



SEXUAL & REPRODUCTIVE HEALTH RIGHTS TRAINING (SRHR)

OBJECTIVES OF THE TRAINING

- To clarify perceptions of sexual and reproductive health issues.
- To bring participants to appreciate the dynamics that culture/tabooes/hiv/ sexual orientation bring to the table of sex, values and rights.
- To explain the concept and components of gender in reproductive health.
- To enlighten participants on value systems in srhr through value games.

WHAT IS SRHR?

- **Health** is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity - (who).
- **Reproductive health** implies that people are able to have **a responsible, satisfying** and [safer sex life](#) and that they have the capability to reproduce and the [freedom to decide](#) if, when and how often to do so.
- It encompasses all rights and issues surrounding a person's sexual and reproductive life and addresses the reproductive processes, functions and system at all stages of life.
- It covers the need to be informed of and to have access to safe, effective, affordable and acceptable methods of [birth control](#); appropriate [health care services](#) of [sexual](#), [reproductive medicine](#) and implementation of health education programs to stress the importance of [women to go safely](#) through [pregnancy](#) and [childbirth](#).
- There are inequalities in provision of reproductive health services based on socioeconomic status, education level, age, ethnicity, religion and resources available in a particular environment.

CONTEXTUALIZING SRHR

- **HIV and AIDS**

The **AIDS epidemic** continues to disproportionately affect sub-saharan africa, especially eastern and southern africa (**6.2%** of the world's population, but home to **half** of the world's people living with HIV). In 2015, the region accounted for **46%** of the world's **new HIV infections** and **42%** of global aids-related **deaths**.

An estimated **90% of new hiv infections** among adults and young people in the esa region occurs through **sexual transmission**.

- **Gender and gender roles (inequalities, stereotyped masculinities, trans-sexuality)**

- Maternal deaths
- Unsafe abortions

- **Religion, values, culture & taboos**

- accepting some behaviors, identities & concept of sexual diversities that arise
- questioning norms & values that may jeopardize our health & well being

- **Vulnerability of children.**

THUS.....

1. Sexual & reproductive health concerns **everyone**.
2. SRHR issues start to affect young people at adolescence when beginning to **learn** about their own sexuality & **making decisions** about their sexual behaviour.
3. **Intervention** has important and long lasting benefits & should be **prioritized**.
4. Lack of **control/information/equipment** to deal with the consequences of their activities.
5. Need to develop programmes which are **culturally appropriate**, address relevant gender issues and truly "speak" to the local communities.
6. This demands special skills, including **people's centered approach**.
7. Effective SRHR **programmes** require a **multi-sectoral approach & co-ordination** between and within agencies.
8. As an ngo dealing with health, it is critical for us to understand what srhr entails and **inculcate its principles in our programing**.

LEGAL FRAMEWORK OF SRHR

- SRHR are enshrined in various international conventions, declarations & consensus agreements OBLIGATING states to respect, protect & fulfil these rights.

International instruments:

- i. Covenant on economic, social and cultural rights (1966);
- ii. Covenant on civil & political rights (1966);
- iii. Convention on the elimination of all forms of racial discrimination (1966);
- iv. Convention on elimination of all forms of discrimination against women (1979),
- v. Convention against torture and other cruel, inhuman or degrading treatment or punishment(1984);
- vi. Convention on the rights of the child (1989); and
- vii. Convention on the rights of persons with disabilities (2006).

CTD.....

Regional INSTRUMENTS

- I. The african charter on human and peoples' rights (1981);
- II. African charter on the rights and welfare of the child (1990);
- III. Protocol to the african charter on human and peoples' rights on the rights of women in africa or the "maputo protocol (2003).
- IV. The millennium development goals, abuja declaration (2001) on hiv and aids, tuberculosis (tb) and other related infectious diseases;
- V. Campaign on accelerated reduction of maternal mortality in africa (CARMMA) (2009) ETC.

