

Submission to the new International Gender Equality Strategy

International Sexual and Reproductive Health and Rights Consortium

On behalf of the Consortium for International Sexual and Reproductive Health and Rights (“the Consortium”), we welcome the opportunity to contribute to the new Australian International Gender Equality Strategy.

The Consortium is a partnership of non-government organisations and academic institutes in Australia. Our members work in over 160 countries, bringing together diverse technical, policy, programmatic, and research expertise. Together, we draw on our collective strengths to advance sexual and reproductive health and rights (SRHR). The consortium has provided technical and advisory support to DFAT and the Australian Parliamentary Group for Population and Development since 2012.

We commend the inclusion of SRHR as a core function of universal health coverage in the new International Development Policy and our recommendations herein reinforce the centrality of SRHR for gender equality across all areas of DFAT’s work.

SRHR is fundamental to gender equality and an important international priority

SRHR encompasses all matters related to gender, puberty, relationships, sexual health, fertility, and birth. It recognises the right of all people to experience reproductive autonomy, to have control over, and make informed decisions on, matters related to their bodies, sexuality, and reproduction, free from coercion, discrimination, and violence. SRHR includes the rights of people to have access to safe and accessible sexual and reproductive health (SRH) information and services.

SRHR is essential for advancing gender equality and the two are mutually reinforcing. SRHR underpins progress and achievement against the global gender gap index under all sub-indexes: *economic participation and opportunity, education attainment, health and survival, and political empowerment* for women, girls, and gender-diverse people. Countries will not meet international or national commitments, including the Sustainable Development Goals (SDGs), unless there is adequate, sustained investment in SRHR.

Gender equality is not only a women’s issue—it encompasses and benefits all people, of all genders and abilities. Gender equality is a multidisciplinary endeavour involving social, cultural, economic, political, and institutional factors and power dynamics that perpetuate disparities and discrimination based on gender. Australia’s international development program requires a deeper understanding and recognition of intersectionality and the compounding or differing experiences of people based on gender, age, ability, sexuality, race, class, and culture that shape access to services and expression of human rights. This will enable a response to the systemic and root causes of inequality, resulting in a greater potential for sustainable impact.

It is critical that all people can access SRHR and that diverse communities are represented in decision making about their health and rights.

Recommendations for shaping the new international gender equality strategy

Emphasising that SRHR is a critical international gender equality priority, we recommend the following:

- 1. Strengthen and invest in systems to realise universal access to SRHR services, comprehensive sexuality education and the reproductive rights of all people.**
 - 1.1. Support legal and policy reforms that recognise reproductive autonomy, protection from harmful practices and access to services including safe abortion.
 - 1.2. Commit to immediate and long-term funding to support universal coverage of SRHR services.
 - 1.3. Support age-appropriate comprehensive sexuality education as a fundamental human right.
 - 1.4. Invest in national health information systems and promote public reporting of gender-disaggregated data and research on SRHR.
- 2. Promote courageous, evidence-based, and feminist approaches to all areas of foreign policy.**
 - 2.1. Promote and embrace feminist approaches to all areas of foreign policy to transform systems of power.
 - 2.2. Elevate and engage young people as key stakeholders at all levels of policy and programming.
 - 2.3. Emphasise the importance of regional decolonisation, localised leadership, and partnership in accordance with cultural values for SRHR.
 - 2.4. Use evidence and elevate local knowledge and perspectives on SRHR.
- 3. Demonstrate bold leadership, cohesion, and responsiveness in the current and emerging SRHR and gender-equality contexts.**
 - 3.1. Continue to provide regional and global leadership with a strong, inclusive, progressive voice on SRHR.
 - 3.2. Demonstrate an unwavering and well-coordinated stance against international and domestic pushback on gender equality and human rights.
 - 3.3. Prioritise action on SRHR for preparedness and resilience in emergencies and in the immediate and protracted adverse effects of climate change.

