Women’s Rights Movement/ Fiji Women’s Crisis Centre, Fiji, in paper ‘Women-centred Services: from Individual Empowerment to Social Change Sexual Reproductive and Health Rights’ during the Consultation

The Asia Pacific region is experiencing increasing militarisation<sup>69</sup> with clear consequences for women's rights. Rape has been deliberately used as an integral part of military and war strategy to humiliate, demoralise or depose the 'other' side in many countries in the region. Militarisation also increases population displacement, a factor that places women at higher risk of sexual violence and trafficking. In the last two decades, especially, the region has seen military play a greater role in governance and an increasing militarisation of state and non-state actors contesting for political power.

In **Burma**, militarisation and attack by the government against its own people has resulted in approximately 150,000 Burmese refugees in Thailand<sup>70</sup>, an estimated two million migrant workers in neighbouring countries and over half a million people have become internally displaced in eastern Burma alone. Even for women living in the relative safety of refugee camps, sexual violence such as rape, domestic violence and sexual assault are of serious concern with little legal recourse available for survivors. When sexual violence is perpetrated by Thai authorities, women's rights are often traded for peaceful relationships between refugee communities and the host country.<sup>71</sup>

In **Sri Lanka**, women in conflict affected areas especially those living in IDP camps are particularly vulnerable to violence and violations of their sexual and reproductive rights. Women are abducted, sexually assaulted and abused by military personnel.<sup>72</sup>

69. J. Scholte, 'The Sources of Neo-liberal Globalisation', Overarching Concerns Programme Paper Number 8, UN Research Institute for Social Development, October 2005.

70. In Thailand, there are nine refugee camps for Burmese refugees.

71. Reported by Naw K'nyaw Paw, Karen Women's Organisation, Karen State Burma, during the Consultation.

72. Segaruban Vijayalochumi, Suriya Women's Development Centre, Sri Lanka in her paper 'Reproductive Health and Rights Issues for Women in Conflict Affected Areas' during the Consultation

The culture of explicit impunity especially in the context of militarisation and armed conflict was stressed, which in most cases results in women having very little, if any, access to justice. Inside **Burma**, particularly in the IDP areas, the military often establish their posts outside of a village and demand the women of the village attend the post to serve them. On 18 August 2009, in Toungoo district, women were forced to drink alcohol and asked to massage the soldiers in the military post. One soldier raped two women. Although the case was reported to the authorities, no action was taken.<sup>73</sup> In **Shan state, Burma**, it was reported that a woman was gang raped in front of her husband.<sup>74</sup> There was no justice sought for the women in either of these cases. In **Nepal**, there have been many reported cases of sexual abuse occurring within custody during times of violent political conflict. Thousands of women especially young girls have been displaced from their communities in search of security and forced into different forms of exploitative work. Many have been internally trafficked for sexual exploitation. Even though the peace process has now begun in Nepal, access to justice and the ending of impunity still remains unaddressed.<sup>75</sup>

Violence against women in this militarised context is compounded by the traditional view of women which regards women as second-class citizens as well as by a culture of impunity, lack of laws and weak implementation of existing laws. Furthermore, lack of resources and infrastructure in conflict/war-torn areas to protect and support survivors of sexual violence as well as basic health facilities was another area of concern. For instance, **in refugee camps for the Karen people of Burma in Thailand**, there is no adequate detention centre that could retain perpetrators of sexual violence for long periods of time, so often a perpetrator is not detained for more than two to six months. The current Karen Refugee Committee (KRC) Rules and Law, Serial No 7 states that punishment of rape is a penalty of 2,000 Thai baht and six months detention.<sup>76</sup> In **Nepal**, many cases of sexual violence have also

73. Naw K'nyaw Paw, Karen Women's Organisation, Karen State Burma, in her paper 'Refugees and Internally Displaced Peoples (IDPs): Sexual Violence against Burmese Refugees in Thailand' during the Consultation

74. Reported by Nang Hern, Shan Women's Action Network, Burma, during the Consultation

75. Reported by Renu Rajbhandari, Women's Rehabilitation Center (WOREC), Nepal, during the Consultation.

76. Naw K'nyaw Paw, Karen Women's Organisation, Karen State Burma, in her paper 'Refugees and Internally Displaced Peoples (IDPs): Sexual Violence against Burmese Refugees in Thailand' during the Consultation.

been reported in Bhutani refugee camps. Although there are on-going efforts particularly made by the UN High Commissioner for Refugees (UNHCR) to end sexual abuse in refugee camps, there are still significant difficulties in seeking justice for the survivors of violence. In cases where refugee girls/women are married to Nepali men in particular, the legislature turns a blind eye and fails to respond when physical or sexual abuse is committed by Nepali husbands regardless of the fact that marital rape was criminalised in Nepal in May 2002.<sup>77</sup> In **North Korea**, under the military government, women have limited access to legal redress on violation of their rights. On public transportation in North Korea, particularly trains, women are exposed to sexual harassment and are groped by passing men, to which they cannot protest as speaking out incurs further violence upon them. Appealing to a Public Safety Agent would be just as gratuitous as they would dismiss the claim with incredulity.<sup>78</sup> On 30 August 2009, in **Timor-Leste**, the President released perpetrators that attacked people in the community in 1999, in election-related violence related to the political turmoil in the country's transition to independence. These attacks involved sexual violence against women (including rape, binding of the vital organs of the victims, and inserting objects in women's genitals) on the grounds of national/political interest.<sup>79</sup>

Women's reproductive health rights cannot be separated from exacerbated poverty and vulnerability in the context of militarisation and armed conflict, which in turn hinders women's access to fundamental health care services. In **Sri Lanka**, women in resettled areas are facing transport difficulties. There is no clinic facility in the resettled areas and midwives will not visit mothers whilst pregnant nor once a child is born. Women face other challenges including lack of access to contraceptives and are often forced into sex work to fulfil their basic needs such as food for themselves and their children.<sup>80</sup>

77. Reported by Renu Rajbhandari Women's Rehabilitation Centre (WOREC) Nepal, during the Consultation

78. Testimony of Myungsook Lee, North Korean defector, '*Unforgettable Misery in North Korea*' during the Consultation

79. Reported by Veronica Correia, Alola Foundation, Timor-Leste, during the Consultation.

80. Segaruban Vijayalochumi, Suriya Women's Development Centre, Sri Lanka in her report '*Reproductive Health and Rights Issues for Women in Conflict Affected Areas*' during the Consultation



**North Korean women** undergo extreme forms of rights violations not only inside North Korea but also when they try to seek refuge in neighbouring countries such as China. In order to hide from authorities in fear of deportation and earn a living, these women are highly exposed to trafficking which often results in forced prostitution and/or forced marriage where they are at risk of sexual assault and/or domestic violence. Once discovered by the authorities they are sent back to North Korea and placed in detention. Violence against women in detention including forced abortion and infanticide, are common violations of women's sexual and reproductive rights. Pregnant women in detention are often assigned to hard labour or beaten by camp guards to induce an abortion. A North Korean defector provided her testimony of the severe hardship she underwent when she was detained in a political prison camp (Kwalliso), including her new born baby being murdered in front of her.

