

DEFINITIONS

A Monthly Look at
UN Terms and Ideas

February 3, 2021 | Issue 19

Why Not SRHR?

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INTRODUCTION

The phrase “sexual and reproductive health and rights,” or SRHR, is ubiquitous in the advocacy and programmatic work of UN agencies and the UN secretariat. It frequently appears in publications issued by the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and other agencies, as well as in statements issued by high-level officials including the UN Secretary-General. But it was never agreed or defined in the resolutions negotiated by UN Member States, despite the intense efforts by some governments to see it adopted by the General Assembly. This *Definitions* explores the controversy surrounding the phrase “sexual and reproductive health and rights,” the disconnect between the UN’s bureaucracy and the consensus of member states, and the reasons to continue to oppose its use.

Cairo, Beijing, and “sexual rights”

At the landmark 1994 International Conference on Population and Development (ICPD) in Cairo, the negotiated Programme for Action includes multiple references to “sexual and reproductive health” as well as to “reproductive rights”.¹ The two terms are defined in relation to each other, but they are separately defined. The following year, the Fourth World Conference on Women was held in Beijing, and its resulting negotiated outcome, including the Beijing Platform for Action, also refers to “sexual and reproductive health” and “reproductive



rights,” by reference to the ICPD outcome (SRH and RR). Neither conference agreed to use the the term “sexual and reproductive health and rights,” or SRHR.² This was not by accident.

Member States did not want to validate the notion of “sexual rights” contained in the excluded phrase. It is possible to surmise that the principal reason for this exclusion is that the phrase “sexual rights” includes a positive normative judgment about sexual activity that is not “reproductive”, as for example sexual activity between persons of the same sex, or even casual sexual activity outside the context of marriage where even the potential of reproduction is not contemplated.

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In the 1990s, as today, two of the most contentious social issues in international negotiations are abortion and issues related to sexual orientation and gender identity (SOGI). The conferences at Cairo and Beijing addressed these in different ways. With regard to SOGI, direct references were entirely excluded, and the more euphemistic formulation of “sexual rights” was likewise kept out. When it came to abortion, consensus had to be found on paper. SRH and RR were defined in Cairo as including abortion only where legal, and the status of abortion in the law was solely to be determined by individual countries. Other caveats were also included, like the fact that “every attempt should be made to eliminate the need for abortion” and that “women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.”⁴

These definitions, while imperfect—even where legal, abortion as a right is problematic—set several important standards. Abortion was framed in a negative light in the Cairo and Beijing consensus about sexual and reproductive health and reproductive rights: abortion was presumed to be illegal in many countries, and it was something to be avoided, particularly when “unsafe.” But most importantly, abortion was not established as an international human right, a fact that remains true to this day.

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The coalition rallying behind SRHR

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According to Brazilian scholar Laura Davis Mattar, the relative success of “reproductive rights” over “sexual rights” was due to the cohesion of the feminist movement around the former, while the latter was only supported by some feminist, as well as gay and lesbian groups: “The failure of these groups to develop the necessary liaison to come up with effective strategies undermined their claims for these rights.”⁵

In the quarter century since the Cairo and Beijing conferences, the progress made by gay and lesbian (and, increasingly, transgender) activists has in many ways surpassed that achieved by proponents of abortion. While both topics still remain far from global consensus, the barriers to the inclusion and definition of “sexual rights” in global negotiations are facing a battering ram of ever-increasing size.

While it may not be readily apparent why those promoting abortion and those promoting the social acceptance of same-sex sexual relationships within which pregnancy is a natural impossibility would band together, in fact, they have increasingly found common cause for both philosophical and strategic reasons. Both groups share a view of sex as entirely separate from procreation, and to be partaken of for pleasure alone (unless pregnancy is an intended outcome in cases where the sex is heterosexual.) Also, both groups have reasons to support SRHR language. For SOGI activists, SRHR would deliver the long-elusive “sexual rights.” For abortion activists, it would represent breaking free of the shackles imposed on some of its component parts by the Cairo caveats.

An end run through the UN secretariat and agencies

In the General Assembly, it remains standard practice to include references to SRH and RR only with qualifications such as the one found in the Sustainable Development Goals adopted in 2015:

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.⁶

It is important to note here that during the negotiations that led to this language in the 2030 Agenda for Sustainable Development, the phrase SRHR was proposed and rejected repeatedly.

The reference to “review conferences” is controversial, since the 20-year review of ICPD was conducted in a series of regional meetings, and these regional outcomes cannot be said to apply to different regions that did not negotiate on them; nor were these outcomes formally adopted by the General Assembly. These regional review conferences, as indeed UN agency conferences carried out since 2015 and UN secretariat reports in the same period, do frequently include the phrase SRHR. Similarly, references to SRHR have become ubiquitous within the rest of the UN system.

Some governments and activists who promote SRHR justify this by saying that “sexual rights” are implicit in the Cairo and Beijing outcomes. They point especially to the language in the Beijing Platform for Action about women’s sexual autonomy.