We have elaborated on these recommendations below:

1. Strengthen and invest in systems to realise universal access to SRHR services, comprehensive sexuality education and the reproductive rights of all people.

1.1. Support legal and policy reforms that recognise reproductive autonomy, protection from harmful practices and access to services including safe abortion.

Reproductive autonomy and justice refer to the fundamental rights of individuals to make decisions about their reproductive health and to have access to equitable and inclusive reproductive healthcare systems and resources. They have profound implications for gender equality, as well as health, human rights, and sustainable development, yet the realisation of reproductive autonomy and justice is frustrated by restricted policy environments and a lack of legal protection for those seeking essential SRH services. As a result, only 57 per cent of women around the world are able to make their own decisions over their SRHR¹.

The choice of whether—and when—to become pregnant is central to reproductive autonomy. Unintended pregnancies result in disrupted education and employment and a lifelong deficit in earnings², a higher risk of experiencing poverty and serious health outcomes including mortality. Globally, 48 per cent of all pregnancies are unintended³.

Legal and policy reforms are needed to ensure that universal SRHR services—including safe abortion and other reproductive health services—are available and accessible for all people, that there are legal frameworks addressing domestic violence, and clearly defined ages of consent for marriage and sexual activity. Globally, 22 million people live in forced marriages—**41 per cent of them are children**. Each year an additional 12 million girls are forced into marriage and the daily life of intimate partner violence, coercive control, and marital rape⁴.

Furthermore, **protections for people with diverse sexual orientation, gender identity and expression** – including ensuring fulfilment of SRHR and access to services - can be life saving. LGBTQIA+ people have been shown to experience heightened social pressures, coercion, and significantly higher rates of sexual violence, and can be at greater risk of unintended pregnancy⁵⁶. Ensuring equal access to SRH services and policies protecting their sexual and reproductive rights are critical to ensuring gender equality.

By funding civil society to undertake advocacy, supporting locally led reforms and holding governments accountable to regional and multilateral commitments, Australia can support a legal and policy environment that strengthens gender equality.

1.2. Commit to immediate and long-term funding to support universal coverage of SRHR services.

Sexual and reproductive healthcare underpins progress on gender equality. Women and girls disproportionately suffer the health implications of inadequate quality and access to SRHR services. Each year an estimated 287,000 women die from complications related to pregnancy and childbirth⁷. Complications of unsafe abortion accounts for approximately 13 per cent of maternal deaths—and these are preventable with access to contraception and quality abortion and postabortion care services. The provision of comprehensive family planning services results in fewer adolescent pregnancies and fewer unintended pregnancies.

During emergencies universal access to quality and multisectoral SRHR services for women and girls is lifesaving, empowering, and cost-effective. However, SRHR in emergencies remains one of the most neglected and underfunded components of humanitarian response. During crises, women and girls are at heightened risk of sexual and gender-based violence, contracting HIV and sexually transmitted infections (STIs), unintended pregnancies⁸ and have ongoing healthcare needs due to contaminated water supplies, and environmental hazards.

LGBTQIA+ people and people with disability face higher rates of discrimination, stigma, and barriers to receiving quality healthcare. The services gap is most pronounced for marginalised communities, remote populations, and people with disability, whose reproductive autonomy is often ignored or de-prioritised. Women with disability face poorer health outcomes as the direct result of discrimination and ableism⁹ and women and girls with disability are up to *10 times more likely* to experience sexual violence than those without disability¹⁰.

Strengthened health systems, integrated and networked with intersectoral services, are needed to ensure the health and wellbeing of women, girls, families and communities. **Holistic and long-term investment in system-strengthening, and local service provision is essential** and should focus on both infrastructure and health workforce development for SRH (e.g., midwifery) and increasing capacity-building opportunities across the region. Strengthening national health information systems is also a priority to enable evidence-based, targeted, and timely responses to the SRH needs of populations.

