Abstract and Keywords

This chapter analyzes the successes and limitations of the transnational feminist sexual and reproductive health and rights (SRHR) movement using Elizabeth Friedman’s theory that transnational women’s rights organizing is indeed a “movement” and not merely an advocacy network. The chapter contributes to feminist movement theorizing by observing the dynamics within the transnational feminist SRHR movement engaged in United Nations processes in the 2000s. It explores the movement's internal struggles, as well as analyzing its successes and looking at how transnational feminism has contributed to advancing global policy norms to advance sexual and reproductive rights and health. Finally, it provides some insights on what strategies feminist movements can employ in order to reinvent and reinvigorate their political work globally.

Keywords: transnational feminism, women’s rights, sexual and reproductive health and rights, United Nations

Introduction: The Gains of Cairo and Beijing—Transnational Feminism at Its Height

The main achievement of the 1994 International Conference on Population and Development (ICPD) was what came to be known as the “Cairo Consensus,” which represented a major paradigm shift in the population field, moving away from prior policies of imposed demographic targets aimed at reducing fertility rates (population control) to recognizing women’s reproductive autonomy and human rights. This shift would not have been possible without the active role of a strongly articulated and well-organized transnational feminist movement (Friedman 2003; Joachim 2003).

During the ICPD the feminist agenda to define “reproductive health” and “reproductive rights” within population policies was achieved for the first time in international development (United Nations 1994). Governments agreed that in order to stabilize population growth and achieve sustainable development, it was critical for women to have equal access to information, education, and employment, as well as to integrated health services, and respect for their sexual and reproductive choices. For the first time in such debates, unsafe abortion was considered a major public health problem and discussed as such, and there was global recognition of the need to address women’s deaths and safeguard their health. The transnational women’s rights movement was also able to ignite global debates at the ICPD about adolescent sexuality, looking to recognize young people’s rights to engage in sexual and reproductive choices, and to stop criminalizing women who have undergone illegal abortions. This gave Feminists an advocacy tool, agreed upon internationally, to push for access to safe and legal abortion in countries where it was criminalized. On sexuality, paragraph 96 asserted the right of women “to have control over and decide freely and responsibly on matters related to their sexuality” (United Nations 1994b), paving the way for an internationally agreed definition of “sexual rights.” Five years later feminist movements continued to gain ground on women’s sexuality, adolescents’ rights and health, and ending gender-based violence as critical components of development and population policies (Correa, Peschesky, and Parker 2008, 170). A decade later, however, the gains of the 1990s were being significantly eroded within the United Nations, the transnational feminist sexual and reproductive health and rights (SRHR) movement was not as active as it had been, and rising religious fundamentalisms as well as conservative population control agendas were gaining traction (Girard 2004).

These successes occurred at the UN Fourth World Conference on Women in Beijing in 1995 and as well as at the conference’s five-year reviews in 1999 and 2000. The continuation of a strongly articulated and well-organized transnational women’s human rights movement during these follow-up meetings demonstrated that what had happened in Cairo was not a one-time achievement, but rather a sustained commitment to engagement and collaboration by transnational feminists and government allies to set global norms on women’s human rights (Stearns 2007, 22). Taking the Cairo Consensus one step further, paragraph 106(k) of the Beijing Platform for Action called on governments to consider reviewing laws that punish women who have undergone illegal abortions. This gave Feminists an advocacy tool, agreed upon internationally, to push for access to safe and legal abortion in countries where it was criminalized. On sexuality, paragraph 96 asserted the right of women “to have control over and decide freely and responsibly on matters related to their sexuality” (United Nations 1994b), paving the way for an internationally agreed definition of “sexual rights.” Five years later feminist movements continued to gain ground on women’s sexuality, adolescents’ rights and health, and ending gender-based violence as critical components of development and population policies (Correa, Peschesky, and Parker 2008, 170). A decade later, however, the gains of the 1990s were being significantly eroded within the United Nations, the transnational feminist sexual and reproductive health and rights (SRHR) movement was not as active as it had been, and rising religious fundamentalisms as well as conservative population control agendas were gaining traction (Girard 2004).

The Lull: A Decade of Dormant Transnational SRHR Feminist Presence at the United Nations

The factors that contributed to a decade of stagnation at the UN on sexual and reproductive rights (2000-2009) were twofold: first, the conservative leadership of the US government under the George W. Bush administration; and second, the dominance of a single-focused HIV agenda within the global health community, backed by a strong social movement that rallied around a single disease and an ample funding base. The combination of these two weakened the transnational SRHR movement and stymied any global progress on women’s sexuality and reproductive rights throughout the decade.

The Bush Years

In 2000 governments issued the Millennium Declaration, which captured development, human rights, and peace and security priorities for the coming fifteen years. However, the then UN Secretary-General Kofi Annan designed global development goals that could align donor priorities and for which progress could be quantifiably tracked. These goals went against the comprehensive development agenda set by the Millennium Declaration itself and...
by the UN conferences of the 1990s, which had created blueprints for action for each country to analyze and develop as appropriate. The reductionism embedded in the Millennium Development Goals (MDGs) has simplified the global development agenda to the lowest common denominator and ignored fundamental aspects of social justice and economic well-being that could contribute significantly to poverty eradication and development ( Fukuda-Parr and Greenfield 2011 ). Women’s human rights and sexual rights were undervalued in the MDGs, for example, the Cairo goal of achieving universal access to reproductive health and rights to one goal on improving maternal health and the Beijing Platform for Action to a target on eliminating disparities in primary and secondary education. Thus, feminists turned their attention to implementation of the comprehensive agendas achieved in the 1990s rather than to engaging globally (Antrobus 2005).

