

# **Sexual and Reproductive Health Policy**

### Version 2.3

#### Introduction

ChildFund Australia recognizes Sexual and Reproductive Health Rights (SRHR) as central to women's human rights with a profound impact on standard of living, health, and wellbeing. SRHR is an essential building block to achieving gender equality. All women, men and young people have the right to make their own free and informed choices and to have control over their sexual and reproductive health and lives, free from coercion, violence, discrimination, and abuse. Globally, girls, young women, and those who identify as transgender and gender diverse<sup>1</sup> in particular are denied the opportunity to exercise these rights.

ChildFund recognizes that women and girls have bodily autonomy and sexual and reproductive health rights. Bodily autonomy and women's and girl's decision making are critical for advancing SRHR and for achieving gender equality.

ChildFund Australia defines SRHR as including family planning, maternal and child health, the promotion of sexual health, the prevention and management of gender-based violence and the prevention of unsafe abortion and post abortion care.

Family planning, including access to appropriate, affordable, and safe contraceptive use is one of the most effective approaches to reducing maternal and child mortality and improving the quality of women's lives. Ensuring that women, men, and young people have access to comprehensive reproductive health services helps to reduce numbers of unplanned pregnancies, adolescent pregnancies, and sexually transmitted infections.

This policy should be read in conjunction with ChildFund Australia's Gender Policy and Organisational Inclusion Policy.

#### **Frameworks**

ChildFund Australia's work to strengthen SRHR is linked to achieving Sustainable Development Goal 3 to *ensure healthy lives and promote wellbeing for all at all ages*. It specifically advances targets regarding reducing maternal mortality (3.1), ending preventable deaths of newborns and children under five (3.2), fighting communicable diseases, including HIV (3.3) and universal health coverage (3.8). Our work further advances Sustainable Development Goal 5 to *achieve gender equality and empower all girls*.<sup>2</sup>

ChildFund Australia is further guided by the following human rights standards:

https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A R ES 70 1 E.pdf [accessed 30 November 2022]

<sup>&</sup>lt;sup>1</sup> ChildFund Australia recognises 'transgender and gender diverse' people as those who identify with and express themselves as a gender outside commonly understood gender norms of 'male' and female', or are different to the gender which society would typically expect of the sex they were assigned at birth. They may identify themselves using different terms in the countries in which we work, and are part of a wider group of people with diverse sexual orientations, gender identities and expressions and sex characteristics (or diverse SOGIESC) which impact their enjoyment of sexual and reproductive health rights.

<sup>&</sup>lt;sup>2</sup> UN General Assembly, *Transforming our world : the 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1, available at:



- Article 16, Convention on the Elimination of Discrimination Against Women (CEDAW)
  guarantees women's equal rights in deciding "freely and responsibly on the number and
  spacing of their children and to have access to the information, education and means to
  enable them to exercise these rights".
- Article 10, CEDAW specifies that women's right to education includes "access to specific
  educational information to help to ensure the health and wellbeing of families, including
  information and advice on family planning".<sup>3</sup>
- The Beijing Platform for Action states that "the human rights of women and adolescent girls
  include their right to have control over and decide freely and responsibly on matters related
  to their sexuality, and reproductive health, free of coercion, discrimination and violence".<sup>4</sup>
- The Committee on Economic Social and Cultural Rights (CESCR) General Comment 14
   explains that the provision of maternal health services is comparable to a core obligation
   which cannot be derogated from under any circumstances. It further explains that States
   have an obligation to take deliberate, concrete, and targeted steps towards fulfilling the
   right to health in the context of pregnancy and childbirth.
- The CESCR General Comment 22 recommends States to "repeal or eliminate laws, policies and practices that criminalize, obstruct, or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information".<sup>5</sup>

## **Key Principles**

**Bodily autonomy:** women of reproductive age have the right to control what is and is not done to their bodies, including the right to decide to be sexually active or not; the right to consensual sexual relations; the right to consensual marriage; the right to decide whether or not, and when to have children; the number and spacing of their children and should have access to the information and means to exercise these choices. Women and men should have access to the widest possible range<sup>6</sup> of safe and effective family planning methods and should participate fully in defining the family planning services they need.

**Non-discrimination:** quality health services should be provided to all people, including young people, women, men, people with a disability, people living with HIV/AIDS and people who identify as transgender or gender diverse.