1.3. Support age-appropriate comprehensive sexuality education as a fundamental human right.

Comprehensive sexuality education (CSE) is essential for ensuring young people have access to quality information and advice to make informed decisions on their SRHR with dignity, free from coercion or discrimination. Prioritising CSE for all young people, including young men and boys, has been shown to contribute to lower levels of sexual and gender-based violence, early and forced marriage and reproductive coercion¹¹².

In contrast, research shows that *abstinence-only* education models are an ineffective in delaying sexual debut and in reducing the frequency of adolescent sex and number of sexual partners. These models contribute to the further stigmatization of adolescent sexuality and sexual experiences and prevent young people from receiving credible and reliable information to safeguard their health¹³.

CSE must be prioritised as a crucial pre-emptive method to reduce rates of adolescent pregnancy, STIs and HIV, and complications related to pregnancy, childbirth, and unsafe abortion. It should be provided in both formal and informal settings and accompanied by educational policy and structural enablers that provide girls with support to complete their education. CSE provided in a culturally and contextually appropriate way can encourage the full participation of young people in a safe and respectful manner and have a long term, transformative impact for young people and their communities.

Australia has been a strong advocate for CSE through multilateral forums such as the Commission on the Status of Women and the International Conference on Population and Development. Affirming this through the International Gender Strategy would support this advocacy to continue and expand through Australia's global, regional, and bilateral diplomacy.

1.4. Invest in national health information systems and promote public reporting of gender-disaggregated data and research on SRHR.

Strengthening national health information systems and local research is an ongoing priority and requires long-term investment. National systems that can generate high-quality routine administrative and periodic data on SRHR disaggregated by gender and other factors, and improved capacity for providers and managers at all levels for data management tasks and information use will enable improved policy and decision-making on SRHR and gender equality.

Advocating for the establishment and strengthening of **national research agendas in SRHR** is critical to ensure alignment with national priorities. Adequately investing in capacity-building of government and health service staff in effective data gathering and research practices is a powerful contribution to building independence in understanding population issues, identifying health solutions and in effectively managing health services.

2. Promote courageous, evidence-based, and feminist approaches to all areas of foreign policy.

2.1. Promote and embrace feminist approaches to all areas of foreign policy to transform systems of power.

Feminist approaches are needed to transform the systems of power that uphold and perpetuate inequality and marginalisation. In practice, this means rethinking the social norms, structures and power dynamics that influence gender relations at the individual, family, and community level, and extending this power analysis to national, regional, and international levels. This includes consideration of the potential risks to women and marginalised groups as they experience greater independence, autonomy, and access to economic opportunities¹⁴.

To achieve gender equality, Australia's international development program must "*accelerate the shifting and sharing of power, resources, and opportunities—between men and women, between the powerful and the marginalised*"¹⁵.

Transforming systems of power cannot be done in isolation, and there is a need to work collaboratively with men and persons with power. For example, engaging men in SRH, particularly family planning, can improve health outcomes for all. Expanding family planning education, outreach, and services to include men can foster shared responsibility for contraceptive use among couples, open the door to more gender-equitable relationships and increase the use of male contraceptive methods¹⁶. This work should be rights based and "not divert attention, funding or power away from women, women's rights organisations and networks or women-focused programming"¹⁷.

2.2. Elevate and engage young people as key stakeholders at all levels of policy and programming.

The Asia Pacific Region is home to approximately 60 per cent of the world's youth population, equating to more than 700 million young people aged between 15-24 years old¹⁸. This represents both a challenge and opportunity to harness the demographic dividend to ensure young people reach their full potential and to realise gender equality.

Adolescence is a critical developmental stage of intense gender socialisation and a time when life trajectories and opportunities of boys and girls in our region sharply diverge. In early adolescence, gendered disparities emerge, and gender norms are consolidated¹⁹—by mid adolescence many young people already report harmful gender norms which makes this age a critical window of opportunity to address these norms and SRHR risks that contribute to gender inequality before they become entrenched.

