

Charter on Sexual and Reproductive Rights

1. Right to life, which means, among other things, that no woman's life should be put at risk by reason of pregnancy;

2. Right to liberty and security of the person, which recognizes that no person should be subject to female genital mutilation, forced pregnancy, sterilization or abortion;

3. Right to equality and to be free from all forms of discrimination including in one's sexual and reproductive life;

4. Right to privacy, which means that all sexual and reproductive health-care services should be confidential, and all women have the right to autonomous reproductive choices;

5. Right to freedom of thought, which includes freedom from the restrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues;

6. Right to information and education, as it relates to sexual and reproductive health for all, including access to full information on the benefits, risks and effectiveness of all methods of fertility regulation, in order that all decisions taken are made on the basis of full, free and informed consent;

7. Right to choose whether or not to marry and to found and plan a family;

8. Right to decide whether or when to have children;

9. Right to health care and health protection, which includes the right of health-care clients to the highest possible quality of health care and the right to be free from traditional practices that are harmful to health;

10. Right to the benefits of scientific progress, which includes the right of sexual and reproductive health-service clients to new reproductive health technologies that are safe, effective and acceptable;

11. Right to freedom of assembly and political participation, which includes the right of all persons to seek to influence communities and governments to prioritize sexual and reproductive health and rights;

12. Right to be free from torture and ill-treatment, which includes the rights of all women, men and young people to protection from violence, sexual exploitation and abuse.

Sexual and Reproductive Rights Case Studies

Directions:

Read the Charter on Sexual and Reproductive Rights and the following Sexual and Reproductive Rights case studies. For each case, list on a separate piece of paper the numbers corresponding to the sexual and reproductive rights that were violated and a short rationale for your answers.

Case 1: The farm

After her mother dies of cancer, a 15-year-old girl and her father decide she should go work on a farm of family friends during her summer vacation. During the school year she spends most of her time taking care of her younger siblings, and her father thinks that some independence and time away would be good for her. The girl's family is having financial difficulties because of her mother's medical and funeral costs; the farm is very successful, and the owners offer to pay the girl's college tuition in exchange for the summer help. She is excited because she plans to study environmental science in college. The family decides that because she's female, she should work in the house doing chores and not outside with the other farm workers, who are all male. She sleeps in the room of their daughter who is away for the summer. One weekend when the parents are gone, their 23-year-old son enters her room in the night and, despite her efforts to fight him off, forces her to have sex with him. She thinks about call-

ing the police but remembers that the family is prominent in the area and that the son went to high school with several members of the small, local police force. She knows about emergency contraception, but doesn't know where to go for it or if she can get it because of her age. Because she spends most of her time in the house she feels she doesn't know the other farm workers well enough to ask for their help. She's afraid to upset her father by telling him or risk her chances of going to college. She doesn't know how to drive and can't leave the farm on her own. There's no lock on her door, so she can't keep the son out, and he continues to rape her until she comes up with an excuse to leave the farm. She thinks she's pregnant but doesn't want to have a baby and doesn't know where to go for help. She looks online but the closest abortion provider she can find is over 100 miles away.

Case 2: The waiting room

A transgender (female to male) man becomes pregnant, however, he has no health insurance because his job doesn't provide benefits, and he can't be covered on his partner's health insurance because they are not legally married due to the state's restrictive definition of marriage. He has difficulty making prenatal appointments and ends up seeing a different health-care provider each time, having to explain his situation repeatedly, often feeling harassed and misunderstood by clinic staff. Late in the pregnancy he starts bleeding and having pain. When he goes to hospital, the staff ignores his needs and makes

him wait a long time to see a doctor, while joking loudly about "the pregnant man in the waiting room." They say they might not have any providers who can treat him. When he finally gets examined, the doctor tells him he has to have an emergency abortion, and that there may be complications. They rush him into surgery, but he never agrees to the procedure. When he wakes up in the recovery room, he finds out he had a full hysterectomy and was permanently sterilized, but the doctor cites no other reason except possible risks in future pregnancies.

Case 3: The group home

To make some extra money, a young woman starts working part time as an assistant in a group home for people with development disabilities. She finds out that the residents aren't given any information about sex, and when she asks her supervisor about it, the supervisors laughs and says, "We don't have to worry about that here, they are not allowed to have sex." However, the assistant believes that several of the residents are sexually active. She's told that if she notices them trying to have sexual interactions, she should lock them in separate rooms until they have "calmed down." She also realizes that the residents are

all given birth control shots, supposedly to regulate their periods, but she's read that such shots can have negative, long-term health consequences that the residents and their families may not be aware of. There are no condoms available in the home because the residents are not allowed to have sex. While helping them with their personal needs, she notices that many of the residents have infections. After reporting the signs of infections to her supervisor, the residents are given medical treatment but are not informed of the risks of unprotected sex.