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<sup>&</sup>lt;sup>3</sup> UN General Assembly, *Convention on the Elimination of All Forms of Discrimination Against Women*, 18 December 1979, United Nations, Treaty Series, vol. 1249, p. 13, available at: <a href="https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf">https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf</a> [accessed 30 November 2022]

<sup>&</sup>lt;sup>4</sup> United Nations, *Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women*, 27 October 1995, available at: <a href="https://beijing20.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA\_E\_Final\_W\_EB.pdf">https://beijing20.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA\_E\_Final\_W\_EB.pdf</a> [accessed 30 November 2022]

<sup>&</sup>lt;sup>5</sup> UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant),* 11 August 2000, E/C.12/2000/4, available at: <a href="https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL">https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL">https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL">https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPlF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL</a> [accessed 30 November 2022]

<sup>&</sup>lt;sup>6</sup> Subject to the national laws of the relevant nation concerned.



**Reducing inequities:** in sexual and reproductive health outcomes and improving access to relevant information and services for at risk or vulnerable population groups, including minority groups, unmarried women, women with a disability, young people, people who identify as transgender or gender diverse, and people living with HIV/AIDS.

**Healthy relationships:** as a central part of sexual and reproductive health, and recognition that this requires a positive and respectful approach to sexuality and sexual relationships, and confidence in negotiating boundaries and making informed choices.

**Universal access:** all people have access to the affordable health services they need, when and where they need them, without hardship. It includes the full range of essential health services and is based on strong, people-centred primary healthcare.

**Holistic:** a comprehensive approach that includes sexual and reproductive health promotion, disease prevention, prevention of gender based violence and early intervention.

## **Policy Statement**

In accordance with international standards, ChildFund Australia is committed to the prevention of child and maternal deaths and attainment of safe motherhood, healthy families, and children's positive development. ChildFund Australia is committed to all people of reproductive age having the opportunity to decide whether or not, and when to have children, the number and spacing of their children and having access to quality health services. ChildFund Australia recognises that not having access to primary healthcare, household income, and education as well as prevalence of gender norms, particularly for women, can limit sexual and reproductive health choices.

We aim to integrate and align SRHR projects with our sexual and gender based violence (SGBV) and child protection programming, and our social and emotional learning programs that focus on Comprehensive Sexuality Education (CSE) and healthy relationships. We will endeavour to integrate SRHR into disaster risk management wherever possible.

ChildFund Australia will work to prevent HIV transmission, and to improve the quality of life and health outcomes for those infected and affected by HIV and AIDS, particularly children and their caregivers. We will encourage active participation of people living with HIV and AIDS, and their organisations, in our programs and projects.

## **Policy Commitments**

ChildFund Australia will:

- apply a human rights-based approach to all SRHR programming in accordance with international standards set out in the *frameworks* section of this policy.
- strengthen organizational capacities to provide high quality, integrated technical advice for sexual and reproductive health topics including family planning, comprehensive maternal health, GBV prevention/ response and HIV as well as advice that is responsive to emergencies and fragile contexts.
- leverage, strengthen, and where necessary build, local capacity for the delivery of safe, effective, and inclusive sexual and reproductive health programs and services.
- include sexual and reproductive health projects in ChildFund Australia programs where appropriate, either mainstreamed or as targeted projects.



- address gender-based violence and harmful practices in all contexts including child/early/forced marriage, Female Genital Mutilation/Cutting and SGBV through programming, referral and awareness raising around harmful gender norms.
- advocate for equitable access to sexual and reproductive health services regardless of sexual
  orientation, gender identity, marital status, socio-economic status, religion, ethnicity, age,
  migration status or disability.
- aim to mainstream HIV and AIDS interventions into other health projects and emergency response; or to implement targeted projects where it is a significant public health issue.
- ensure the HIV status of any person benefiting from, or participating in, ChildFund Australia programs is not revealed without their consent.
- make the prevention of unplanned pregnancies the highest priority in all reproductive health projects, with every attempt being made to minimise the need for the termination of pregnancies.
- aim to ensure that women of reproductive age who choose to terminate pregnancies have access to safe abortion services and appropriate follow-up treatment/support.
- align all sexual and reproductive health projects to be inclusive of all young people, including gender diverse young people and young people with a disability.
- work to reduce child and maternal deaths and morbidity through quality programming and promote the principles of women's and girl's bodily autonomy and gender equality.
- aim for young people, men, women, people with a disability, and those who identify as
  transgender or gender diverse to have accessible information and access to safe, effective,
  affordable, and culturally acceptable contraception, so they can make informed choices to
  prevent unplanned pregnancies and the transfer of sexually transmitted infections, including HIV
  and AIDS.
- work with communities, including community-based health networks and volunteers to strengthen the capacity of couples and individuals (especially women and young people) to make informed decisions on whether or not, and when to have children, the number and spacing of their children.
- respect and abide by in-country laws and policies and advocate for positive change as required.

#### **Guidance Notes**

Consult the International Program Team for support documents, such as templates, resources, and checklists, to assist with the implementation of this policy.



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