*"I, together with six other North Koreans were taken to the Manpo Security Agency where the guards started to search our bodies. To find any hidden money, agents made us do so-called pumping which involved us sitting and standing repeatedly whilst naked. They then called a female member of the catering staff to check our uteruses. She did not put any gloves on, nor did she wash her hands, before each check-up. Even the pregnant and girls could not avoid this.... I gave birth on 29 November 2005. On the way to work that morning, I was hardly able to walk because the time was near. As the prison guards kicked me to make me walk faster, my water broke. I told the guards that I was sick and they took me to the hospital outside of Kwalliso. They said unless I gave birth on that day they would kill me. I had my baby in the aisle in the hospital. One of the prisoners said it was a girl and cut the umbilical cord with her teeth. The guards put the baby face down and asked me if I would want to let the baby die. They started to kick me all over when I said I could not let my baby die. As a result, my back teeth were broken and I received injuries to my face. I kept saying that the baby had to be saved. My baby cried for hours even whilst she lay face down. Then I fainted. I wanted to cover her body with my underwear but I decided not to. It was before midnight when I delivered my baby. I got back to the Kwalliso at 3:00 am and started to work again at 5:00 am. I was still bleeding. I used my socks to stop*

*it as there was nothing else to use. Other prisoners quietly cut their blankets and let me use them too.<sup>81</sup>*”

The issue of sexual harassment and violence in immigration detention centres and while women were held in custody was also raised. The North Korean defector testified that in the **detention centre in Bangkok, Thailand**, Thai police would give money to female North Koreans, especially young girls to touch their bodies and sexually harass them. Sometimes, when female inmates took showers, the Thai police and other male inmates enjoyed watching them. Although these violations are reported to relevant authorities, including the Korean Embassy in Thailand, no appropriate measures have been taken.<sup>82</sup> A serious issue as to the sexual abuse occurring in detention centres or custody is the impunity that perpetrators enjoy. In **Nepal**, many women political prisoners were raped and although some of those women are now parliamentary members, they can neither speak of their experiences nor seek any legal redress.<sup>83</sup>

Some efforts made by women’s groups to advance women’s access to justice in detention centres were shared. In **Karen refugee camps in Thailand**, women’s organisations have been attempting to establish separate detention centres for women and men. They have been advocating that women should be trained as security guards but to date there is only one camp that has female security personnel.<sup>84</sup> The importance of monitoring detention centres and granting full and unconditional access to NGOs and UN agencies to examine and rectify human rights violations, as well as preventing such violations, was also highlighted.

It is important to recognise the connection between the hegemonic politics of fundamentalist movements and those of militarisation and neo-liberal globalisation, that interlock to undermine democracy and underlies violations

81. Testimony of Myungsook Lee, North Korean defector, ‘*Unforgettable Misery in North Korea*’ during the Consultation

82. *ibid*

83. Reported by Renu Rajbhandari, Women’s Rehabilitation Centre, Nepal, during the Consultation.

84. Reported by Naw K’nyaw Paw, Karen Women’s Organisation, Karen State Burma, during the Consultation.

and non-recognition of sexual and reproductive rights. All the three trends are based on the 'single truth' approach that holds that there is only one correct way to approach and view the construction of culture, management of the economy, and addressing of security and conflict.

The norms of chastity for women and of heteronormativity underlie sexual and bodily controls over women during peace and in times of conflict. Assertion of women's sexual autonomy and bodily integrity therefore requires challenging the norms that underlie sexual controls and grading of women on the basis of sexuality, sexual conduct and orientation.<sup>85</sup> Challenging sexual norms that privilege some women over others is therefore central to addressing sexual violence and to the articulation of sexual rights.

A focus on violations, particularly egregious violations is critical, and remains an area of challenge. However, alongside violations, the norm defining sexuality must also be challenged. The purpose of focusing on the norms rather than the violations is an important one. For even as we take stock of sexual violence, we must not lose sight of challenging the root causes of sexual control that underlie the spectrum of violence in peace and during conflict. Therefore strategies that challenge a hegemonic model of sexuality to promote inclusive and plural discourses are essential to finding solutions. For instance we cannot seek to criminalise marital rape without asserting sexual autonomy for all women, regardless of their marital status, sexual preference or work. Only if our strategies and human rights advocacy challenges these norms, the routinised violations, as it does the egregious forms, can we move towards a truly transformative discourse on sexuality and reproduction – one that moves beyond 'protection/redress' towards 'prevention' and 'recognition of sexual and reproductive rights'.

85. Chastity and procreative sex within heterosexual marriage are the highest in the sexual hierarchy, followed by lesser or deviant forms, ranging from inter caste/ inter religious/ inter racial unions, widowhood, non marital sex, same-sex desire and sex work - carrying varying degrees of stigma, exclusion and violence. See Madhu Mehra's paper on '*Introducing APWLD's analytical framework: fundamentalisms, militarization and globalisation and women's human rights during the Consultation.*'

## I.4 Successful Stories Advancing Women's Sexual and Reproductive Rights

The articulation of women's reproductive and sexual rights and the linking of this to the human rights framework arose significantly in the 1990s.<sup>86</sup> Almost two decades later and with many discussions in the intervening years, the participants at this regional consultation once again made connections between women's rights, sexual rights and reproductive rights; discussed the violations of women's sexual and reproductive rights, including the changing global political and economic landscape; and strategised on how to attain protection, promotion and fulfilment of sexual and reproductive rights, and how to address impunity for violations in this regard.<sup>87</sup>

The region has recently seen initiatives and strategies taken by women's groups to make women's sexual and reproductive rights a reality. These include:

- one-stop-crisis centres, places where violated and abused women and children can seek all the services they need in one place, including medical treatment, police services, counselling, forensic tests, and more;
- shelter and telephone counselling services set up by women's organisations in some countries in the region;
- challenging discourse on women, reproduction and sexuality by questioning the predominant beliefs and language of honour and chastity; and
- landmark court decisions in Korea with 'wife rape' being declared as sexual assault and in India, with the decriminalisation of same sex relationships.

