

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

**AMNESTY
INTERNATIONAL**





© SEAN GALLUP/BETTY IMAGES

THE TIME TO ACT IS NOW

All over the world, people are coerced, criminalized and discriminated against, simply for making choices about their bodies and their lives. In the face of these continuing violations, Amnesty International launches MY BODY MY RIGHTS, a new global campaign to defend sexual and reproductive rights for all.

We all have the right to make decisions about our own health, body, sexuality and reproductive life, without fear, coercion, violence or discrimination. But all over the world, people's freedom to make these decisions is controlled by the state, medical professionals, even their own families. Criminal law and punitive sanctions are frequently used to control such choices. In the end, many people are prevented from making any choice at all.

My Body My Rights is Amnesty International's global campaign to stop the control and criminalization of sexuality and reproduction by governments and others. Over 2014-15, we are working for tangible change in people's lives in Nepal, Burkina Faso, El Salvador, the Maghreb and Ireland (see pages 7-11), challenging stigma and breaking the silence that can surround these issues.

The campaign seizes on a pivotal opportunity to remind world leaders of their obligations to respect, protect and fulfil sexual and reproductive rights as they negotiate a new global agenda to promote human rights, peace and security, and development beyond 2015. The UN Commission on Population and Development session in April 2014 is just one of a number of key milestones in this process.

Left: A young woman holds a sign that reads: "my body to give not yours to take" during a protest against rape in Berlin, Germany, August 2011.

A global backlash on sexual and reproductive rights

Influencing the global debate on these issues is crucial, given recent and continued regressive moves by some states at the international, regional and national level to curtail people's sexual and reproductive rights.

In 2013 to early 2014 alone, we have seen attempts to roll back and restrict these rights.

In January 2014, the President of Nigeria signed the deeply oppressive Same Sex Marriage (Prohibition) Act. In December 2013, India's Supreme Court overturned a ruling by the High Court of New Delhi, which had declared unconstitutional an article in the Penal Code dating back to 1861 that criminalized same-sex sexual relations. That same month, the Spanish government approved a new draft abortion bill which, if approved by Parliament, would severely restrict women's and girls' access to abortion services, in breach of Spain's obligations under international human rights law. The past two years have seen attempts to restrict access to abortion in other

countries too, including Lithuania, Macedonia, Turkey and the USA.

At the international level, many non-state actors, often well funded and supported by the state or religious institutions, are actively seeking to limit sexual and reproductive rights at the UN and similar forums. The "One of Us" initiative, led by anti-choice organizations across Europe with the support of some politicians, aims to collect 1 million signatures from European Union (EU) citizens against the use of EU funds for activities involving the destruction of the human embryo. This affects development aid for maternal health. If successful, it would deny women living in poverty worldwide the life-saving abortion services they need.

The problem, of course, goes far beyond these few states, and encompasses a broad range of issues, including freedom from discrimination, access to safe abortion services, to contraception, and to other sexual and reproductive health services and education. What unites them all is the denial – by the state or a third party – of people's right to make decisions about their own body, life, sexuality and

What are sexual and reproductive rights?

Sexual and reproductive rights are human rights and belong to us all. They entitle us to:

- Make decisions about our own health, body, sexual life and identity without fear of coercion or criminalization
 - Seek and receive information about sexuality and reproduction and access related health services and contraception
 - Decide whether and when to have children, and how many to have
 - Choose our intimate partner and whether and when to marry
 - Decide what type of family to create
 - Live free from discrimination, coercion and violence, including rape and other sexual violence, female genital mutilation, forced pregnancy, forced abortion, forced sterilization and forced marriage.
-

reproduction. Where these rights are denied or harshly regulated, sexuality and personal freedom is suppressed and our health, wellbeing and safety are compromised.

Denied the right to choose your sexual partner

In some countries, consensual sexual relationships between people of the same sex, or between a man and a woman who are not married to each other, are criminalized in national law.

Same-sex sexual conduct is a criminal act in 36 African countries, contradicting these states' international obligations to protect all individuals without discrimination. In Mauritania, northern Nigeria, southern Somalia and Sudan, those found guilty of "homosexuality" face the death penalty.

The last five years have witnessed attempts to further criminalize consensual sexual relations between adults of the same sex in Burundi, Liberia, Nigeria, South Sudan and Uganda. Some laws apply to men only, while some target both men and women.

The ICPD+20 and the post-2015 development agenda

Sexual and reproductive health and rights, gender equality and women's empowerment were acknowledged as key to development in 1994 at the International Conference on Population and Development (ICPD) in Cairo, Egypt. Leaders of 179 countries, representing all regions of the world, adopted a historic Programme of Action. The Cairo Programme reaffirms those rights set out in various international human rights treaties, and sets standards for their implementation for governments and donors.