Paragraph 96 of the Platform for Action states that women have a “right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.”⁷

But this phrase cannot be read as an endorsement of unfettered sexual autonomy or support for the notion of “sexual rights.” It must be understood within the context of the whole paragraph, which speaks of how “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.”

And it must also be understood in the context of the Platform for Action as a whole, which is overall heavily focused on the protection of the family unit. While it labors to address the consequences of pre-marital sex as well as homosexual relations, including teen pregnancy and HIV/AIDS, it does so as a policy matter. It does not bring a positive normative judgment to bear in these matters.

Other parts of the UN system have been more disingenuous, and are trying to manufacture “sexual rights” bureaucratically.

In December 1996, a meeting was held in Glen Cove, New York, convened by UNFPA and the UN’s human rights and women’s divisions (whose modern versions are known as the Office of the High Commissioner for Human Rights (OHCHR) and UN Women). The purpose of the meeting was to strengthen “the moral and legal framework for recognizing reproductive and sexual rights as human rights” with a focus on the work of treaty

monitoring bodies. The official title of the meeting was “Human rights approaches to women’s health with a focus on sexual and reproductive health and rights.”

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In November 2019, UNFPA sponsored a summit in Nairobi, Kenya, to commemorate 25 years since the ICPD conference in Cairo. The resulting outcome was a largely predetermined statement, nonbinding and the result of “global consultations” rather than negotiations. In it, there are several references to SRHR, the first linked to the following reference:

The term “sexual and reproductive health and rights” is used in the UNFPA Strategic Plan (2018-2021), paragraphs 23 and 31, approved by the UNDP/UNFPA/UNOPS Executive Board in Decision 2017/23 on 11 September 2017.⁸

While this reference serves to prove that the phrase exists in a prior UNFPA document, neither of the two paragraphs cited provide any actual definition for it. On this flimsy basis, the Nairobi Statement goes on to commit to achieving “universal access to sexual and reproductive health and rights as a part of universal health coverage (UHC).” This would be accomplished by “committing to strive for,” among other things, “access to safe abortion to the full extent of the law.” The justification for this is provided by another footnote, which suggests the process be “further guided by the expanded definition of SRHR interventions, as proposed in the Report of the Guttmacher/Lancet Commission on sexual and reproductive health and rights (May 2018).”⁹ This Guttmacher/Lancet Commission is increasingly becoming a formal definition of the term for UN agencies and the secretariat even though it was not negotiated or agreed by UN Member States.

Toward a bureaucratic definition of SRHR

It is important to note that since the mid-1990s, SRHR terminology was in increasingly widespread use by UN entities (though not accepted by the General Assembly), yet it lacked a definition that was broadly accepted by its users. In a report commissioned by UNFPA in 2017, the accounting firm KPMG

acknowledges that “SRHR is a complex term incorporating many specific elements but without a single, agreed-upon definition.”¹⁰

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In 2018, the Guttmacher/Lancet Commission on SRHR proposed a comprehensive definition that enjoyed broad acceptance by those organizations that had been most frequently using the term for years already. “Now is the time to embrace SRHR in its totality,” the article states.¹¹ It also makes note of the reasons why “sexual rights” remain a bridge too far in global negotiations:

“[S]ome governments have resisted including the term sexual rights in consensus documents because they were not willing to endorse the right of women and girls to bodily autonomy, the rights of adolescents to make independent decisions about sexual activity, or the acceptance of diverse sexual orientations and gender identities.”¹²

It also made clear that “safe” abortion—not only where legal at the national level—should be regarded as a human right. The integrated definition of SRHR is presented in the Commission as follows:

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;

- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.¹³

The Guttmacher/Lancet commission further purports to define what constitutes “essential” health services for all UN member states.

Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health.

The services should include:

- accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- information, counselling, and care related to sexual function and satisfaction;
- prevention, detection, and management of sexual and gender-based violence and coercion;
- a choice of safe and effective contraceptive methods;
- safe and effective antenatal, childbirth, and postnatal care;
- safe and effective abortion services and care;
- prevention, management, and treatment of infertility;
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- prevention, detection, and treatment of reproductive cancers.¹⁴

While some aspects of this definition fall well within the bounds

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of previous agreements, such as maternal health and freedom from forced marriage, several issues that have been individually controversial are packaged within this framework for SRHR. Thus, adoption of SRHR in a negotiated document could be seen as a wholesale acceptance of those elements all at once. This includes abortion as a human right, the right to “freely define” one’s sexuality free from biological sex or any notion of gender as a binary, and comprehensive sexuality education.