Feminist criticisms of the newly established development agenda and of the erosion of multilateralism were also due to the bigger battle being fought on global trade and economics. Middle income and poor resource countries were fighting to retain food security, ownership over their natural resources, and protection of their national economies from the bilateral and untransparent negotiations being held in the World Trade Organization (Khor 2000). Thus, the first decade of the twenty-first century saw a real crisis in multilateralism from both social justice movements and numerous governments (Lloyd 2012; UN-NGLS 2012).

New York–based organizations in the SRHR field, such as the International Women’s Health Coalition (NHC), the International Planned Parenthood Federation (IPPF), Women Bèlycer, Family Care International, and the Center for Reproductive Rights, were the primary active players at key UN meetings between 2000 and 2010. With the exception of the Cairo and Beijing ten-year reviews, at which there was some coordinated southern feminist pressure with the engagement of some southern feminist networks , southern feminists seemed to be directing their energy elsewhere. Transnational feminists were struggling to keep alive the momentum of the 1990s regarding sexuality and rights within their own countries and in an increasingly conservative political environment. In addition, the movement was struggling to maintain and promote feminist perspectives on reproductive health and rights in the midst of increased attention and commitment to a single-focused HIV agenda. The HIV movement during this time had skillfully mobilized resources and benefited from the Bush administration’s commitment to AIDS treatment and the creation of the Global Fund to Fight AIDS, TB and Malaria. Furthermore, the debates on preventing and treating HIV and AIDS were often dominated by epidemiologically focused arguments that did not consider power asymmetries and gender relations as structural drivers of the epidemic.

The growing power, money, and attention that treating HIV received within the health field created ideological and funding tensions among two very diverse transnational social movements (HIV and feminist SRHR). This could also be seen as a contributor to weakening the organizational capacity of the southern feminist HIV (and AIDS) field to continue the cohesive and solid engagement at the UN that it had demonstrated in the previous decade. While some feminist activists struggled to keep prevention and treatment within sexual and reproductive health policy and programming, some HIV activists claimed that vertical programs were necessary to end the stigma and discrimination often tied to the epidemic. These tensions among movement were only exacerbated by donors’ focus on funding for service provision and not for political advocacy and human rights.

With the onset of the Bush administration in 2001, politics at the United Nations took a sharp turn, in part due to its imposing conservative and religiously motivated patriarchal views on women’s reproductive health and bodily autonomy, sexuality, and human rights. Government delegations from the United States to the annual UN Commission on the Status of Women and the Commission on Population and Development included members of the ultraconservative Right to Life Federation, Family Research Council, and even a former advisor to the Vatican. The leadership of the US government was undermining and retrogressing the feminist transnational gains of the conferences of the 1990s. These efforts were aided and supported by conservative Islamist positions taken by Iran, Egypt, and Sudan, as well as conservative Central American countries (Honduras, Guatemala, El Salvador). The 2001 UN Special Session on Children saw the first manifestation of this new and powerful alliance between the US and conservative governments determined to undermine efforts that would secure sexual and reproductive health information, services, and education for adolescents. Transnational youth and women’s movements present were not deterred by these conservative forces, but all they were able to achieve was a brief recognition reaffirming ICPD and Beijing (Girard 2002).

There were no significant advancements in global SRHR policies by feminists during this period, and there was a clear absence of southern transnational feminist movements from the United Nations during this time. In part, this vacuum created a space for a well-funded and articulate religious conservative base from the United States to influence UN policy negotiations. Throughout the decade, groups like the Catholic Family and Human Rights Institute (C-Fam) and the Human Life Institute adopted the successful organizing tactics of women’s movements during the 1990s. These entitled members getting onto national delegations (including those of the United States and the Vatican), which holds observer status at the UN and has full speaking rights, where they influenced national positions, developed strong communications strategies, and mobilized other conservative governments to dismantle the sexual and reproductive rights agenda. This was abetted by a concerted effort of the US government (Barroso 2010). A decade later northern and southern feminists alike are struggling to gain back the “middle ground” countries in UN intergovernmental negotiations to raise issues and advance agendas to achieve gender equality and sexual and reproductive rights. This apparent regression could be attributed to the fact that activists from the North and South alike who had been involved in the conferences of the 1990s were fighting political battles at home as well as struggling to implement the Cairo agenda nationally and to hold their governments accountable. Feminists were also facing a political context in which there was a massive decline in resources for political advocacy. This environment depleted local, indigenous, women’s rights-oriented organizations with small programs, as they were often unable to respond to donors’ demands for instituting larger-scale and “results-oriented” programs in the short term.