Active youth participation can foster leadership skills, intergenerational dialogue and collaboration and can enable young people to advocate for their rights. Educating and empowering young people about their sexual and reproductive rights can elevate the discussion and help shift gender norms. It is important that youth-

responsive initiatives are evidence-based and include capacity-building, peer education, use of appropriate technology, advocacy, and youth-focused feedback mechanisms.

2.3. Emphasise the importance of regional decolonisation, localised leadership, and partnership in accordance with cultural values for SRHR.

We need to take courageous steps towards meaningful relationship-building at every level and this process needs adequate financing and long-term vision. **Partnerships must be shaped by cultural values, respect, and a shift in power. They must go beyond localisation to decolonisation**—in practice this means understanding the power dynamics between Australia and its development partners (across both government and civil society) and seeking to rebalance these relationships through valuing local approaches and knowledge.

Quality partnerships and local leadership throughout the development and implementation of SRHR programs have the potential to transform program effectiveness and sustainable change on key issues that are embedded in culture and reliant on civil society and community engagement. However, there is no one-size-fits-all approach, and DFAT should be guided by local actors in how it goes about supporting greater local delivery and ownership of gender equality and SRHR efforts, including by seeking and acting on their advice about changes to DFAT’s own systems and compliance mechanisms. To support regional decolonisation, we should engage in shared learning of experience in reconciliation and decolonisation across the region.

2.4. Use evidence and elevate local knowledge and perspectives on SRHR.

The effective use of evidence—specifically locally-generated evidence—enables the design and development of targeted and culturally appropriate SRH programs that deliver maximum impact. Greater understanding and support for necessarily explorative approaches to information gathering and programming, particularly in complex environments and for complex issues such as gender equality will enable meaningful engagement and responsive program design.

3. Demonstrate bold leadership, cohesion, and responsiveness in the current and emerging SRHR and gender-equality contexts.

3.1. Continue to provide regional and global leadership with a strong, inclusive, progressive voice on SRHR.

As organisations committed to advancing SRHR, we are proud of Australia’s strong position and consistent championing of SRHR in international fora and encourage DFAT to boldly promote their support in this area.

The evidence linking SRHR to gender equality is unequivocal, however there continue to be gaps in agreement and action throughout the region and globally, such as the failure to adopt a draft resolution at the Committee on Population and Development in 2023.

Australia has an important role to play in shaping the discourse on SRHR and gender equality in Asia and the Pacific. This has become even more critical as the rights of women and people of diverse sexual orientation and gender expression are increasingly threatened. We have a reputation as providing progressive leadership on reproductive autonomy and sexual rights that we can continue to build on through funding mechanisms, policy engagement and high-level political fora. Honest dialogue with partner governments and civil society about the fundamental importance of SRHR, including abortion, is critical to progress gender equality.

3.2. Demonstrate an unwavering and well-coordinated stance against international and domestic pushback on gender equality and human rights.

In 2022, we witnessed the U.S. Supreme Court’s decision to overturn *Roe vs. Wade*, rolling back 50 years of safe abortion care, the impact of which is being felt globally. Additionally, sustained attacks on women, girls and the LGBTQIA+ community by anti-gender, anti-LGBTQIA+, conservative, and nationalist groups, has threatened to undermine internationally agreed human rights frameworks, including the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), and the *International Covenant on Civil and Political Rights* (ICCPR). Australia’s unwavering, strategic leadership on SRHR in this context is paramount.

Australia must take bold action to uphold, promote and protect the sexual and reproductive rights of all people, as central to gender equality. This includes defending and protecting SRHR on the global stage and leveraging the expertise of international and regional human rights and feminist institutions to advance our gender equality priorities. Australia should join and be vocal in the global movement for reproductive justice, including at the political level and normalise abortion as healthcare by using the word “abortion” in official documents, speeches, and policies.

