

Pleasure is Power Towards Fully Realising Sexual and Reproductive Health, Rights and Justice

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Executive Summary

Sexual and Reproductive Health and Rights (SRHR) are fundamental human rights that encompass more than just access to family planning. This policy brief explores the broad scope of SRHR, emphasising the necessity of integrating pleasure and positive sexuality into SRHR discourse and services. It highlights the stigma and lack of access to comprehensive SRHR information and services, especially for youth, women, and marginalised communities. The brief offers evidence-based recommendations for policymakers to transform current practices and policies to promote a more inclusive and positive approach to SRHR.

Introduction

The purpose of this brief is to advocate for a comprehensive understanding and implementation of SRHR that goes beyond prevention and violence reduction. By focusing on pleasure and positive sexuality, we aim to break the stigma surrounding SRHR and ensure that it is recognised as a fundamental human right. Targeting stakeholders in the development sector—including civil society organizations, healthcare providers, government bodies, and educators—this brief emphasises the often-overlooked significance of pleasure and happiness in our productivity and reproduction-focused society.

As these aspects of life are frequently neglected, rendered invisible, or worse, stigmatised, this brief seeks to address these gaps and reinforce the importance of a holistic approach to SRHR.

QUICK FACTS

BANGLADESH



64 per cent of all women aged 20–24 are married before the age of 18 and 86 per cent are married by age 20 (National Institute of Population Research and Training, Mitra and Associates, and ICF International, 2013).



In Bangladesh, 7 in 10 ever-married women are aware of abortion services, officially referred to as Menstrual Regulation (MR). Among those who know about MR, 9 per cent of previously married and currently married women have used it (Ibid).



The contraceptive prevalence rate is 62 per cent, with 27 per cent of women using a modern method. Only 6 per cent of men use condoms as a family planning method, and female condoms are not available (Ibid).



PHILIPPINES



In the Philippines, 1 in every 10 births is to mothers below 19 years of age. According to the Population Commission (POPCOM), 24 babies are born to adolescent mothers every hour, totalling more than 200,000 births annually (Porcalla and Crisostomo, 2019).



The Responsible Parenthood and Reproductive Health Law, passed in 2012, only covers adults. Adolescents (those below 18 years of age) are not allowed to access contraceptives without parental consent (UNFPA et al., 2020).



The Philippines is the only country that does not allow divorce, other than the Vatican City (Aspinwall, 2024).



Abortion remains illegal and criminalised in the Philippines. According to recent estimates cited by the Center for Reproductive Rights, there was a 51 per cent increase in abortion rates between 1990–1994 and 2015–2019 (Center for Reproductive Rights, 2024).



According to the Global Partnership to End Violence Against Children (2022), one in every six girls in the Philippines is married before the age of 18. The country took a significant step towards eliminating child marriage by passing a law in January 2022 that criminalises the practice.

Key Findings

- 1. Stigma and Shame:** SRHR issues, particularly those related to pleasure, are often stigmatised and considered taboo. This stigma prevents open discussion and education, leading to widespread misinformation and shame.
- 2. Access to Services and Information:** Many individuals, particularly adolescents, unmarried individuals, and women, lack access to comprehensive SRHR services and information. This lack of access is due to the sidelining and deprioritisation of SRHR in policies and funding.
- 3. Policies and Systemic Injustices:** In many Asian countries like the Philippines and Bangladesh, basic components of SRHR, such as comprehensive sexuality education, access to contraceptives for unmarried women and adolescents, and safe abortion services, are still missing. It is challenging to discuss pleasure and positive sexuality if these basic rights have not yet been achieved.
- 4. Cultural and Religious Impact:** Cultural and religious norms heavily influence perceptions and practices around SRHR, often leading to restrictive policies and limited access to necessary services.
- 5. Gender Norms and Expectations:** Women face societal pressures and are often shamed for their reproductive choices, whether it is choosing not to have children, wanting many children, marrying too young or too late, and even not marrying at all.
- 6. Political Implications:** Popular opinions against SRHR can lead to restrictive policies and inadequate funding for essential SRHR services.

Recommendations

- 1. Normalise SRHR Discussions:** Implement educational campaigns and programmes to destigmatise SRHR topics, emphasising pleasure and positive sexuality. Encourage open conversations in schools, communities, and workplaces.
- 2. Enhance Access to Comprehensive SRHR Services:** Ensure that all individuals, regardless of age, marital status, or gender, have access to comprehensive SRHR services and information. This includes safe and pleasurable sexual experiences, contraception, and reproductive healthcare.
- 3. Integrate Pleasure into SRHR Policies:** Encourage policymakers to adopt a pleasure-centred approach to SRHR. This includes recognising pleasure as an integral part of sexual health and incorporating it into SRHR education and services.
- 4. Influence Policy through Champions from Within:** Identify and support advocates within the political and policymaking spheres who can champion SRHR issues and push for necessary reforms.
- 5. Increase Advocacy Efforts:** Mobilise more advocates and organisations to support and promote a comprehensive approach to SRHR.
- 6. Embrace Pleasure:** Promote a cultural shift towards embracing pleasure as a natural and essential aspect of human life and health.

Policy Implications

- **Policy Revisions and Amendments:** Adopting these recommendations will require amendments to existing policies and programmes. Policymakers should prioritise comprehensive SRHR services that include pleasure and positive sexuality. This involves updating health curricula, training healthcare providers, and ensuring that SRHR services are holistic and inclusive.
- **Increased Funding and Resources:** There is a need for substantial investment in SRHR education and services. Governments and international organisations should allocate more funds to support comprehensive SRHR programmes that include a pleasure-focused approach.
- **Cross-Sector Collaboration:** Effective implementation of SRHR policies requires collaboration between various sectors, including health, education, social services, and legal systems. This interdisciplinary approach can help address the multifaceted nature of SRHR issues.
- **Community Engagement and Empowerment:** Policymakers should engage with communities to understand their specific needs and challenges related to SRHR. Empowering communities to participate in policy development and implementation ensures that SRHR services are relevant and accessible.
- **Monitoring and Evaluation:** The establishment of robust monitoring and evaluation mechanisms is crucial for assessing the effectiveness of SRHR policies and programs. Data collected through these mechanisms should inform adjustments and improvements to ensure that policies remain responsive to the evolving needs of the population.
- **Legal and Regulatory Frameworks:** Strengthening legal and regulatory frameworks is essential to protect and promote SRHR. This includes enacting laws that guarantee access to SRHR services, protect individuals from discrimination and violence, and uphold the right to pleasure and positive sexuality.

This policy brief highlights the importance of a comprehensive and inclusive approach to SRHR, advocating for policies that recognise pleasure as a fundamental aspect of sexual health. Through addressing stigma, improving access to services, and promoting positive working conditions, we can ensure that SRHR are fully realised for all individuals.

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Further Readings

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Imprint

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Nepal Office | Regional Gender Justice Project
Lalitpur Metropolitan City, Ward 2, Sanepa
P.O. Box 11840
Kathmandu, Nepal

Responsible: **Natalia Figge** | Project Director
Designs: Kazi Studios
Copyeditor: Rabi Thapa
Proofreader: Bikram Timilsina

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The Regional Gender Justice Project coordinates FES' work on gender justice in the Asia and Pacific region. Together with colleagues, feminists, and partners in the region we create spaces for exchange and mutual learning and develop transformative strategies for a more gender just future.

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