Furthermore, the HIV and AIDS global policy-setting agenda occurred between 2001 and 2006 at the height of the Bush administration and of right-wing conservative ideology that followed the World Trade Center attacks. This, together with the skilled negotiation tactics employed by the Organization of Islamic Conference States (Egypt, Yemen, Sudan, Qatar, Saudi Arabia, United Arab Emirates, Indonesia, Malaysia, Pakistan, and Tunisia), created a tense environment for those feminists and progressive southern states that were engaged at this level trying to move forward. The 2006 meeting on HIV brought this tension to the fore. Feminist, HIV, and LGBT groups were more divided than ever, and they failed to work in solidarity toward a common goal of access to comprehensive health care and sexual and reproductive rights. According to feminist activist and scholar Pinar Ikkaracan, the results of this conference fractured and further divided the transnational feminist SRHR movement.

Financing for Sexual and Reproductive Health

By the year 2010 overseas development assistance (ODA) for health had more than doubled from 1995 (Lu et al. 2010), but the focus of these funds for development aid was in supporting vertical programs, with HIV/AIDS taking the largest share and other reproductive health programs declining (HRM and ARROW 2010). Recent studies tracking ODA in 2009 and 2010 indicate that this trend continues, even though funding for family planning and maternal health has increased only nominally since the 1990s, with the majority of funding (about 70 percent) aimed at preventing and treating HIV, 16 percent going to general reproductive health, and 7 percent devoted specifically to family planning (Faunder, Berman, and Mills 2013). Funding for sexual and reproductive health comes primarily from the Global Fund to Fight AIDS, TB and Malaria, the UK government, the UNFPA, the World Bank, and the US

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government. Some European countries, such as Denmark, Finland, Germany, the Netherlands, Norway, and Sweden, contribute significant portions of their ODA budgets to SRHR (Seims 2011). Some private philanthropic foundations also devote some of their large grant-making to servicing the population field, and a number of these foundations continue to be the greatest sources of support for feminist political activism for SRHR. Nonetheless, it can be said that overall, funding diminished the opportunities for social justice and feminist-oriented groups to fully participate in demanding further attention to the implementation of the Cairo Consensus.

At the country level, the feminist agenda achieved in Cairo did not get the necessary financial resources or the political will that would lead to its implementation. Family planning programs continued their vertical course, as did HIV programs, separately. Maternity care and safe abortion services became largely sidelined until relatively recently in the pressure to meet the MDG on improving maternal health. Thus, the concepts of holistic, comprehensive sexual and reproductive rights and health as cornerstones of population and health policies have not necessarily been successfully institutionalized nationally. Nevertheless, in the last few years there has been growing recognition once again among the health and population fields that the integration of services is critical for enabling better and more cost-effective health outcomes (WHO, UNFPA, UNAIDS, IPPF and UCSF 2009).

There could be reasons for optimism, with the World Bank increasing its funding for health system financing; the Global Fund to Fight AIDS, TB and Malaria being replenished and experimenting with proposals that include a window for funding reproductive health services for women with HIV; and the UN Secretary-General’s Joint Plan of Action on Women and Children, which seeks to galvanize political and financial support for the implementation of integrated women’s health programs in more than fifty countries. Nevertheless, while these initiatives are focused on the provision of services, it is still questionable how these resources will be used in ways that are pro-human rights, pro-women, pro-poor, and pro-marginalized groups. Further, it is not clear where these funds go. Resources need to be used for infrastructure, human resources for health, commodities, and supplies (HIV medicines, contraceptives), but also for developing quality of care standards, training midwives and midlevel health workers, and strengthening the capacity of health systems to provide sexual and reproductive health services within primary health care. In addition, US funding prohibits funding for safe abortion services. So, while the HIV and women’s movements promote funding increases, it is also necessary to work toward using existing funds better. As for funding political advocacy for SRHR, particularly feminist movements in the global South, the donors (multilateral, private, and government) question their value because they have difficulty measuring the results over short periods of time. This panorama has undoubtedly contributed to a fractured transnational feminist movement working on SRHR as well as others working in the field, creating a sense of perceived and actual competition for limited resources among our several constituencies.

The Growing Pains of the Transnational SRHR Feminist Movement

The 1990s saw the rise of the strong transnational feminist constituency advocating for sexual and reproductive rights and health (Joachim 2003; Steans 2007). The transnational feminist movement working the “inside track” (e.g., inside the political negotiations) was facilitated in large part by the International Women’s Health Coalition (IWHC) and its feminist partners working on sexual and reproductive rights and health in India, Brazil, Nigeria, Indonesia, Mexico, Egypt, and Cameroon, among other countries. The Women’s Environment and Development Organization (WEDO) had opened up access for women to UN intergovernmental processes at Rio a few years before and facilitated a much larger women’s caucus during Cairo and Beijing, together with the Center for Women’s Global Leadership, which had mobilized transnational feminists around the world during the Vienna Human Rights Conference.

These three organizations, based in New York, with a firm commitment to facilitating space for women from the South to be heard and fully participate, and the transnational feminist SRHR movement created the “Cairo” paradigm shift and mobilized governments to implement population policies from the perspective of women’s reproductive health and rights. After Cairo a network of transnational feminists formed a group called HERA (Health, Equality, Rights, Accountability), which worked on follow-up negotiations (the Cairo and Beijing +5 reviews), once again creating a formidable force against religious and political fundamentalisms and gaining ground for women’s and adolescent sexuality and human rights. It can be said that these feminist organizations provided the intellectual leadership, organizing capacity, fund-raising efforts, and political strategy necessary for transnational and global successes on sexual and reproductive rights and health policy. These successes were due to two main factors: strong feminist leaders (both in New York and in the South) at the helm of organizations that many of them had founded, and the confidence of and significant investments by the donor community (both northern governments and private philanthropy) in feminist leadership to influence global policy.