In **Malaysia**, shelters and service centres serve as a space for women survivors not only for protection but also for individual empowerment. These shelters and service centres have become a drive for positive change to achieve substantive gender equality. Empowerment of women survivors at these centres are facilitated by ensuring women's participation in decision making

86. "The reproductive health field burst upon the scene in the years leading up to the historic ICPD in 1994 and the Fourth World conference on Women in Beijing the following year. With its roots in population and family planning, the new world of reproductive health reached out to bring in important new perspectives on human sexuality, women's health, women's rights, sexual rights, and women's empowerment. Reproductive health spurred a major rethinking about human reproduction and its biological, social, economic, cultural and political determinants and outcomes. Separate from other primary health care services, a new paradigm was launched, but one connected to a broader vision of factors, especially those related to development J. Kaufman 'Measuring Reproductive Health: from contraceptive prevalence to human development indicators' in Reproductive Health and Human Rights – The Way Forward, editors L. Reichenbach & M.J. Roseman, - University of Pennsylvania Press, 2009.

87. Statement of Special Rapporteur on Violence against Women, its causes and consequences, Ms Rashida Manjoo during the Consultation?

within the refuge, an open door policy, and raising awareness through information sharing and education on human rights, including sexual and reproductive rights. This enables these women to assert and claim their rights, which in turn allows them to regain the power over their lives and make decisions in the best interest of themselves and their children.<sup>88</sup> The importance of documenting cases was stressed, as it provides a better understanding on abused women's lived realities including their daily challenges as they weave their way to free themselves from violence, from the initial response of the police, to the welfare and court response. It also provides insight into the dynamics of the violent situations endured by these women. As a result this understanding and insight propels women's organisations in influencing legislation, policy making and public education.

The need for funding support from governments to establish safe spaces for women survivors was reiterated. In **Nepal**, to obtain government support, women's rights defenders organised a campaign and ran a hunger strike which resulted in the government approving 15 additional safe houses in the country.<sup>89</sup> Furthermore, 2010 has been declared as 'Violence against Women Free Year' by the Nepali Government, followed by national campaigns on violence against women initiated by different women's groups.

In **Thailand**, crisis support centres for women facing several forms of violence were established by a Burmese women's organisation. A case of a Burmese migrant worker who was raped by her employer and fell pregnant without receiving any compensation was brought to the court with the assistance and support of one of these crisis support centres. The court convicted the perpetrator and he was ordered to compensate the Burmese woman for the loss of her daily wages.<sup>90</sup>

In **Bangladesh**, women's groups including Naripokkho have been challenging the discourse on women, reproduction and sexuality by questioning the

88. Ivy Josiah, Women's Aid Organisation (WAO), Malaysia, in her paper 'The WAO Refuge: You Can't Beat a Woman' during the Consultation

89. Reported by Renu Rajbhandari Women's Rehabilitation Centre (WOREC) Nepal, during the Consultation

90. Reported by Nang Hern, Shan Women's Action Network, Burma, during the Consultation.

predominant beliefs and language of honour and chastity particularly in relation to rape, in order to change the mindset of the community. Slogans include: “it is my body and my decision”; “we will break the curfew of the night and move freely”; “rape is a crime not a loss of honour”; “the person subjected to sexual violence doesn’t lose her honour, rather the perpetrator does”.<sup>91</sup>

Two successful legal battles challenging laws, policies and cultures were shared from Korea and India. In **Korea**, a momentous decision which declared ‘wife rape’ as criminal assault was rendered by the Busan District Court challenging society’s attitude and belief that rape cannot occur in a familial setting. The court decision clearly stated that the law on rape is to protect women’s rights to sexual self determination and not the chastity of women.<sup>92</sup> In **India**, the High Court of Delhi declared Section 377 of the Indian Penal Code which criminalised same-sex consensual sexual acts of adults in private as violating the rights to privacy, liberty, health and equality enshrined in the Constitution of India. Prior to this ruling the law was used to harass people, particularly men who have sex with men, lesbians and transgender individuals and heterosexual couples who participate in sexual activity against the order of nature. The monumental judgment is a huge leap rejecting the heteronormative and homogenous conception of sexuality and reemphasising diversity and inclusiveness to address homophobia, transphobia and stigma faced by sexual minorities.<sup>93</sup> Further, it ensures that essential health, social services and support, specifically for people with HIV/AIDs, is available and accessible by all. It is noteworthy how the two court decisions cited international human rights laws and standards to uphold fundamental human rights of women and other marginalised people.

“it is my body  
and  
my decision”

The importance of awareness raising and mobilising public opinions for strong support and placing pressure upon governments was highlighted. In **Korea**, the rape of an eight year old girl was reported. As a consequence of the rape

91. Sadaf Saaz Siddiqi, Naripokkho, Bangladesh in her paper, ‘My Body, My Life – Whose Rights’ during the Consultation

92. Soojeong Kim, Korea Women’s Hotline, Korea in her paper ‘A comprehension of wife rape in Korea from the viewpoint of a women’s rights defender’ during the Consultation

93. Anuradha Mukherjee, Naz Foundation, India, in her paper ‘Section 377: The Legal Battle for LGBT Rights in India’ during the Consultation

“our bodies  
belong to ourselves”

the child’s internal organs were permanently damaged, which has resulted in the child requiring medical intervention for the rest of her life. The perpetrator was sentenced to 12 years imprisonment only with his alcohol intoxication as a mitigating factor. The public outcry over this short term sentence (more than 400,000 replies to the internet news) has placed pressure on the court, which is now reconsidering its original decision.<sup>94</sup> In **India**, Partners for Law in Development took initiative to promote entitlements for women in non-normative intimate relationships that lack legal recognition and status, through workshops, consultations and a resource book. An alternative rights framework was adopted to include women who are excluded from the dominant framework of family law and socially stigmatised. It challenged, amongst other things, the grading of sexual norms from the spectrum of ‘normal/ natural/ legal’ to ‘deviant/unnatural’, a grading that is based on brahmanical and heteropatriachal standards of good and bad sexualities and good and bad women. The initiative highlighted the need for building a perspective on women’s rights in the private sphere of the family, regardless of marital status or sexuality of the woman, which has immense potential in expanding human rights in the private arena at the levels of community interventions, case work/ mediations, advocacy, rights education and other forms of crisis intervention. In **Nepal**, women’s groups including Women’s Rehabilitation Centre (WOREC) have been working nationally to challenge the existing social beliefs and norms towards women’s bodies and sexuality. The concept of ‘our bodies belong to ourselves’ has been initiated and women health counselling centres have been established. Women’s groups in Nepal are advocating to replicate these initiatives.

Despite the progress achieved in advancing women’s human rights, subtle and indirect barriers to the enjoyment of sexual and reproductive rights still remain which include the non-existence of legal mechanisms, discriminatory laws and the lack of initiative by the states to implement such mechanisms, policies and/or laws. In **Pakistan**, for instance, despite the full range of laws including the 1976 Dowry Restriction Act, Child Marriage Restraint Act, Muslim Family Law Ordinance and Penal Code, women continue to face multiple forms of

94. Reported by Heisoo Shin, National Movement for Eradication of Sex Trafficking Republic of , during the Consultation

violations of their sexual and reproductive rights such as dowry violence, early marriage, domestic violence and honour killings to name a few.