Left: Downtown Yaoundé, Cameroon, May 2013. A young man who has been frequently beaten in his neighbourhood and evicted from his home, because of his sexual orientation and gender identity.

In Aceh, Indonesia, the provincial legislature has passed bylaws governing the implementation of Shari'a law, making it an offence for unmarried adults to be alone together (*khalwat*); the punishment for this is caning. In Northern Nigeria, Amnesty International found that a woman who is pregnant by a man who is not her husband can be prosecuted under laws that criminalize sex outside marriage. Similar laws in Gulf countries (so-called *zina* laws) deter women from

Governments have been meeting every five years since to assess their progress on implementing these standards. 2014 marks the Cairo Programme's 20th anniversary review. The conclusions and recommendations drawn from the ICPD+20 review will affect not only the policies and programmes governments adopt in the future but also the negotiations for the post-2015 development agenda in 2014 and 2015.

The post-2015 development agenda will provide new development goals that all governments will agree over the next two years. Activists around the globe are advocating for sexual and reproductive rights to be included in them.

reporting rape or sexual violence, not only because of the shame and social stigma they fear will result from this, but also because they could be accused of *zina*, or "immoral acts" and prosecuted.

Access to safe abortion services

Unsafe abortions remain a leading cause of maternal deaths – about 13% globally, according to the World Health Organization (WHO). Yet the WHO has estimated that across the globe, 40% of women of childbearing age live in countries with highly restrictive abortion laws, or where abortion is legal but is neither available nor accessible.

Indonesia is one such state where Amnesty International found that even in life-threatening situations, women were denied access to legal abortion services unless they had a husband and he consented. In Nicaragua, where abortion is criminalized in all cases including rape, and where most victims of sexual violence are under the age of 17, girls as young as 10 to 14 who were pregnant as a result of rape either have to carry the pregnancy to term, or seek an unsafe, illegal abortion and risk being jailed if discovered. A total

ban on abortion affects the right to health, to life, and to freedom from torture and other ill-treatment, and re-victimizes survivors of rape.

Denied education, forced into marriage

In many countries girls are denied education about their bodies, sexuality and reproduction because restrictive ideas about women's sexuality influence girls' upbringing.

Many girls are forced into marriage at an early age and have no choice over having sex or using contraception, so become pregnant immediately or soon after marriage when they are still children themselves. The International Center for Research on Women states that more than 14 million adolescent girls give birth every year, mainly as a result of coerced sex and unwanted pregnancy. According to the UN Population Fund (UNFPA), complications from pregnancy continue to be the leading cause of death among adolescent girls aged 15 to 19 in developing countries.

Amnesty International's research in Burkina Faso and Sierra Leone has shown

how the government's failure to enforce the legal minimum age of marriage frequently results in girls as young as 10 being married. In these marriages, girls are often powerless to make decisions about their sexual and reproductive health, lack access to education and information, and suffer complications related to early pregnancies.

Denied contraception

The UNFPA has found that using contraceptives could prevent 187 million unintended pregnancies, 105 million induced abortions and 215,000 maternal deaths annually. Yet, according to the International Center for Research on Women, an estimated 215 million women worldwide want to stop or delay having children but are not using – or cannot use – contraception.

“After seven pregnancies and five live children, I told my husband that I wanted to use contraceptive methods but my husband refused.”

Amnesty International interview with a woman in Ouagadougou, Burkina Faso

The lack of priority given to services that are needed by women, such as sexual and reproductive health services, is itself a form of discrimination. Even where governments have prioritized family planning services, they do not address those barriers that make it difficult or impossible for women and girls to access them.

In Burkina Faso, Amnesty International spoke to numerous women who were denied the right to decide on contraceptive use. In many cases

husbands and male relatives criticized medical professionals for providing such products and advice to their wives. In Indonesia, only legally married couples can access sexual and reproductive health services under the Population and Family Development Law and the Health Law.

State obligations

Under international human rights law, all states are required to ensure non-discrimination and equality in the enjoyment of sexual and reproductive rights. To meet these obligations, states need to address and eliminate discrimination in laws, policies and in practices, including the actions not only of agents of the state, but also of private organizations and individuals, such as family members, medical professionals or religious leaders. States also need to take broader measures to address factors that cause or perpetuate discrimination, and ensure that everybody is truly able to enjoy their human rights equally.

However, far from challenging and eradicating inequality and discrimination, governments themselves often reinforce it, compelling people to conform to stereotypes and discriminatory norms of sexuality, reproduction and parenthood, often justified on grounds of culture, tradition or religion. Control over sexual and reproductive choices often ends up in the hands of third parties – in-laws, male family members, religious groups – denying people their personal and bodily autonomy and their sexual and reproductive rights.