While the Commission’s definition of SRHR refers to the “prevention, management, and treatment of infertility,” the details of what that means remain unclear, yet if the rest of the Commission is to be regarded as a useful guide to its meaning, it raises further concerns. The Commission clearly regards assisted reproductive technologies as part of what “managing” or “treating” fertility might encompass, and recommends that barriers to it be removed. It notes that “assisted reproductive technology is often not included in essential primary health-care packages or covered by insurance companies,” and recommends that “the cost of assisted reproduction could be reduced with the use of a lower-cost drug protocol for ovarian stimulation, as well as simpler laboratory and culture systems for in-vitro fertilization and embryo transfer.” It notes that “Availability of care might be important for specific populations, such as [...] LGBTQI populations.” It acknowledges the ethical and legal complexities around surrogacy, while noting it alongside adoption as “other options for people who cannot bear children.”

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It is of critical importance that all of these assisted reproductive “options” are being posited as components of a definition that frames them in the language of “rights.” When taken together with an earlier part of the SRHR definition, the “right” to “decide whether, when, and by what means to have a child or children,”¹⁵ a dangerous pathway is set in place to commoditize children, exploit women for their wombs and eggs and men for their sperm, deprive a child of the “right to know and be cared for by his or her parents,”¹⁶ and distort the definition of the family as “the natural and fundamental group unit of society.”¹⁷

Conclusion

The case against SRHR can be summarized in a few points:

- » SRHR has never been accepted in the UN General Assembly, despite decades of concerted effort by its proponents, because it is understood to contain multiple controversial elements.
- » As it has never been accepted formally, it has never been

- formally defined, and thus has no accepted limits.
- » To the extent that attempts have been made to define it, those definitions serve to reaffirm the objections that have long been lodged against it: that it implies all of those things related to sex, sexuality, and reproduction that are unacceptable to many if not most of the people of the world and their governments.
 - » To allow its acceptance would signal defeat on multiple fronts at once, after decades of sustained and successful effort to maintain an acceptable consensus.

In the absence of a definition formally adopted by the General Assembly, perhaps yet another attempt to define SRHR might be proposed:

SRHR encompasses all the components of sexual and reproductive health and reproductive rights as adopted in the ICPD Programme of Action, and inasmuch as it is not duplicative of those elements, it contains those things that were rejected at ICPD and have been ever since: an international human right to abortion, formal recognition of diverse sexual orientations and gender identities as human rights categories, comprehensive sexuality education, and the potential for exploitative assisted reproductive technologies to be included as part of a rights-based response to infertility and for same-sex couples.

As such, SRHR should remain outside the bounds of acceptability in negotiated UN agreements, and efforts to keep SRH and RR from becoming being accepted by UN Member States should be continued and accelerated.

Endnotes

- 1 Report of the International Conference on Population and Development, Cairo, 5-13 September 1994, UN Document No. A/CONF.171/13
- 2 Report of the Fourth World Conference on Women Beijing, 4-15 September 1995, UN Document No. A/CONF.177/20/Rev.1
- 3 Mattar, Laura Davis. 2008. Legal recognition of sexual rights: A comparative analysis with reproductive rights. *Sur Revista Internacional de Direitos Humanos*5: 60–83.
- 4 Report of the International Conference on Population and Development, *ibid*, paragraph 8.25. See also Gennarini, Stefano and Oas, Rebecca. “UN-safe Abortion: How the Abortion Industry has Used UN Agencies to Legitimize Abortion.” *Definitions, issue 15*. Center for Family and Human Rights (C-Fam). July 15, 2020. Available at: <https://c-fam.org/>

[definitions/un-safe-abortion-how-the-abortion-industry-has-used-un-agencies-to-legitimize-abortion/](#)

- 5 Mattar, *ibid.*
- 6 UN General Assembly, Transforming our world: the 2030 Agenda for Sustainable Development, 21 October 2015, A/RES/70/1
- 7 Report of the Fourth World Conference on Women Beijing, 4-15 September 1995, *ibid.*, paragraph 96.
- 8 Nairobi Statement on ICPD25: Accelerating the Promise. Available at: <https://www.nairobisummiticpd.org/content/icpd25-commitments>
- 9 Nairobi Statement, *ibid.*
- 10 KPMG: UNFPA situational analysis: access to Sexual and Reproductive Health and Rights (SRHR) for young persons with disabilities in East and Southern Africa. 2017.
- 11 Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, Coll-Seck AM, Grover A, Laski L, Roa M, Sathar ZA, Say L, Serour GI, Singh S, Stenberg K, Temmerman M, Biddlecom A, Popinchalk A, Summers C, Ashford LS. Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *Lancet*. 2018 Jun 30;391(10140):2642-2692. doi: 10.1016/S0140-6736(18)30293-9. Epub 2018 May 9. PMID: 29753597.
- 12 Starrs et al., *ibid.*
- 13 Starrs et al., *ibid.*
- 14 Starrs et al., *ibid.*
- 15 Starrs et al., *ibid.*
- 16 UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, article 7. Available at <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>
- 17 The United Nations. Universal Declaration of Human Rights. 1948. Available at <https://www.un.org/en/universal-declaration-human-rights/>

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DEFINITIONS is published monthly by the Center for Family & Human Rights (C-Fam).

205 E 42nd Street, 20th Floor,
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New York, New York 20017

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