The challenge women's organisations and women's human rights defenders now face is identifying whether the normative framework, including laws and policies pertaining to sexual and reproductive rights, as it stands is sufficient or not. If the normative framework is sufficient women's organisations should be campaigning to advance and ensure the implementation of laws and policies and holding perpetrators, whether it is state or non-state actors, accountable for rights violations. If the framework is not sufficient, identifying where the disparity lies is imperative, i.e. whether there are gaps in the normative framework that should be considered or whether international and national laws are not interpreted sufficiently, broadly and creatively enough to address the issues of discrimination based on gender identity and/or sexual orientation.



## CHAPTER 2: THE UNSRVAW AND THE INTERNATIONAL FRAMEWORK<sup>95</sup>

Standards in relation to sexual and reproductive rights have their basis and draw upon a wide array of provisions in a variety of international human rights instruments, including the Declaration on the Elimination of Violence against Women (DEVAW), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the International Covenant on Civil and Political Rights (ICESCR), the International Covenant on Economic, Social and Cultural Rights (ICCPR) as well as other important international commitments such as those contained in the Beijing Platform for Action, the Millennium Development Goals and the Cairo Programme of Action of the 1994 International Conference on Population and Development (ICPD)<sup>96</sup>.

These standards are complemented by other efforts at interpreting and furthering these rights through guidelines, resolutions, the policy and field work of key international organisations addressing these issues, and the work of the various treaty bodies which have elaborated both general recommendations on provisions relevant to sexual and reproductive rights as well as concluding observations on particular country situations.

The ICPD recognised gender as a key determinant of a person's health, as well as women's disproportionate burden in these areas, and shifted the focus on population growth to one based on individual rights and individual choice. It further recognised the importance of addressing women's needs and rights, including the particular needs of different groups of women. In doing so, the ICPD made explicit the link between sexual and reproductive health and the advancement of women's rights, and provided a broad framework as well as

95. The overall framework of Chapter 2 of this report is framed based on *the Statement of the Special Rapporteur on Violence against Women, its Causes and Consequences*, Rashida Manjoo for the Consultation.

96. For further details of international instruments, see paper of Heisoo Shin, National Movement for Eradication of Sex Trafficking, Korea, 'Sexual and Reproductive Rights and International Framework: Achieving Fundamental Human Rights' during the Consultation.

specific targets for achieving universal reproductive health by 2015. Despite the progress made, many millions of people, including in particular disadvantaged women and adolescents, still do not have access to sexual and reproductive health services or information as detailed earlier in this report.

Violence against women (VAW) and girls which is based or impacts on their sexual or reproductive rights takes many forms and often infringes upon many rights at the same time. Forced or early marriage which violates a girls' right to marry a partner of her choice may deprive her of access to education, and may involve (marital) rape, a lack of access to sexual and reproductive services and information, as well as a life of servitude, thus violating her rights to non-discrimination, physical integrity, health, and a series of other socio-economic rights.

On a deeper level, sexual and reproductive rights also relate closely to: fundamental issues of discrimination (including multiple intersecting forms of discrimination); to gender stereotypes and unequal power relations; and to gender-based violence (including domestic violence, honour crimes and violence committed for transgression of gender roles, sexual mores, or dress codes). In this regard international state obligations exist both with respect to harm done through state actions, as well as by harm done through state failure to meet international and domestic obligations – i.e. the failure to meet the due diligence standard<sup>97</sup> Failure of state protection, including the investigation and prosecution of crimes committed against sexual minorities, is often invoked by groups working in this field. This lack of state protection extends to human rights defenders of sexual minorities.

The scope of sexual rights is much broader than sexual health or reproductive rights, and is not specific to women alone. Sexual rights require further attention from a human rights perspective. Future work and frameworks in relation to sexual rights should be developed in terms of respect, protection and fulfilment within human rights law, and should move beyond its current violation-centred approach to one which challenges gender inequality and affirms sexual rights.

97. The principle of 'due diligence' is an international legal standard which deems that States are accountable for preventing, investigating and punishing human rights abuses perpetrated by both State and non-state actors. The State is obliged to both prevent violence against women and investigate and punish any acts of violence that have occurred under its jurisdiction. Furthermore the due diligence obligation must be implemented in good faith with a view to preventing and responding to violence against women. This entails taking positive steps and measures in order to ensure that women's human rights are protected, respected, promoted and fulfilled and it necessarily rests on the principle of non-discrimination such that States must use that same level of commitment in relation to addressing violence against women as other forms of violence.

Root causes of VAW lie in unequal power relations between men and women and are founded upon differential gender-based norms. Ideologies sustaining unequal gender relations derive from the dominant notions of women's sexuality and of masculinity that establish dual moral standards for women and men.<sup>98</sup> Male ideologies of honour (which can nonetheless also be attributed to female and family honour) are closely associated with the fear of violence or actual violence perpetrated upon women for real and perceived sexual transgressions. This ideology is also strategically deployed during armed conflict to perpetrate systematic sexual violence against women belonging to the other community/nation as a means of humiliating the opposition and as part of genocidal violence.<sup>99</sup>

Dominant notions of female sexuality have also slipped into the law. This is evident in rape and sexual assault laws that refer to women's chastity, require corroboration in the form of other witnesses or place the victim on trial by questioning her sexual history. Other examples include the non-criminalisation of marital rape, adultery laws, and restrictions regarding relationships outside ethnic, religious or class boundaries.<sup>100</sup>

It is important to articulate the linkages between culturally justified VAW and control of female sexuality, observing that women's emotional and sexual expression is seen to destabilise the unequal social order.<sup>101</sup> Alongside the notions of female sexuality are notions of masculinity that valorise violence in and of itself, as an expression of male sexuality, and as a means of conflict resolution.<sup>102</sup>

Indeed gender-based violence impacts women and girl's sexual and reproductive health as well as their sexual rights throughout their life cycle. Discrimination

98. See E/CN.4/1995/42, paras 58-62; E/CN.4/1997/47, para 8; E/CN.4/2002/83; E/CN.4/2003/75; and E/CN.4/2004/66.

99. 15 years of the United Nations Special Rapporteur on violence against women, its causes and consequences (1994-2009): a Critical Review, p. 37 (2009).

100. E/CN.4/1995/42, paras 58-62; and E/CN.4/1997/47, paras 8 and 34.

101. Statement of the SRVAW at the fifty-eighth session of the Commission on Human Rights, 10 April 2002.

102. E/CN.4/1995/42, para 64; E/CN.4/2002/83, paras 105-108; and E/CN.4/2004/66, para 35.

in the nutrition provided during their early years, child battery, the practice of FGM and early or forced marriage can affect their enjoyment of sexual rights and their reproductive health throughout their lifetime, and potentially result in complications leading to maternal mortality. Studies have also shown the detrimental effects of domestic violence on women's health, including their sexual and reproductive health,<sup>103</sup> while in wartime the devastating effects of rape as a weapon of war can leave generations of women and girls deeply traumatised and their reproductive capacities destroyed.