However, in the decade 2000 to 2010 the transnational feminist SRHR movement was weakened, not only because of the funding crisis and the influence of the US government during the Bush administration, but also because these same feminist leaders who had taken center stage in the 1990s were ostensibly too busy surviving the financial and conservative crises. One implication of this survival mode meant they had less time to invest in a younger generation of feminists to take the work forward. The consequence of this lack of investment is palpable globally, regionally, and nationally, and younger generations of feminists entering transnational movements working for SRHR question whether there is a shared feminist understanding of power within it. In the eyes of some older feminists of the “Cairo generation,” notions of power often involve either earning, claiming, or taking “the space,” whereas for younger generations, notions of power are shared across generations, within organizations, with different social actors and movements that share common ideals. According to a recent study conducted by the Association for Women’s Rights in Development (AWID), the power dynamics between and across women of different ages within our own movements have generated unnecessary suspicions, negative stereotypes, and competition, as well as false dichotomies across generations that can cause deep fragmentation. The unwillingness to share power is something younger feminists have identified throughout every region, attributing this dynamic to environments where trust is weak and where the contributions made by different generations are overlooked (AWID 2013).

The feminist constituency of the sexual and reproductive rights and health movement was also aging and not transferring organizational knowledge and history, positional leadership, or power to younger generations. Some organizations, such as the IWHC and Development Alternatives with Women for a New Era (DAWN), developed training programs for younger feminist activists throughout Asia, Africa, and Latin America. These programs helped build both the content and the advocacy capacity of younger generations to hold the ground on gender justice and sexual and reproductive rights in their countries and at the UN during the years of extreme conservatism imposed by the Bush administration.

As soon as the Bush era came to an end and Barack Obama was elected in the United States, some of the “Cairo generation” of transnational feminist activists returned to the UN space to reclaim SRHR globally. The result of this return was positive, in that some highly skilled and experienced feminist thinkers and organizers in the sexual and reproductive health field returned to the Unites Nations once again as a space for galvanizing political will and financial priority to women’s sexual and reproductive rights within development priorities. However, the reoccupation of this space as a return of the “Cairo generation” of activists also at times unproductive and the occupied space of skilled but younger and less experienced activists who were struggling to prioritize a different set of experiences within mainstream development discourse. The struggle for making certain groups of marginalized populations visible within intergovernmental negotiations led by younger generations was sometimes dismissed and considered unstrategic and unimportant. This
was not a new debate (Correa, Petchesky, and Parker 2008), but it is being played out again with younger generations in discussions about identity politics, such as naming the violence and discrimination faced by people of diverse sexual orientation and gender identities (SOGI), including those who identify as lesbian, gay, bisexual, and transgender; paying attention to the particular service needs and the reproductive rights violations faced by women with HIV; the discrimination and violence faced by sex workers; and the claims of indigenous women to have access to services, information, and education appropriate to their cultures and in their languages.

Furthermore, younger generations of feminists engaged in advocacy for sexual and reproductive rights and health have taken more affirmative positions to move the Cairo agenda forward that are based on enhancing capabilities and freedoms to exercise positive experiences of sexuality. These arguments, founded on creating the enabling environments necessary to exercise sexual rights and reclaiming pleasure, are in reaction to advocacy conducted in prior decades that focused on abuses and victimization of women’s sexuality (Petchesky, Correa, and Parker 2010). In the last few years transnational feminists engaged in UN advocacy, such as the Sexual Rights Initiative (SRI), the Coalition on Sexual and Bodily Rights in Muslim Societies (CSBR), and Reclaiming Sexual and Reproductive Justice (RESURJ), have all challenged this negative rights approach to women’s sexuality and human rights. Challenges still remain in building common agendas, strategies, and solidarity among transnational feminists to take both negative and positive rights approaches forward within global policy norm setting on sexual and reproductive rights and health.

Whatever the reasons are that have divided generations of feminists engaged in policy advocacy on SRHR, the set of principles that feminist organizations had upheld on a global scale were not being implemented within organizations and movement-organizing spaces. Younger women were participating in feminist movement meetings and working in feminist organizations where unequal power dynamics were not only common but proving to be debilitating. Expressions of domination from those who had been a part of the regional and global conferences of the 1990s often created a stifling environment wherein creativity, regeneration, and a transfer of knowledge and ownership to a younger generation were nearly impossible. Moreover, internal feminist leadership was not being cultivated. Few were encouraged to grow and rise from within and to own the knowledge, history, andsuccess of previous feminist generations. These dynamics have created a stagnant environment within transnational feminist movements working on SRHR, in which younger women often find themselves experiencing similar types of oppression that feminists have challenged for decades within male-dominated structures. Thus, the transnational SRHR feminist movement has appeared at times to be replicating the same patriarchal system that it has been struggling for decades to end. By the end of the first decade of the new millennium, there was a visible generational gap within the feminist transnational SRHR movement.