To this end, Australia should also provide resourcing and facilitate access to support greater participation of civil society within international and regional multilateral fora, particularly those of the Global South. This resonates strongly with Australia’s commitment to prioritise listening-first diplomacy through the commitment to First Nations Foreign Policy, by bolstering the voices of those who have historically been side-lined in international discourse.

3.3. Prioritise action on SRHR for preparedness and resilience in emergencies and in the immediate and protracted adverse effects of climate change.

Universal SRHR and gender equality are foundational to community preparedness and resilience during emergencies, yet progress on both is jeopardised in emergency settings. Women and girls are disproportionately affected by humanitarian crises, experiencing higher levels of violence, early and forced marriage²⁰ and unintended pregnancy, along with an increased risk of maternal illness, injury, and death due to limited access to lifesaving healthcare. Similarly, women, girls and young people are often excluded from decision-making processes during crisis due to deeply embedded discriminatory practices at the organisational, cultural, social, financial, and political levels.

Australia should prioritise the delivery of gender-responsive, and inclusive, humanitarian aid. This must recognise the vital role of SRH service delivery within humanitarian response and should advocate for the inclusion of SRHR within disaster preparedness planning, and at a minimum, uptake of the Minimum Initial Service Package (MISP) for reproductive health in crisis in Australia's disaster response mechanisms.

Climate change is a global challenge which will shape our region over the next decade and beyond, through an increase in protracted and sudden onset humanitarian crises. National and regional efforts to improve SRHR will be jeopardised by the adverse effects of climate change²¹.

The incorporation of SRHR into climate change mitigation strategies have often emphasised the use of contraception as a form of population control, placing little focus on expanding reproductive choice or addressing the structural inequalities which underpin climate-related impacts. Placing responsibility on tackling the climate crisis on those who are least responsible for it is both unjust and harmful. Conversely, SRHR must be recognised as an essential element for supporting community adaptation and resilience to the climate crisis.

Greater access to SRH services and information is a crucial tenet in building resilient communities that can adapt to climate shocks and challenges, with agency over their health and wellbeing.

Considerations

Strategic integration

When developing the new International Gender Equality Strategy, DFAT should consider the intersectionality and overlap with the new International Disability Equity and Rights Strategy and new LGBTQIA+ Human Rights Engagement Strategy. These strategies must be cohesive, with shared indicators and intersectoral consultation outputs to mitigate these issues being siloed in Australia's international development program and beyond.

Whole-of-government governance

As noted in the Australian International Development Policy, improving the integration of development with other tools of statecraft, including through whole-of-government governance structures will help deliver quality, effectiveness, and transparency. Efforts towards gender equality cannot stand alone as part of the aid program.

For transformational change across the region there is a need for gender equality to be integrated as a priority across government including Defence, Trade and Migration. For example, when developing Pacific Migration programmes, intersectional feminist analysis should be conducted to ensure that there is consideration of the impact on gender norms of these programs. In practice this includes consideration of the reproductive choice implications when women become primary earners; ensuring a do no harm approach for partners and families left behind who may be more vulnerable to violence; mitigating the risks of sexually transmitted diseases for transient workers and ensuring migrant workers are supported with SRH services.

Thank you for the opportunity to provide a submission on the new International Gender Equality Strategy. The Consortium is available to discuss our recommendations to strengthen Australia's gender equality impact across the region.

Please feel free to contact Batya Atlas or Zeshi Fisher as co-chairs of the International SRHR Consortium 2023.



Batya Atlas

Chief, Australian and New Zealand Office
International Planned Parenthood Federation (IPPF)
batlas@ippf.org



Zeshi Fisher

Technical Officer, Global Women's & Newborns' Health
Burnet Institute
zeshi.fisher@burnet.edu.au

Consortium members

ASHM Health, Burnet Institute, Family Planning Australia, International Planned Parenthood Federation (IPPF), International Women's Development Agency (IWDA), Médecins Sans Frontières (MSF), Marie Stopes International (MSI) Asia Pacific, The Nossal Institute for Global Health, Plan International Australia, Save the Children Australia.