A critical analysis of the structural causes of violations to sexual and reproductive rights poses important challenges to established patriarchal institutions and gender identities (both personal and collective, since gender roles are often a key component of group identity). Thus there is a need for strategies which reach out and work at the level of local communities in the re-articulation of these identities. This is equally applicable to so called 'developed' societies as it is to developing ones, despite the fact that the challenges and manifestations of these violations may take different forms or magnitudes.

There is much work to be done, especially in the articulation of the sexual rights of women and the multiple forms of discrimination which they face and which affect their enjoyment of both sexual rights and reproductive health/rights. At the practical level, more attention must be paid and standards elaborated in relation to the sexual and reproductive rights and health of adolescents, as well as the accountability of states to meet their international and domestic obligations in this field, including through the proper allocation of budgets for this purpose and programmes and policies which are evidence-based and respond to the actual needs and aspirations of women and girls.

In addition, an intersectional approach has to be adopted as an analytical tool.<sup>104</sup> This enables a better understanding of how multiple layers of discrimination combine to heighten the vulnerability of women and their experience of violence (including violation of their sexual and reproductive

103. For example, see the WHO multi-country study on women's health and domestic violence against women, initiated in 2007.

104. Resolution 7/24 of the Human Rights Council and the Durban Review document (September 2008) confirms intersectionality as a mandatory prism for human rights analysis and inquiry.

rights), often resulting in a continuous cycle of violence for marginalised women. This approach, adopted as part of the working methods of the UNSRVAVW mandate, marks a conceptual shift from the tendency to treat the diverse experiences of women within a single homogeneous category.<sup>105</sup> At the same time, it provides a conceptual paradigm that allows one to see the universality in VAW, without losing sight of the particularities in women's experiences. Similarly, the continuum approach makes visible the linkages between violence in different contexts, such as in peace and in war. The application of an intersectional framework also strengthens human rights analysis, allowing for better program and policy responses at the state level. The mandate of the UNSRVAVW has clearly noted this, emphasising that "integrating an intersectional approach to gender analysis will enhance the analytical capacity of gender analysis in better identifying the multiple forms of discrimination and link State accountability for human rights under various treaty bodies."<sup>106</sup> This approach makes visible the continuum of violence and discrimination that captures more fully the consequences of intersectional discrimination.

105. 15 years of the United Nations Special Rapporteur on violence against women, its causes and consequences (1994-2009): a Critical Review p. 42 (2009).

106. *Ibid.*, p. 44, referring to E/CN.4/2004/66, para 73 (f).

## CHAPTER 3: STRATEGIES AND RECOMMENDATIONS

One of the most important outcomes of the consultations every year is the collective strategies and recommendations by the participants to advance women's human rights, particularly relevant to the focused theme of the year. This year, participants identified key regional issues and subsequently, strategies and recommendations were developed based on the identified key issues to collectively respect, protect, promote and fulfil women's sexual and reproductive rights in Asia Pacific.

The **three key regional issues** identified during the discussions included:

- Fundamentalism - identified namely in the context of religion, culture and stigmatisation. Particularly manifested in the criminalisation/illegalisation of abortion, lack of access to reproductive health services and violence against marginalised/minority women including LGBTIs, women with disabilities, HIV positive women, indigenous women and sex workers;
- Globalisation - identified in the context of trafficking and migration, gender-based violence and women living with HIV/AIDS; and
- Militarisation - including armed/post conflict. Of concern was the increasing level of impunity and military presence in certain regions, the lack of resources and gaps in addressing sexual and reproductive health needs of IDPs particularly women, women living in conflict areas and post-conflict situations and emerging and increasing armed groups in conflict and post-conflict areas targeting women.

Participants identified strategies to end violations of women's sexual and reproductive rights which include:

- Lobbying for ratification and domestication of international human rights instruments, particularly the UN Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW);
- Advocating for the establishment of monitoring mechanisms for gender-based violence (GBV) in existing regional bodies as well as

submitting communications on GBV to regional and international mechanisms, including ASEAN Inter-governmental Commission on Human Rights, (AICHR), ASEAN Commission on the Promotion and Protection of the Rights of Women and Children, (ACWC) and South Asian Association for Regional Cooperation, (SAARC); and

- Building and strengthening networks and sharing information, experiences and strategies.

**Recommendations for the UNSRVAW include:**

- Explicit recognition and development of sexual rights within the mandate and wherever possible, in conjunction with other mandates.
- To call for governments, national human rights institutions and other agencies to review laws, policies and practices and their impact on women's sexual and reproductive rights.
- To critically analyse discriminatory laws, policies and practices toward women, which hinder their ability of realising their sexual and reproductive rights with particular attention given to the marginalised groups. Specifically, the UNSRVAW supports a transparent and inclusive review mechanism to the United Nation Convention against Transnational Organised Crime (UNTOC).
- To conduct country visits in the Asia Pacific with full access to all facilities as a follow up to the consultation and specifically inquire on issues and situations raised at the consultation.
- To closely work with other Special Rapporteurs on the issue of women's sexual and reproductive rights, including the Special Rapporteur on religion; Special Rapporteur on contemporary forms of slavery, its causes and consequences; Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerances; Independent Expert in the field of cultural rights and Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. In light of the testimony provided by the North Korean defector and testimonies from Burma, closely work with the Special Rapporteur on the situation of human rights in the Democratic People's Republic of Korea and the Special Rapporteur on the situation of human rights in

Myanmar.

- To engage with emerging regional human rights mechanisms, particularly with ASEAN Intergovernmental Commission on Human Rights, Commission on Women and Children and Committee on Migrant Workers to ensure women's human rights are not negated in the name of culture.
- To facilitate regional dialogues/discussion between and among countries regarding the issues raised at the consultation.

**Recommendations for States include:**

- To allocate resources to advance women's sexual and reproductive rights, including basic health care services, shelter services and recovery services, and for these to be regularly monitored by independent agencies.
- To ensure people's access to information, justice and facilities including medical facilities pertaining to women's sexual and reproductive rights.
- To integrate information regarding sexual and reproductive rights into the curriculum of educational institutions geared toward attitudes and behaviour change.
- To effectively implement its human rights obligations, including repealing of oppressive and discriminatory laws that violate women's sexual and reproductive rights.
- To ratify and fully implement international human rights treaties.
- To remain secular, as it was noted that only a secular state can protect the rights of all individuals, regardless of their religion or beliefs, to enjoy their sexual and reproductive rights.

