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Commentary

Searching for the Second R in Sexual and Reproductive Health and … Rights

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A B S T R A C T

Sexual and reproductive health and rights have gained prominence in the HIV response. The role of sexual and reproductive health in underpinning a successful approach to HIV prevention, treatment, care, and services has increasingly been recognized. However, the "second R," referring to sexual and reproductive rights, is often neglected. This leads to policies and programs which both fail to uphold and fulfill these rights and which fail to meet the needs of those most affected by HIV by neglecting to take account of the human right-based barriers and challenges they face. In this commentary, the authors draw on the approach and practical experiences of the Link Up program, and the findings of a global consultation led for and by young people living with and most affected by HIV, to present a five-point framework to improve programming and health outomces by better protecting, respecting, and fulfilling the sexual health and reproductive rights of young people living with and most vulnerable to HIV.

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While the language of sexual and reproductive health and rights (SRHR) has become more prominent in the HIV response, the second "R" referring to sexual and reproductive rights is often poorly understood, contested, or purposefully neglected/omitted in policies and programs (see "Rights critical to the realization of sexual health…"). The HIV response has demonstrated the necessity of a community-driven, right-based approach [1–3], as have efforts to align and integrate HIV and sexual and reproductive health (SRH) services [4].

Young people living with and most affected by HIV (including young people from key populations (defined by UNAIDS as people living with HIV, men who have sex with men, sex workers, people who inject drugs, and transgender women), young women and girls, and other young people made vulnerable to HIV acquisition by their age, economic status, sexual orientation, or gender identity) face legal and sociocultural barriers to realizing SRHR, both on account of their age and on account of their association with marginalized or stigmatized groups [5]. Stigma, discrimination, and criminalization linked to factors like HIV status, sexual orientation, sex work, gender

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identity, or drug use compound barriers already experienced by young people (particularly those under 18 years), limiting their access to information, services, and choice. Similarly, a continued failure to consistently respect, protect, and fulfill sexual and reproductive rights fuels high levels of HIV prevalence, transmission, and mortality among adolescents, young women, and other groups most affected by HIV [6].

International commitments such as the International Conference on Population and Development Programme of Action [7] and the Sustainable Development Goals (SDGs) [8], while acknowledging the role of reproductive rights in achieving related health outcomes, have not acknowledged sexual rights at all, much less as integral for achieving health and equity. (The SDG framework references SRH prominently—in the preamble, in goal 3 [health], and in goal 5 [gender equality]—but notably divorces it from rights, a word that appears only once in clear relation to reproductive rights [under goal 5]. There is no reference to sexual rights, SOGI, comprehensive sexuality education, abortion, or to people living with HIV or from key populations—which weakens the entire SDG framework). The omission of rights language in relation to sexual and reproductive health in international agreements allows governments to "opt out" of highly contested issues such as safe abortion and postabortion care, comprehensive sexuality education, and decriminalizing sex work and same sex practices.

The full inclusion of sexual and reproductive rights in legislation, policies, and programming can support more effective services, more able to identify and meet the needs of young people most affected by HIV. This is demonstrated by the success of a right-based approach in the Link Up project, where the leadership of young people living with and affected by HIV enabled an overall approach that recognized and upheld the sexual and reproductive rights of young people (see Stackpool-Moore et al., this supplement). Elsewhere in this supplement, colleagues discuss the success of this approach. Vu et al. describe how validating a tool to identify inequitable gender norms held by young people in different stages of development supports the right to gender equality. Geibel et al. show how an intervention to reduce stigma among health care providers enables young people to access services free from discrimination. Aung et al. demonstrate how the effectiveness of an integrated service for young men who have sex with men supports their right to information.

Our commentary proposes a five-point, rights-based framework for SRHR programming and advocacy designed by and for young people living with and most affected by HIV. It is a call to national governments, policy and program developers, civil society, and advocates to be mindful of the absence of sexual rights from the Sustainable Development Framework, to safeguard our SRHR progress to date, and to acknowledge the foundational role of rights in securing sexual and reproductive health for all as well as the inherent value of sexual and reproductive rights as central to a free, happy, and enjoyable life.