OVERVIEW IN NUMBERS

40%

of women of childbearing age live in countries where abortion is banned, restricted or not accessible

Source: WHO 2003

47,000

pregnant women die every year due to complications from unsafe abortions

Source: WHO 2003

14 million +

adolescent girls give birth every year, mainly as a result of coerced sex and unwanted pregnancy

Source: International Center for Research on Women 2013

215 million

women are not using contraception, even though they want to stop or delay having children

Source: International Center for Research on Women 2013

215,000

the number of maternal deaths per year that could be avoided through contraception use

Source: UNFPA 2004

60%

of adolescents in four sub-Saharan African countries did not know how to prevent pregnancy and more than 1/3 didn't know of a source for contraceptives

Source: UN 2012

24

European countries require transgender people to undergo sterilization in order to have their gender legally recognized

Source: Transgender Europe 2013

76

the number of countries worldwide where same-sex sexual conduct is illegal, 36 of which are in Africa

Source: ILGA 2013

Execution

the punishment for those found "guilty of homosexuality" in Iran, Mauritania, northern Nigeria, Saudi Arabia, southern Somalia, Sudan and Yemen

Source: ILGA 2013

THE CHANGE WE'RE WORKING FOR

Over the next two years, Amnesty International will demand that governments stop the illegitimate use of criminal law to police sexuality and reproduction, and address discrimination in law and practice that leads to violations of sexual and reproductive rights.

Our campaign will cover seven countries in five regions of the world, showcasing different contexts where states are encroaching, or failing to prevent third parties from encroaching, on the personal autonomy of individuals, in particular women and girls, and people from groups at risk of discrimination on other grounds, including sexuality and ethnicity.

Through our campaign, we are calling on governments to:

- stop the discriminatory use of criminal law to regulate sexuality and reproduction and stop third-party control over individual decision-making
- remove barriers to access to sexual and reproductive health services, education and information by addressing discrimination in law and practice
- empower people to claim and exercise their rights, so that every person can make free and informed choices about their sexuality and reproduction and can exercise their sexual and reproductive rights free from discrimination, coercion and violence.



© Amnesty International

NEPAL

Uterine prolapse affects approximately 600,000 women in Nepal, many of whom are – unusually – under the age of 30.

Source: UN

Women and girls in Nepal suffer widespread and systematic discrimination because of their gender. This discrimination threatens their health and results in high rates of uterine prolapse – a painful and debilitating condition in which the pelvic muscles weaken and the uterus descends into the vagina. There are many causes, including carrying heavy loads during or just after pregnancy, having children at a very young age, and having several children in quick succession, but all are linked to women’s lack of control over their bodies, health and lives.

Kopila was 24 and had just had her fourth child when she developed uterine prolapse.

“Twelve days after the birth, I was cutting wood with an axe,” she told Amnesty International in April 2013. “My husband asked for water and we had an argument.

He beat me hard. I don’t know whether my uterus came out when I was cutting wood or after I was beaten. After that I started feeling back and stomach pain and I couldn’t stand straight or sit or do work. When I sneeze, my uterus comes out.”

Amnesty International is working with local partners to urge the government to recognize uterine prolapse as a human rights issue and to urgently implement a prevention strategy that addresses the discrimination that underpins this condition.

Above: Women who participated in focus group discussions on gender discrimination in Dhanusha district, Nepal.

EL SALVADOR

“Give women the treatment that they need, don’t make other women suffer like they did me.”

Beatriz, September 2013



© Amnesty International

Left: Defaced graffiti on a San Salvador street, El Salvador. The original graffiti reads: “The criminalization of abortion is discrimination against poor women.”

In 2012 a new law against violence against women entered into force in El Salvador. Despite advances in some areas, gender-based violence remains widespread. During one week in June 2013, two women were set on fire reportedly by their partners. Abortion is illegal in all circumstances, even in cases of rape or when a woman’s or girl’s life or health is at risk.

In April 2013, Beatriz (not her real name) stood up for her rights, demanding the medical treatment necessary to save her life. Beatriz has lupus and kidney problems. When she became pregnant, doctors told her that continuing her pregnancy could kill her. The foetus was also lacking part of its brain and skull,

and would not have survived. But doctors felt that their hands were tied by a law so extreme that only a handful of countries impose similar legislation. Beatriz was eventually given the medical intervention she needed, as a result of her courage and a concerted campaign by Salvadoran organizations, Amnesty International activists and many others. Even after the scandal of Beatriz’s case, the total abortion ban, which almost cost her life, remains in place.

Amnesty International is campaigning to challenge violence against women and girls in El Salvador, including the criminalization of abortion in all circumstances.

BURKINA FASO

“We need to raise awareness – and make sure that those who already have information on sexual rights share it with others.”