**Recommendations for Non-State Actors include:**

- Provision of funding and introducing a more rights based approach to eliminate violence against women pertaining to sexual and reproductive rights.

**Recommendations for Civil Society include:**

- Relentless campaigning, networking, alliance building, documentation, information gathering and sharing to ensure the necessary engagement



with international, regional and national actors including the UNSRVAW and UN agencies/bodies in order to ensure that women's sexual and reproductive rights are protected.

- More collaborative and holistic advocacy and networking amongst NGOs particularly to share good examples, mobilise public opinions, and put pressure upon governments.

The consultation was successful in giving space to women/human rights defenders including APWLD's partners, regional and international NGO's, to speak out about their experiences and provide input on the solutions necessary to improve the protection of women's sexual and reproductive rights. It was also successful in engaging participants in Asia Pacific with the UN Special Procedures mechanism.

## ANNEX A: Programme of the Consultation

### DAY 1: MONDAY, 7 DECEMBER 2009

08:30 – 09:00 **Registration**

09:00 – 09:30 **Welcome and Introductions**

**Kate Lappin**, Regional Coordinator, APWLD

- Welcome remarks
- Introduction of participants
- Introduction of the objectives, methodologies and programme

#### **SESSION I: MAKING THE CONNECTION: WOMEN, SEXUAL RIGHTS AND REPRODUCTIVE RIGHTS**

*The objective of this session is to review and assess how women's sexual and reproductive rights have been developed, addressed and challenged at international level within the framework of VAW and outside it. The session will give an overview of how today's resurgence of fundamentalisms, globalisation and militarisation makes work on sexual and reproductive rights more difficult and challenging. The session also aims to increase the participants' appreciation of the UNSRVAV mandate and her approach to the issue on women's sexual and reproductive rights.*

09:30 – 11:15 **Session I: Making Connection: Women, Sexual Rights and Reproductive Rights**

**Moderator: Kate Lappin**, Regional Coordinator, APWLD

- Introducing APWLD's analytical framework: fundamentalisms, militarisation and globalisation and women's human rights (20 mins)
  - o Madhu Mehra, Partners for Law in Development, India



- Sexual and reproductive rights and international framework: achieving fundamental human rights (20 mins)
  - Heisoo Shin, National Movement for Eradication of Sex Trafficking, Korea
- SRVAW's approach to women's sexual and reproductive rights
  - Gloria Carrera Massana, Office of the UN High Commissioner for Human Rights for and on behalf of Rashida Manjoo, UN Special Rapporteur on violence against women, its causes and consequences (30 mins)

Open Forum (35 mins)

11:15 – 11:30 Tea Break

## **SESSION 2: ADDRESSING VIOLATIONS OF WOMEN'S SEXUAL AND REPRODUCTIVE RIGHTS**

*The objective of this session is to bring out critical emerging issues in Asia Pacific on sexual and reproductive rights, including within national legislation, policies and customary laws and practices and to identify the intersections of women's sexual and reproductive rights and structural causes of VAW within the context of hetero-patriarchal systems as manifested in fundamentalisms, militarisation and globalisation. To facilitate the discussion, the session has been subdivided in three frameworks – fundamentalisms, militarisation and globalisation where systematic violence by the state, within the community, within the family and at transnational arena will be addressed.*

*\* Each plenary session will have 4-5 country presentations (10 mins each) which will be followed by participants' sharing of other experiences from the region and discussions.*

11:30 – 13:30 **Session 2.1: Fundamentalisms and Sexual and Reproductive Rights in Asia Pacific**  
**Moderator: Ivy Josiah, Women's Aid Organisation, Malaysia**

- Harmful cultural practices and women’s sexual and reproductive rights from the Pakistan perspective
  - Saman Yazdani, Shirkat Gah, Pakistan
- Women with disabilities, sexuality and reproductive rights
  - Mijoo Kim, Women with Disabilities Arts and Culture Network, Korea
- Beyond “Pro-Life versus Pro-Choice” debate: the status of reproductive health and rights in the Philippines
  - Alnie Foja, Gabriela Women’s Party, Philippines
- Forced sterilisation of HIV/AIDS positive women
  - Dwi Surya Kusuma, Ikatan Perempuan Positif Indonesia, Indonesia [ interpretation]
- Maternal mortality, unsafe abortion and women’s reproductive rights in Timor-Leste
  - Veronica Correia, Alola Foundation, Timor-Leste
- Violence against women and the HIV/AIDS epidemic in PNG
  - Juliana C Riparip, Marie Stopes Papua New Guinea, Papua New Guinea

Open forum (sharing experiences, question and answers) – 55 mins

13:30 – 14:30 **Lunch**

14:30 – 16:30 **Session 2.2: Globalisation and Sexual and Reproductive Rights in Asia Pacific**

**Moderator: Heisoo Shin**, National Movement for Eradication of Sex Trafficking, Korea

- Migration and trafficking and women’s sexual and reproductive rights
  - Usa Lerdsrisuntad, Foundation For Women, Thailand

- Surrogate motherhood and women's sexual and reproductive rights
  - Chayanika Shah, Forum Against Oppression of Women and Lesbians and Bisexuals in Action, India
- International marriage and women's sexual and reproductive rights
  - Eart Pysal, Khmer HIV/AIDS NGO Alliance, Cambodia
- My body, my life – whose rights?
  - Sadaf Saaz Siddiqi, Naripokkho, Bangladesh

Open forum (30 mins) & Small group discussion (50 mins)

16:30 – 16:45 **Tea Break**

16:45 – 17:30 **Synthesis**  
**Madhu Mehra**, *Partners for Law in Development, India*

*To synthesise the critical and emerging issues relating to women's sexual and reproductive rights & VAW in Asia Pacific and to provide participants with an opportunity to comment on the discussions during the day.*

18:30 - **Solidarity Dinner**

## **DAY 2: TUESDAY, 8 DECEMBER 2009**

09:00 – 10:45 **Session 2.3: Militarisation and Sexual and Reproductive Rights in Asia Pacific**  
**Moderator: Sadaf Saaz Siddiqi**, *Naripokkho, Bangladesh*

- Unforgettable misery in North Korea
  - Myungsook Lee, North Korean defector, Citizen's Alliance for North Korean Human Rights, Korea [interpretation]

- Women's sexual and reproductive rights in Sri Lanka
  - Segaruban Vijayalochumi, Suriya Women's Development Centre, Sri Lanka [interpretation]
- Refugees and internally displaced peoples: sexual violence against Burmese refugees in Thailand
  - Naw K'nyaw Paw, Karen Women's Organisation, Karen State, Burma