In December 2011 RESURJ7 and DAWN brought together in Mexico City thirty-five feminist leaders from twenty-eight countries, primarily from Asia, Africa, and Latin America, and across generations, to strategize for action in the coming years. The main objective of this political meeting was to develop a joint strategy for advancing women’s SRHR for the twentieth anniversary of the ICPD in 2014. Another clear objective, coming from feminists in their twenties and thirties, was to acknowledge the gaps in the movement and to find ways through addressing them. The joint political strategy was achieved and has been relatively successful, as I explain further in the next sections. However, the conversations on regenerating the movement were more difficult. One leading advocate stated: “Some of the Cairo generation seems to feel they have—and possibly should still have—the leadership. Others recognize the necessity for rejuvenated leadership, as well as membership into the movement … and that perhaps our biggest challenge is ourselves” (interview with author 2011). Another leader in the field pointed out that:

intergenerational concerns are a waste of time and energy. We spend too much time navel-gazing about the state of our ‘movement’, rather than being clear about our goals and getting to work on them …. (We) will never have a harmonious movement, but we can have an effective alliance if we stay focused on our goals and work to have everyone on board to move towards these. (Interview with author 2011)

The younger participants issued calls throughout this reflection for there to be “mutual responsibility for leadership and sustainability of the movement,” which requires recognition and acknowledgment across the board; “thinking together instead of following instructions,” such as respect for each other’s ideas and a willingness to try new things and allow for different types of leadership to emerge; and “investing in people for sustained periods of time with time, knowledge and the commitment to a process of building movement together across generations,” which ultimately required sharing experiences, tactics, access, and power. 8

It is important to note that in the last few years there have been numerous leadership transitions within several organizations involved in transnational feminist activism in the sexual and reproductive rights field in both the North and the South.9 This will undoubtedly generate different configurations of feminist organizing in the coming years. It is too soon to tell whether those in positional power in these institutions will uphold similar radical visions, organizing skills, and a commitment to listening to the diverse feminist voices from different regions that characterized many of the transnational feminists engaged in global and regional advocacy work in the 1990s. Whether the new leaders will have the capacity and willingness to share access, information, and the financial resources that are necessary to achieve our common goals is also in question. Regardless of the course that institutionalized feminism at the global level takes, it is important to note that increasing numbers of younger feminist activists across multiple social justice movements, working on issues of environmental sustainability, health, human rights, solidarity economies, anti-poverty, youth, sexuality, transparency, and accountability, are making linkages across identities and issues, paving the way for innovative transnational feminist organizing. This is important because we are living in an increasingly polarized and co-opted world, where social justice movements need to come together and fight against the structural causes that prohibit the real economic and social transformation required to realize justice for all. There are relatively new feminist transnational alliances forming across generations and social movements that are beginning to take the wave together in an attempt to shape global development policies and programs for greater social justice and inclusion.

Transnational and Multigenerational Feminists Reclaim Multilateralism

During the Mexico City meeting in 2011, transnational feminists issued a rallying call for social movements worldwide to take action for the twentieth anniversary of the Cairo and the post-2015 development agenda. The “Our Rights, Our Lives” call to action was signed by more than 750 women’s, human rights, HIV, and young people’s organizations, primarily from Africa, Asia, the Middle East, and Latin America. It aimed to generate political will, sustained action, and accountability for the following: 10

- Universal access to quality, comprehensive, integrated sexual and reproductive health services, counseling, and information for women and adolescent girls, with respect for their human rights, and with an emphasis on equity and respect for diversity. Comprehensive services include gynecological care; all forms of safe and effective contraception; safe abortion and postabortion care; maternal care; and prevention, timely diagnosis, and treatment of sexually transmitted infections, including HIV, breast and reproductive cancers, and infertility. Ideally, these should be integrated, one-stop services tailored to women’s needs throughout the life cycle and sustaining cultural sensibility, with effective referral.
- Programs that empower women, particularly adolescent girls and young women, to know their bodies and to exercise their rights, especially
through comprehensive sexuality education.

- Protection and promotion of reproductive rights as human rights and international adoption of sexual rights as human rights. Full recognition and implementation, through policies and programs, of existing and emerging legal standards are urgently needed.
- Young women’s leadership at all levels and types of decision making on sexual and reproductive rights and health and the meaningful participation of women’s organizations in the design of health and development programs.

This call to action was significant because it mobilized transnational social justice movements to focus on these four priority areas in key global, regional, and national policy-setting fora for sexual and reproductive rights and health. It was also instrumental in demonstrating ways in which feminists from around the globe could work intergenerationally toward a common agenda and have an impact on the future of sexual and reproductive rights and health feminist organizing. The results of this meeting have been evident: at the UN Commission on Population and Development in 2012, which had the theme of adolescents and young people; at the Global Youth Conference in Bali in 2012; and at the regional ICPD Reviews in Montevideo, Uruguay, for Latin America and the Caribbean, Bangkok, Thailand, for Asia and the Pacific, and Addis Ababa, Ethiopia, for East and Central Africa.


In April 2012 a group of feminist advocates from Mexico, Brazil, Colombia, Uruguay, Kenya, South Africa, Indonesia, the Philippines, India, Fiji, and China worked together at the UN Commission on Population and Development to advance international norms on adolescent sexuality, health, and human rights. For the first time in over a decade, and amidst power vacuums of the United Nations, they recognized their sexual rights and reproductive health; called for urgent steps to invest in adolescent and youth development, health, and human rights programming; and committed to providing financial resources, political priority, and protection of human rights to the 1.8 billion young men and women alive today. The adopted resolution captured all four of the main action areas identified by feminists a few months back in the “Our Rights, Our Lives” rallying call.