1. Rights: Gains and Gaps in the HIV Response

Sexual and reproductive rights refer to the set of existing human rights that must be realized as ends in themselves and in order to achieve sexual and reproductive health (see Box 1). Advancing these rights not only increases access to services, but creates the freedom to choose health—to make and enact decisions that protect and enhance health, well-being, and ultimately, human development. Freedom from violence or fear of violence, access to justice, nondiscrimination, and personal autonomy are all equally important and interlinked human rights. They underpin individual agency to pursue a healthy and pleasurable sexual life without fear of unwanted pregnancy or sexually transmitted infections, loss of bodily integrity or identity—all key components of the right to the highest attainable standard of health [9–11].

Box 1. What are Sexual Rights?

Rights critical to the realization of sexual health include the rights to:

- equality and nondiscrimination
- be free from torture or cruel, inhumane, or degrading treatment or punishment
- privacy
- the highest attainable standard of health (including sexual health) and social security
- marry and to found a family and enter into marriage with the free and full consent of the intending spouses and to equality in and at the dissolution of marriage
- decide the number and spacing of one's children
- information as well as education
- freedom of opinion and expression
- an effective remedy for violations of fundamental rights

Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination. (World Health Organization, Developing sexual health programs: a framework for action. Geneva: WHO, 2010.)

A transformative legacy of the HIV response is the legacy of a founding architect of it, Dr. Jonathan Mann (Jonathan Mann founded the World Health Organization's Global Programme on AIDS in 1986 and was a pioneer in advocating combining public health, ethics, and human rights) [12]. Mann's articulation of and determined action to bring health and human rights together and to advance rights as fundamental to the HIV response ushered in an era where the role of civil society and the principle of participation became paramount. A further legacy of Dr. Mann and of decades of mobilization by affected communities is the progress we witness in long-contested areas of: upholding the fertility choices of women living with HIV; collective action by sex workers to ensure safety with clients, access to services, and protection from unfair policing; greater visibility and inclusion of lesbian, gay, bisexual, and transgender communities; and harm reduction for communities of people who use drugs. These, among other right-based approaches, have shown positive results in reducing vulnerability to HIV, onward HIV transmission [13–15], and the enjoyment of dignity for individuals who have, in many instances, been sidelined by society.

2. How Do Sexual and Reproductive Rights—or Lack Thereof—Impact the Lives of young People Living With and Most Affected by HIV?

Barriers to realizing SRHR experienced by young people living with and most affected by HIV were documented through a consultation supported by Link Up partners ATHENA Network

and the Global Youth Coalition on HIV and AIDS and led by young people living with or most affected by HIV. The consultation comprised a global online survey reach c.800 people, and in-person dialogues led by young people, with young people living with and most affected by HIV, reaching a further c.400 people in five Link Up countries: Bangladesh, Burundi, Ethiopia, Myanmar, and Uganda, conducted through the Link Up program (Link Up is an ambitious five-country project to improve the SRHRs of one million young people affected by HIV across five countries in Africa and Asia. The project is being implemented by a consortium of partners led by the International HIV/AIDS Alliance. For more information, visit www.link-up.org). The consultation found that stigma, discrimination, and violence at home and in the community (including while trying to access health services) were a huge problem for young people living with and most affected by HIV and negatively impacted choice and agency around their SRHR.

Young people's perceptions of sex and sexuality

Participants had often not considered sex and sexuality in terms of enjoyment or rights—rather, they perceived it as something inappropriate to talk about, shameful, or an obligation. For instance, in Ethiopia, the Amharic language has a pejorative word (wesibawinet) used to describe people who express sexual desire or speak about sexuality openly. When asked to define sexual and reproductive rights, participants in one focus group in Bangladesh proposed "rights exercised by the husband over the wife" [16]. The very notion of SRHR for all young people was new to the participants and came to light during these discussions.

Sociocultural and gender norms as barriers to accessing information and services

Young women frequently lacked the freedom to access contraceptives, particularly when parental or spousal consent was required due to their being under the legal age of consent. Young women living with HIV were often seen as people who were "not supposed" to have sexual relationships, creating a further cultural barrier to contraceptive access and sexual health services. A young Burundian woman living with HIV describes her experience:

> When I got pregnant, people from social service and sometimes the doctor were always asking me embarrassing questions like why I'm not ashamed or how will I feed my baby, and I decided not to go back again. Three months after, I gave up and I went back because I realized that my life and my baby were in danger [16].

Young men who have sex with men and transgender persons face extreme barriers in accessing condoms, lube, and sexual health care, risking public humiliation and ridicule. A transgender woman in Uganda described how she was "tossed around a private hospital when neither the male nor female waiting areas would accept her and then a nurse exclaimed, "Banange, mujje mulabe omusiyazi!" ("People, come, and see a homosexual!')" [16].