Open forum (sharing experiences, question and answers) – 1 hr

10:45 – 11:00 **Tea Break**

### **SESSION 3: EMPOWERING WOMEN: POSITIVE AFFIRMATIONS OF SEXUAL AND REPRODUCTIVE RIGHTS**

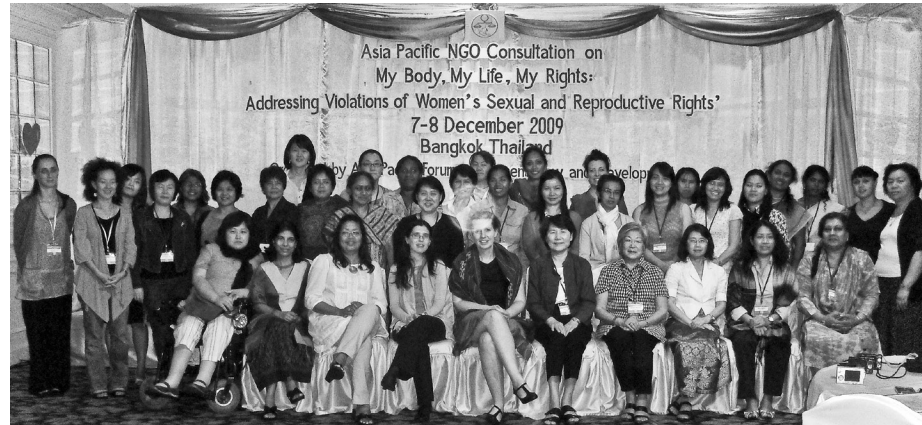
*The objective of this session is to bring out specific experiences, initiatives and strategies taken by women's groups to make women's sexual and reproductive rights a reality. The session will identify many subtle and indirect barriers to the enjoyment of sexual and reproductive rights, may it be non-existence of legal mechanisms, discriminatory laws or no will to implement. The session also aims to move beyond the emphasis on violence in relation to women's sexual and reproductive rights and reaffirm positive sexual and reproductive rights, including sexual pleasure and fulfillment as well recognise women as a drive for positive change.*

11:00 – 12:30 **Session 3: Empowering Women: Positive Affirmations of Sexual and Reproductive Rights**

**Moderator: Virada Somswasdi**, Women's Studies Center, Chiang Mai University, Thailand

- Women-centered services: from individual empowerment to social change
  - Naeemah Khan, Fiji Women's Rights Movement, Fiji
  - Ivy Josiah, Women's Aid Organisation, Malaysia
- Successful story of challenging laws, policies and culture
  - Soojeong Kim, Korea Women's Hotline, Korea
  - Anuradha Mukherjee, Naz Foundation, India

Open forum (sharing experiences, question and answers) – 50 mins



12:30 – 14:00 **Lunch Break**

#### **SESSION 4: PLANNING THE WAY FORWARD: RECOMMENDATIONS AND STRATEGIES**

*The objective of this session is to come up with recommendations and strategic action plans to ensure women's sexual rights and reproductive rights are protected, promoted and fulfilled at national, regional and international levels (closing the gap between national and international). It also aims to strategise on how to move forward to strengthen policy-making, law reform and accountability mechanisms available to women for accessing justice and health services. The session will outline the key recommendation to the SRVAW for integration of the issue in the work of the mandate. Follow up points will also be discussed.*

14:00 – 15:30 **Session 4: Planning the Way Forward:  
Recommendations and Strategies**  
**Facilitator: Wanee Thitprasert**, Research and Campaign for Women Network, Peace and Culture Foundation, Thailand

**Small group work**

*Guidelines for group work will be provided to the participants to facilitate discussion.*