This success was possible for three main reasons. First, women’s organizations and transnational feminists had been preparing for months and were highly organized both in country capitals and in New York at the UN, working with allied governments supportive of our agenda, strategizing together, and determined to gain new ground. This group was intergenerational, with younger women active and learning, and more seasoned advocates holding the institutional memory; supporting with strategy; and working to transfer the know-how, share intelligence, and work together. Second, young people, feminists, and close allies and supporters were on official country delegations, which created a necessary insider/outsider strategy for the negotiations and also a moral authority of the “people” on which this resolution was based. Third, the UN Population Fund (UNFPA) had new leadership and wanted to show a political win.

At the end of an intense week of negotiations, country delegates from Brazil, Argentina, Cuba, Kenya, South Africa, Philippines, and Indonesia expressed grateful appreciation during the closing ceremony for the presence of young people in these negotiations whose lives this resolution was about. To the particular thanks of these delegates, we had “kept them on their toes and in multilaterals...showing [them] once again that we can help to break the political stagnation at the United Nations.” The significance of this energetic and momentous occasion reminded both activists and diplomats of what had been achieved at the World Conferences of the 1990s (IWHC, DAWN, RESURJ, and AI 2012).

The 2012 CPD Resolution builds on feminist achievements at the International Conference on Population and Development in 1994, held in Cairo, and at the Fourth World Conference on Women, held in Beijing a year later. Progressive, feminist positions on women’s sexuality, male responsibility, and human rights, including reproductive rights, were ingrained in these government agreements. This was due in large part to women’s leadership both in and outside the negotiations, building on national, regional, and global solidarity of women’s experiences and their fundamental right to control their sexuality and reproduction, free from violence, discrimination, and coercion. This feminist political will again applied during the 2012 CPD to adolescents, who, in ways similar to what women have often faced and continue to face, have their human rights denied because they are not considered citizens, have no political voice, and are under the “tutelage” of others (parents, guardians, teachers, “adults”). This intergovernmental negotiation proved, once again, that it was possible for women’s and young people’s social justice movements to break the political stalemate at the United Nations through intergenerational and transnational feminist solidarity.

The Bali Declaration: Younger Feminists Shaping Global Politics

The UNFPA, mandated with implementation and follow-up to Cairo, created in 2012 a review process, “ICPD Beyond 2014,” that included three global conferences, a global survey of progress, and regional and intergovernmental negotiations to assess and advance the sexual and reproductive rights and health agenda.

The first of these global conferences was held in Bali in December 2012 and aimed at taking stock of young people’s realities vis-à-vis the ICPD and mobilizing the international community toward implementation of the recommendations. This conference brought together more than three thousand young people ages fifteen to twenty-nine from over 150 countries. The younger feminist presence in this group contributed to articulating and writing recommendations that captured the rallying call developed a year before in Mexico, inspiring other young people to be bold and issue recommendations that capture and address power asymmetries on age, gender, caste, class, health status, national origin, race, location, and so forth, and that impacted their sexuality, health, and access to justice.

The outcome of this conference, the Bali Global Youth Forum Declaration (United Nations Population Fund 2012), reflected the way in which transnational youth movements view themselves and their struggles. Perhaps most important, the declaration captured the multiple identities that young people carry and want to make visible, highlighting the particular barriers that they face, the stigma and discrimination because they are lesbian, gay, bisexual, transgender, intersex, refugees, living in rural areas, sex workers, indigenous, Afro-descendant, migrants, adolescent girls, and drug users, and so forth. This “listing” of populations has traditionally been problematic in transnational feminist movements working on global policy because of the acceptability or lack thereof of some of these groups within the movements, as well as a fear that the “listing” is not strategic and always leaves someone out. However, young people viewed this very differently in Bali, as they were committed to being inclusive in their recommendations and making sure that young people across the world could truly own this agenda and play a part in advancing it.

The conference was meaningful because attendees—governments, UN agencies, donors, and civil society at large—agreed to implement recommendations on sexual rights; gender equality; decent employment and access to education; comprehensive sexuality education; safe, legal, and accessible abortion services; and support for meaningful participation, especially of young women, in policy and program design and development. The significance of the Bali Declaration holds for young people across the world, and especially for those who identify with feminist politics, cannot be
overestimated. With the largest generation ever of young people alive today, 1.8 billion, issues of human rights, health, education, and employment require action more urgently than ever before. Furthermore, a feminist lens on population policy directed at young people continues to be paramount, given that the population establishment has often denied adolescent sexuality and young people’s human rights. Younger generations of feminists led the charge in Bali, upsetting the status quo and claiming their space, their voice, and their vision.

The Regional ICPD Reviews: Transnational Feminists Making Gains in Montevideo, Bangkok, and Addis Ababa

The ICPD twentieth-year regional review in Latin America and the Caribbean, celebrated in Montevideo, Uruguay, in the summer of 2013, demonstrated once again the power of transnational feminism to set the tone of the debate on population and development.