Gender-based violence

Violence against women and girls was cited by many participants in the consultation as a barrier to realizing SRHR in both home/community setting and clinical settings, police stations, and schools. Young women described the challenge of negotiating the "terms" of sexual interactions in intimate relationships due to gender norms around sexuality.

> "For girls, it is not easy to talk about sexual matters with their boyfriends. There is less chance of refusing sex if boys ask explicitly." (Young woman from Asia-Pacific) [16].

A second study conducted under Link Up revealed violations, abuses, and violence against women living with HIV in health care settings, including coerced and forced abortions and sterilizations [17].

People from key populations, especially sex workers, people who inject drugs, and people from lesbian, gay, bisexual, and transgender communities, consistently report rights violations [18]—including high rates of sexual violence and "corrective" rape, and stigma and discrimination.

> The doctor, instead of conducting a normal consultation, began to give me moral advice, trying to make me understand that I am possessed by a demon and that I must approach a pastor. He said 'man is created to be a part of the woman and vice versa, you must understand that you are a man and not a woman.' Being angry, I quickly left his office without any time to get help. (Young transgender woman, Burundi) [16].

Legal and policy barriers

Policies that place age limits on who can access contraceptives, HIV testing, and other SRH services pose a tangible barrier to individual agency around health [6,19,20]. Moreover, laws that criminalize or fail to explicitly protect certain groups and behaviors undermine rights and condone stigma, discrimination, marginalization, and violence, thereby reinforcing rights abuses and make pursuing redress more challenging [21]. For example, over 60% of human right-related cases among young sex workers documented and responded to in Link Up in 2015 and 2016 relate to arbitrary detention, harassment, and extortion by police nurtured by the illegal nature of sex work, according to program data documented in Uganda. (Using the REAct [Rights-Evidence-Action], human rights and monitoring system, Link Up partners in Uganda, Myanmar and Burundi recorded 71 cases of human rights violations from December 2015 to March 2016). Fear of exposure or of being identified with specific groups or behaviors can further inhibit people from key populations seeking services and claiming rights [21].

> I wish there was a law to protect the human rights and sexual rights of sex workers, and a law that encouraged sex workers to report any sexual abuse or sexual violence whenever it happens. (Young woman selling sex, Ethiopia) [16].

> Last month I was raped by three policemen. They took my money after they raped me. (Young transgender woman and sex worker from Bangladesh) [16].

3. Call to Action—Commitment to Prioritizing Rights in Promoting Sexual and Reproductive Health

Achieving SRHR for all young people, including those most affected by HIV and by multiple and intersecting layers of marginalization and stigma, is difficult to imagine in the context

of the rights violations described above, coupled with the lack of high-level political commitment. But imagine it we must. All rights are equal, indivisible, and must be upheld for everyone. Realizing sexual and reproductive health depends on fulfilling sexual and reproductive rights.

A framework for action

The Link Up SRHR-HIV consultation, which was youth led, created a five-point framework for programming and advocacy designed by and for young people living with and most affected by HIV:

1. Young people want quality sexual and reproductive health services, from ethical and well-trained health service providers, with services tailored to their needs, rights, and desires—especially as young people living with and most affected by HIV;
2. Young people want to enjoy their sexual and reproductive rights, including the freedom to love and be loved safely;
3. Young people want full access to information and education on HIV and SRHR, including on sexual orientation and gender identity;
4. Young people seek gender equality and to see an end to gender-based violence, including sexual violence, in all its forms, including because of sexual orientation or gender identity; and
5. Young people, in all their diversity, want to be a meaningful part of the solution and participate in the decision-making that affects their lives.

Achievement of the ambitious targets set by the SDG framework—including ending the AIDS epidemic by 2030 (SDG target 3.3)—means advancing the SRHR of the people who are hardest to reach, most excluded from services, and facing the greatest number of intersecting barriers to accessing them. Without actively attending to the protection and promotion of their rights, young people and adolescents most affected by HIV—those whose agency to actualize their sexual and reproductive health is most compromised—will be left out, despite global commitments to "leave nobody behind" [6].

Failure to attend to rights creates a risk that the underlying inequalities that drive ill health will be overlooked or further entrenched. All actors, particularly policymakers, government officials, and other key players, must go beyond what is in the SDGs: to embrace sexual and reproductive health with rights as not only the absence of disease but also the achievement of the broader physical, mental, and social well-being that comes with dignity, choice, agency, equality, and inclusion.

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