15:30 – 15:45 **Tea Break**

15:45 – 17:15 **Session 4: Recommendations and Strategies (CONT.)**

**Reporting Back**

*15 mins for each group x 4*

**Synthesis of the recommendations and strategies and summary of Consultation (30 mins)**

*Facilitator: Mikiko Otani, Japan Federation of Bar Associations, Japan*

17:15 – 18:00 **Closing and Evaluation**

*Thank you words from Gloria Carrera Massana, OHCHR*

*Closing words from Kate Lappin, Regional Coordinator, APWLD*



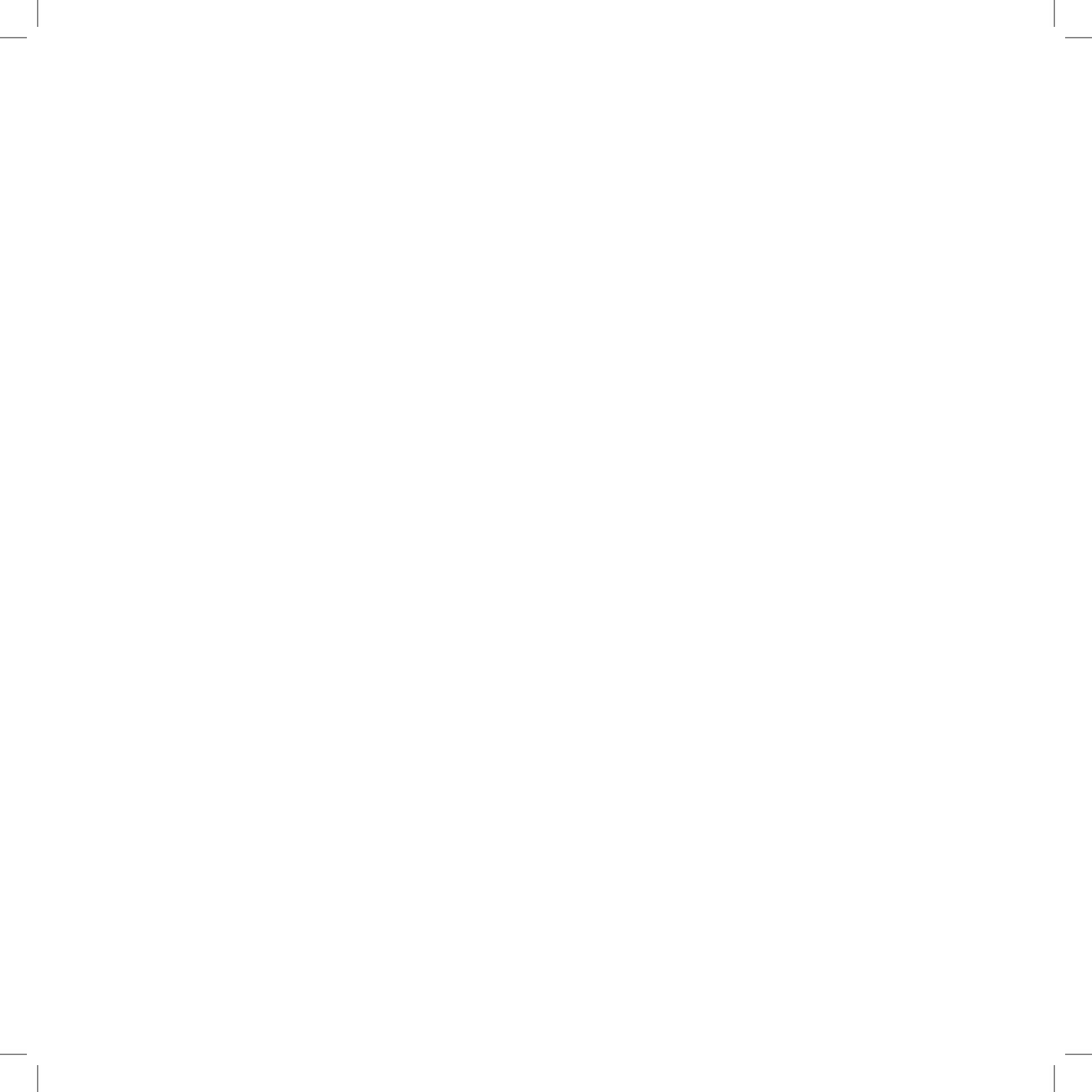
**ANNEX B: List of participants**

	<b>Name</b>	<b>Organisation</b>	<b>Country</b>
1	Ms. Sadaf Saaz Siddiqi	Naripokkho	Bangladesh
2	Ms. Naw K'nyaw Paw	Karen Women's Organisation (KWO)	Burma/ Thailand
3	Ms. Nang Hearn	Shan Women's Action Network (SWAN)	Burma/ Thailand
4	Ms. Eart Pysal	Khmer HIV/AIDS NGO Alliance (KHANA)	Cambodia
5	Ms. Naemah Khan	Fiji Women's Rights Movement (FWRM)	Fiji Islands
6	Ms. Mikiko Otani	Japan Federation of Bar Associations	Japan
7	Ms. Fumi Suzuki	Space Allies	Japan
8	Ms. Azusa Yamashita	GayJapanNews	Japan
9	Ms. Mijoo Kim	Women with Disabilities Arts and Culture Network	Korea
10	Ms. Kim Soo Jeong	Korea Women's Hotline – Bucheon Office	Korea
11	Ms. Heisoo Shin	National Movement for Eradication of Sex Trafficking	Korea
12	Ms. Myungsook Lee	Citizen's Alliance for North Korean Human Rights (NKHR)	Korea
13	Ms. Bang Sang Hee	Citizen's Alliance for North Korean Human Rights (NKHR)	Korea
14	Ms. Irena Ermolaeva	NGO Asteria	Kyrgyzstan
15	Ms. Anuradha Mukherjee	Naz Foundation	India
16	Ms. Madhu Mehra	Partners for Law in Development (PLD)	India
17	Ms. Dwi Surya Kusuma	Ikatan Perempuan Positif Indonesia (IPPI)	Indonesia
18	Ms. Sri Agustine	Ardhanari Institute	Indonesia
19	Mr. Thingthong Phetsavong	Care International in Lao PDR	Lao PDR

	<b>Name</b>	<b>Organisation</b>	<b>Country</b>
20	Ms. Angela Kuga Thas	Knowledge and Rights for Young people through Safer Spaces	Malaysia
21	Ms. Ivy Josiah	Women's Aid Organisation (WAO)	Malaysia
22	Ms. Semjidmaa Choiijil	Mongolian Family Wellness Association (MFWA)	Mongolia
23	Ms. Rita Mahato	Women's Rehabilitation Center (WOREC)	Nepal
24	Ms. Renu Rajbhandari	Women's Rehabilitation Center (WOREC)	Nepal
25	Ms. Saman Yazdani	Shirkat Gah: Women's Resource Centre	Pakistan
26	Ms. Juliana Riparip	Marie Stopes PNG	Papua New Guinea
27	Ms. Alnie Foja	Gabriela Women's Party	Philippines
28	Ms. Ana Maria Nemenzo	Womanhealth Philippines	Philippines
29	Ms. Vijayalukshmi Sekar	Suriya Women's Development Centre	Sri Lanka
30	Ms. Bharathy Kennedy	Suriya Women's Development Centre	Sri Lanka
31	Ms. Suchada Taweessit	Mahidol University	Thailand
32	Ms. Usa Lerdsrisuntad	Foundation For Women	Thailand
33	Ms. Virada Somswasdi	Women's Studies Center, Chiang Mai University	Thailand
34	Ms. Wanee Thitiprasert	Research and Campaign for Women Network, Peace and Culture Foundation	Thailand
35	Ms. Kanokwan Tharawan	Women's Health and Reproductive Rights Foundation of Thailand (WHRRF)	Thailand
36	Ms. Veronica Correia	Alola Foundation	Timor-Leste
37	Ms. Vu Song Ha	Consultation for Investment in Health	Vietnam
38	Ms. Sonia Wasi	Vanuatu Women's Centre	Vanuatu

	<b>Name</b>	<b>Organisation</b>	<b>Country</b>
39	Ms. Mara Quesada	Coordination of Action Research on AIDS and Mobility (CARAM) Asia	Malaysia
40	Ms. Fleur Dewar	Global Alliance Against Traffic in Women (GAATW)	Thailand
41	Ms. Yasmin Masidi	International Women's Rights Action Watch (IWRRAW) Asia Pacific	Malaysia
42	Ms. Bernice P. Aquino See	Asian Forum for Human Rights and Development (FORUM ASIA)	Thailand
43	Ms. Atina Gangmei	Asia Indigenous Peoples Pact (AIPP) Foundaiont	Thailand
44	Ms. Kirenjit Kaur	Asia Pacific Network of People Living with HIV/AIDS (APN+)	
45	Ms. Zarah Kathleen Alih	Asian Resource Foundation-Asian Muslim Action Network	Thailand
46	Ms. Niza Concepcion	Committee for Asian Women (CAW)	Thailand
47	Ms. Saowalak Thongkuay	Disabled Peoples' International Asia-Pacific Region (DPI/AP)	Thailand
48	Ms. Gloria Carrera Massana	Office of the UN High Commissioner for Human Rights (OHCHR), Special Procedures Division – mandate of UNSRVAV	Switzerland
49	Ms. Sriyani Perera	ActionAid International	Sri Lanka
50	Ms. Kate Lappin	Asia Pacific Forum on Women, Law and Development (APWLD)	Thailand
51	Ms. Misun Woo	Asia Pacific Forum on Women, Law and Development (APWLD)	Thailand
52	Ms. Navarat Nophiran	Asia Pacific Forum on Women, Law and Development (APWLD)	Thailand

	<b>Name</b>	<b>Organisation</b>	<b>Country</b>
53	Ms. Punika Shinawatra	Asia Pacific Forum on Women, Law and Development (APWLD)	Thailand
54	Ms. Tatjana Bosevska	Asia Pacific Forum on Women, Law and Development (APWLD)	Thailand





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APWLD is an independent, non-government, non-profit organisation committed to enabling women to use law as an instrument of change to achieve equality, justice, peace and development.