Feminists aged twenty to thirty, working on human rights, sexuality, reproductive health, young people and youth participation, indigenous people, violence against women, and comprehensive sexuality education— from the countries of Mexico, Guatemala, Nicaragua, El Salvador, Honduras, Barbados, Jamaica, Belize, Peru, Bolivia, Argentina, Uruguay, Brazil, Colombia, and Paraguay—came together a few days prior to strategize and set their agenda. Their priorities were to make visible the deficit of implementation on sexual and reproductive rights and health in the region, particularly for those in marginalized situations, such as indigenous and Afro-descendant girls and women; adolescents; sex workers; women living with HIV; lesbian, gay, bisexual, and transgender people; migrants; and refugees. This group and the many other feminists present in Montevideo were successful in ensuring regional commitments to the following:

- Define and secure sexual rights (separately from reproduction). The words “sexual rights” were defined for the first time in a UN intergovernmental process, although the famous paragraph 96 from Beijing had done this already in relation to women’s sexuality, albeit not calling it “sexual rights.”
- Protect the rights to reproductive and sexual rights in the Montevideo Consensus, committing to the creation of laws and policies that specifically tackle discrimination and violence based on sexual orientation and gender identity.
- Ensure access to comprehensive reproductive and reproductive health services for women, adolescents, and young people, including safe abortion services and the removal of barriers to access both in law and practice.
- Provide prevention, early diagnosis, and treatment of STIs and HIV free from stigma and discrimination.
- Provide comprehensive sexuality education programs both in and out of schools that teach sexuality, gender equality, and human rights.
- Prevent unwanted pregnancies and unsafe abortions among adolescent girls and young women, including through CSE, access to accurate and confidential information, and all technologies and quality services, including emergency contraception without a prescription and male and female condoms.
- Eliminate maternal mortality and morbidity, including through providing comprehensive sexual and reproductive health services.
- Ensure access to safe and legal abortion services.
- Review laws and policies that criminalize women’s sexuality, including abortion, in order to secure the health and life of women and adolescents.
- Eradicate all forms of violence against all women and pay particular attention to those who are in situations of greatest vulnerability, such as sex workers, lesbian, bisexual, and transgender women, women with HIV, migrant women, indigenous women, and Afro-descendants.
- Engender respect for the human rights of indigenous women, including their right to land and to previous, free, and informed consent on all matters related to their lives and livelihoods.
- Guarantee the right to health of indigenous peoples, including their sexual and reproductive rights and health, including through employing their own methods of traditional medicine.

The document was adopted by consensus, and no government entered a reservation or even an explanation of position (ECLAC 2013). This clearly marked a shift in the region, with the opposition to the women’s human rights, sexual diversity, and abortion coming from Chile, Jamaica, and Honduras isolated and neutralized: Uruguay, Cuba, Argentina, Brazil, Colombia, the Dominican Republic, and Mexico played a particularly important leadership role in securing the rights as rights in the Montevideo Consensus and gender equality and taking forward the Montevideo Consensus as a whole in global debates. This is a real win for feminists of the region but also globally, as governments and feminists can use these regional commitments during the global review of the ICPD in 2014 (IWCH, DAWN, RESUR and YCSR 2013).

The 6th Asia Pacific Conference on Population and Development, held in Bangkok in September 2013, created similar optimism and urgency among both regional feminists and governments. Feminists began working in preparation for this meeting many months in advance, collaborating with other like-minded colleagues in the region. Feminists from Bangladesh, China, India, Nepal, Philippines, Indonesia, Fiji, PNG, Australia, Malaysia, and Pakistan were instrumental in setting a public feminist agenda for the larger civil society representatives to rally behind. This diverse group of women was brought together specifically to influence the negotiated outcome document of the conference, which it did successfully.

Barring less than a handful of states (Iran, Russia, Afghanistan, and Azerbaijan), which objected to defining and ensuring sexual rights and ending violence and discrimination based on sexual orientation and gender identity, every other government in the Asia and Pacific region adopted a strongly progressive and meaningful outcome document that, among other things, makes commitments to the following:

- Ensure that human rights will be recognized as central to all population and development programs.
- Ensure access to comprehensive sexual and reproductive health services for women, adolescents, and young people, including safe abortion services and the removal of barriers to access both in law and practice, such as parental and spousal consent.
- Support prevention, early diagnosis, and treatment of STIs and HIV free from stigma and discrimination and pay particular attention to key affected populations.
- Provide evidence-based, comprehensive sexuality education programs to adolescents and young people.
- Recognize the importance of sexual rights, in addition to reproductive rights, and eliminate violence and create laws and policies that specifically tackle discrimination based on sexual orientation and gender identity.
- Eliminate maternal mortality and morbidity through providing comprehensive sexual and reproductive health services, including safe abortion.
- Eradicate all forms of gender-based violence and pay particular attention to the harmful cultural practices that perpetuate the lower status accorded to women, as well as provide survivors of violence with the necessary health services.
- Recognize the multiple forms of discrimination against women and their interlinkages with discrimination based on race, ethnicity, religion or belief, health, disability, age, class, caste, and sexual orientation and gender identity.
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• Eliminate harmful practices against girls and women, such as early and forced marriages.
• Provide migrants with information, education, and services and protect their human rights.