Kando Seraphine, youth activist from Burkina Faso, speaking to Amnesty International



© Anna Kari

In Burkina Faso, many young people struggle to access contraception and other sexual health services. Religious and cultural norms, gender-based discrimination, and practices such as early marriage combine with poverty to hamper women and girls’ ability to make decisions about their sexual and reproductive lives.

Talking openly about sex is taboo. Embarrassment and fear prevent many women and girls from getting reliable and confidential information about sexual health and family planning. Even if they manage to find someone they can speak to, they face discriminatory attitudes from medical professionals. In some cases, women are denied contraceptives unless

they have their husband’s permission. And even if that barrier is surmounted, contraceptives can be too expensive for many of them.

Amnesty International will campaign to remove discriminatory attitudes and financial barriers that block women and girls’ access to contraception and family planning. We will also campaign to improve access to information and education about these issues, and about sexual and reproductive rights.

Left: Women wait in the corridor at Yalgado Hospital, Ouagadougou, Burkina Faso.

MAGHREB

An official study by Morocco's High Commissariat for Planning on violence against women in Morocco noted 38,000 cases of rape reported in 2009 – an average of 100+ women a day. The true number may be much higher.

In the Maghreb (Algeria, Morocco-Western Sahara, Tunisia), legal provisions relating to rape emphasize morality rather than the personal and bodily integrity of the victim. Discriminatory provisions in Algerian, Tunisian and, until recently, Moroccan legislation, allow rapists to avoid prosecution by marrying their teenage victims.

When 16-year-old Amina Filali was forced to marry the man she said had raped her, she saw suicide as her only escape. She killed herself by swallowing rat poison in March 2012. Her death caused an outcry in Morocco and throughout the region. It showed that legislation could be used to cover up a rape. Instead of protecting her as the victim of a crime, the law victimized Amina a second time.

In January 2014, Morocco repealed this discriminatory provision but the story does not end there. Morocco's laws – and those in Algeria and Tunisia – fail to protect women and girls from gender-based violence. They further fail to provide them with effective remedies when violence does occur.

We will campaign to reform remaining laws in the Maghreb that allow rapists to marry their victims to escape prosecution, as well as other discriminatory laws, and for the adoption of laws and measures that protect survivors of violence. And we will call for increased access to health services and judicial remedy for survivors of sexual violence.

Image: Zohra Filali holds a picture of her daughter, Amina, the week after she committed suicide. Amina took her own life by drinking rat poison in March 2012 after being forced to marry the man she said had raped her.



© AP Photo/Abdeljalil Bouhjar



© PETER MURPHY/AF//Getty Images

IRELAND

Just over 12 women per day travelled to the UK for a termination from Ireland between 1980 and 2012, because abortion is illegal there in all circumstances, bar real risk to the life of the woman.

Abortion is illegal in Ireland, except in cases where there is a “real and substantial” risk to the life – rather than the health – of the woman. This exception was established in 1992 by a Supreme Court ruling on the case of a 14-year-old girl who was pregnant as a result of rape, and was suicidal.

However, the definition of a “real and substantial” risk was not clear, leaving many women in limbo. In October 2012, Savita Halappanavar was hospitalized with a threatened miscarriage. She asked for an abortion but it was denied, even though it was clear that the foetus was not going to survive. Savita went into sepsis and died a few days later. Her tragic death highlighted the urgent need for a clear legal definition of this risk.

In 2013, the government introduced the Protection of Life During Pregnancy Act, which outlines how to establish whether there is a real and substantial risk to the life of a woman, as distinct from her health, in order to allow a termination. But abortion is still illegal for women who are pregnant as a result of rape or incest, where their health is at risk or in cases of fatal foetal abnormalities. Women face up to 14 years in prison for having an unlawful termination.

We will work with partners to consolidate public and political support for the decriminalization of abortion by outlining what a human rights compliant framework for access to abortion would entail.

Above: Protesters in Ireland hold a candle-lit vigil for Savita Halappanavar, who died on 28 October 2012 after being refused a termination for an unviable pregnancy.

FIND OUT MORE

Find out more about My Body My Rights, our global campaign against the control and criminalization of sexuality and reproduction, at:

amnesty.org/mybodymyrights

#MyBodyMyRights

Image: Amnesty International activists in Morocco protest against Article 475 of the Penal Code and other provisions that discriminate against women, May 2013. Until its amendment in January 2014, Article 475 allowed rapists to walk free if they married their teenage victims (see inside, page 10).



Amnesty International is a global movement of more than 3 million supporters, members and activists in more than 150 countries and territories who campaign to end grave abuses of human rights.

Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

We are independent of any government, political ideology, economic interest or religion and are funded mainly by our membership and public donations.

**AMNESTY
INTERNATIONAL**



AMNESTY.ORG

Index: ACT 35/001/2014, English, March 2014

Amnesty International, International Secretariat, Peter Benenson House, 1 Easton Street, London WC1X 0DW, United Kingdom