Domestic instruments

- The constitution of kenya 2010 (rt to the highest attainable standard of health, for all including vulnerable and marginalised groups in
- The sexual offences act 2003, the children's act 2001, prohibition of female genital
- Mutilation act 2011

DOMESTIC CTD

Policies

- i. National reproductive health policy (2007)
- ii. The national reproductive health strategy 2009-2015;
- iii. The adolescent reproductive health and development policy, 2003;
- iv. The national condom policy and strategy (2009-2014);
- v. The contraceptive policy and strategy (2002-2006);
- vi. The contraceptive commodities procurement plan (2003-2006);
- vii. The contraceptive commodities security strategy (2007-2012);
- viii. The school health policy; the female genital mutilation, etc,

ELEMENTS OF SRHR (CAIRO P. A. 1994)

- Voluntary, informed and affordable family planning services
- Prenatal care and safe motherhood services
- Prevention & treatment of sti (including hiv, aids & CERVICAL CANCER)
- Prevention and treatment of violence against women & girls (+torture)
- Safe & accessible post abortion care and related services
- Sexual health information, education and counseling to enhance personal relationships & quality of life

RIGHTS ENCOMPASSED UNDER SRHR

- The rights to equality and non-discrimination
- The right to be free from torture or to cruel, inhumane or degrading treatment or punishment
- The right to privacy
- The rights to the highest attainable standard of health (including sexual health) and social security
- The right to 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
- The right to decide the number and spacing of one's children
- The rights to information, as well as education
- The rights to freedom of opinion and expression, and
- The right to an effective remedy for violations of fundamental rights.

WHAT GOOD SEXUAL HEALTH MEANS

It ENCOMPASSES being confident and able to:

- Make decisions about your own bodies and how to express your sexuality without coercion or pressure;
- Saying “no” to sex until they are in a loving relationship and are happy to say “yes”;
- Have protected sex free from unwanted pregnancy and diseases that are passed during sexual intercourse;
- Enjoy pleasure from sex without harming others;
- Enjoy your sexuality free from shame, guilt and fear;
- Visit the health centre if you have a problem.

GROUP ACTIVITY.

BREAKING THE ICE....

HUMAN BEINGS AS SEXUAL BEINGS

1. WHAT EMOTIONS/FEELINGS ARE ASSOCIATED WITH SEX?
2. WHAT BODY PARTS ARE INVOLVED IN A SEXUAL ACT?

SEX, CULTURE & HIV

- i. What are some of the cultural beliefs (myths & taboos) surrounding sex & reproduction?
- iii. Do those beliefs hold?
- iii. What are some of the cultural activities that hamper the enjoyment of SRHR?
- iv. What are the commonly asked questions on sex?
- v. Providing 'child friendly' information
- v. Providing 'socially acceptable' information
- vi. About 90% of all hiv transmission happens through sexuality & reproduction.

SEXUAL MINORITIES

I. Who are they?

II. Value game:

What activities are involved in sexual acts within SEXUAL minority groups?

What activities are involved in sexual acts in the main stream



GROUP ACTIVITY
SEX AND GENDER

CREATE IT

CONTRACEPTION & ABORTION

- Value game



FOOD FOR THOUGHT

DOES SRHR IMPLY THE RIGHT TO
HAVE SEX?

BEST PRACTICES IN SRHR

Therefore, when handling matters of SRHR, key best practices include:

1. Use rights based approach
2. Do not assume the sexuality of the person you are dealing with.
3. Be aware of your own values and be careful to **never impose your** own values on another person.
4. **Never influence answers** to questions presented to you based on your biases and where you do not know the answer, admit so and endeavor to research.
5. Always ensure **confidentiality** in all matters.
6. Provide **age appropriate** messages.
7. Be observant for **non-verbal cues**.
8. Obey the **law**.
9. **Best interest** of the child is the cardinal rule.

KEY LEARNINGS

- Lack of access to sexual and reproductive health care is a significant global health concern for men, women, trans people and intersex people.
- In sub-saharan africa, where a large numbers of people live in poverty, **women's** sexual and reproductive health is undermined by gender inequality & other factors that imping on women's freedom to make decisions about sex and reproduction.
- In understanding srhr it is also important to consider those that are **marginalised and/or vulnerable**. Either because of their age, ability, gender identity, sexual orientation or they are living with HIV. Most SRH policies fail to take into account the needs of individuals who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI).
- Faith leaders, as influential members of community, have an **important role to play** in addressing these and other srhr related challenges.

The background is a light green gradient that transitions from a slightly darker green at the top to a lighter, almost white-green at the bottom. There are several realistic water droplets of various sizes scattered in the corners: top-left, top-right, and bottom-right. The droplets have highlights and shadows, giving them a three-dimensional appearance.

THANK YOU