- ¹ UNFPA. State of World Population 2022, Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy. <https://esaro.unfpa.org/en/news/neglected-crisis-unintended-pregnancies-has-lifelong-impact-costs-health-systems-billions>
- ² UNFPA. State of World Population 2022, Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy. <https://esaro.unfpa.org/en/news/neglected-crisis-unintended-pregnancies-has-lifelong-impact-costs-health-systems-billions>
- ³ UNFPA. State of World Population 2022, Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy. <https://esaro.unfpa.org/en/news/neglected-crisis-unintended-pregnancies-has-lifelong-impact-costs-health-systems-billions>
- ⁴ Plan International (2020): Child, Early and Forced Marriage and Unions Policy Brief, retrieved at https://plan-international.org/uploads/2022/02/glo-cefmu_policy_brief-final-io-eng-jan21-1.pdf;
- ECPAT and Plan International (2015) Unrecognised Sexual Abuse and Exploitation of Children in Child, Early and Forced Marriage, retrieved from https://plan-international.org/uploads/2022/01/child_marriage_and_csec_thematic_report_plan_international_and_ecpat.pdf
- ⁵ [Gender Diverse People Exposed to Higher Rates of Sexual Violence. Safe and Equal](#)
- ⁶ [Reproductive health in transgender and gender diverse individuals: A narrative review to guide clinical care and international guidelines \(tandfonline.com\)](#)
- ⁷ <https://data.unicef.org/topic/maternal-health/maternal-mortality/>
- ⁸ [Sexual reproductive health and rights in emergencies \(who.int\)](#)
- ⁹ [srh_for_disabilities.pdf \(unfpa.org\)](#)
- ¹⁰ UNFPA. State of World Population 2022, Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy. <https://esaro.unfpa.org/en/news/neglected-crisis-unintended-pregnancies-has-lifelong-impact-costs-health-systems-billions>
- ¹¹ [Comprehensive sexuality education to address gender-based violence - The Lancet](#)
- ¹²¹² The impact of comprehensive sexuality education on [addressing gender inequality and gender-based violence \(bzga-whocc.de\)](#)
- ¹³¹³ [International technical guidance on sexuality education: an evidence informed approach](#)
- ¹⁴ Sharon Smee, Joanne Crawford, and Amanda Scothern, "Do No Harm: Understanding Interactions between Women's Economic Security and Violence against Women in the Pacific to Inform Policy and Practice That Advances Human Security" (IWDA, n.d.), <https://iwda.org.au/assets/files/Do-No-Harm-Policy-Brief-IWDA-1.pdf>.
- ¹⁵ UNFPA. State of World Population 2022, Seeing the unseen. The case for action in the neglected crisis of unintended pregnancy. <https://esaro.unfpa.org/en/news/neglected-crisis-unintended-pregnancies-has-lifelong-impact-costs-health-systems-billions>
- ¹⁶ [Men as Contraceptive Users and Family Planning Clients \(thepaceproject.org\)](#)
- ¹⁷ https://iwda.org.au/assets/files/IWDA_Working-with-men-and-boys-position-paper.pdf
- ¹⁸ UNESCAP. Population and Development Indicators for Asia and the Pacific, 2022. <https://www.unescap.org/kp/2022/2022-escap-population-data-sheet>
- ¹⁹ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30354-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30354-5/fulltext)
- ²⁰ United Nations Children's Fund (2023): Is an End to Child Marriage within Reach? Latest trends and future prospects. 2023 update
- ²¹ https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Foreign_Affairs_Defence_and_Trade/womenandgirlsPacific/Report/action?id=committees%2Freportjnt%2F024631%2F75846