This again would not have been possible without the work of feminists across the region both within and outside of the political negotiations. It is particularly important to mention the leadership role that India, the Philippines, and the Pacific Islands played during this negotiation. It is also not a coincidence that these were the countries where there were feminists within the national delegations (in the case of the Philippines and India) or where feminists had been working with governments for months beforehand in preparation, as in the Pacific Islands (Cook Islands, Vanuatu, Samoa, Marshall Islands, Federal States of Micronesia, Fiji, Papua New Guinea, Kiribati, Nauru, Nue, Tuvalu, Solomon Islands, and Tonga). It is also worth mentioning that young feminist activists were actively mobilized, coordinated, and working successfully with governments toward these progressive outcomes.

Finally, the Addis Ababa Declaration on Reproduction and Development in Africa beyond 2014, which was the last of the regional ICPD review conferences and took place the last week of September 2013, also reflected key feminist priorities for the region. These included attention to fulfilling the sexual and reproductive rights and health of adolescents; who make up almost half of the population of the continent, as well as preventing and treating HIV and AIDS; eliminating preventable maternal deaths; and ending harmful practices that discriminate against and violate the human rights of girls and women, such as early and forced marriages and female genital mutilation, among others. The progressive leadership on SRHR came from South Africa, Liberia, Ghana, Namibia, and Zambia.

Some countries vehemently opposed any references to ending violence and discrimination against people with diverse sexual orientations and gender identities (SOGI), and had reservations about the declaration’s references to protection of human rights “without distinction of any kind” and to “guarantee equality before the law and non-discrimination for all people” (para. 17); promulgating laws to prevent and punish hate crimes (para. 18); and enacting and enforcing laws and policies that respect and protect “the sexual and reproductive rights and health of all individuals” (para. 35).

These countries were Algeria, Benin, Burundi, Central African Republic, Congo, Djibouti, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Mali, Mauritania, Niger, Sierra Leone, the Sudan, and Tunisia. Chad did not adopt the document.

The vocal and articulated resistance was not relegated to issues of SOGI. Some African health ministers publicly questioned ideas that had been agreed to more than twenty years before, such as ending gender-based violence, responding to adolescent’s sexuality through comprehensive sexuality education programs, and ensuring women’s and girls’ human rights and health, including their sexual and reproductive health. Nevertheless, significant outcomes and commitments emanated from this conference that feminists within national delegations and working from the outside advocated for, including the following:

• Review and abolish laws that discriminate against girls and women.
• Guarantee women’s equal access to resources, including land, property, and inheritance rights.
• Prevent all forms of child abuse, including sexual violence, and promote safe spaces for girls.
• Eradicate all harmful practices, including early and forced marriages and female genital mutilation.
• Eradicate gender-based violence inside and outside the family.
• Protect the human rights of all individuals without distinction of any kind.
• Enforce laws to prevent and punish hate crimes without distinction of any kind.
• Achieve universal access to sexual and reproductive health services free from discrimination.
• Enact and enforce laws and policies to respect and protect the sexual and reproductive rights and health of all.
• Support the integration of sexual and reproductive health services, such as HIV and family planning.
• Provide safe abortion services to eliminate maternal deaths.
• Adopt comprehensive sexuality education programs in and out of school.

Despite these gains, it is important to note that the strong opposition to advancing human rights protections, primarily in matters related to sexuality and reproduction in Africa, is not dissipating and is perhaps stronger than it was twenty years ago in Cairo. Without fully resourced and actively vocal feminist movements on the continent challenging the systemic human rights violations as well as the current economic frameworks that are being imposed on the continent by the international financial and trade institutions, injustice and poverty will prevail.

There is reason to be hopeful, however. The coming together of multiple generations of transnational feminist activists in the twentieth-year ICPR review process, including within both the development and human rights fields, has led to some visible gains that can help set the regional and global sexual and reproductive rights and health policy agenda for the next twenty years. The movement will need to keep the momentum in implementing these agreements. This includes reexamining SRHR movement priorities, constantly reinventing ways of building solidarity within and across movements.

Current Conundrums for Transnational Feminists Working on SRHR

There are three “conundrums” for feminist SRHR transnational movements to address in the coming years.

Moving on from Identity Politics

One of the reasons for the fracture among feminist transnational SRHR movements seeking global action can be the lack of agreement on how to claim identities as the basis of political analysis and action. The identity politics of indigenous women; young women; women living with HIV; lesbian, bisexual, and transgender women; disabled women; and sex workers particularly have made it challenging for collective feminist movements on sexual and reproductive rights and health to agree on joint strategies at the United Nations, for example. Many have opted for avoiding the process of finding common ground among all of these groups, focusing instead on naming the legal, policy, economic, social, and cultural barriers necessary to overcome exclusion by addressing the asymmetries in power relations that have enabled stigma, discrimination, and human rights violations related to all these groups. Yet this strategy has also proved to be counterproductive, because minorities in the feminist SRHR movement, namely those of diverse sexualities, abilities, health status, ethnicity, race, or profession, have often felt that their particular claims are unacknowledged and therefore not properly taken on board by the movements or by governments. If transnational feminist movements are to succeed in the coming years, a joint sense of ownership over a common agenda that is inclusive and mutually understood and agreed upon must be developed. Currently, the way in which younger generations of feminists are working indicates a sense of mutual respect for difference, of finding strength in these differences, and of willingness and
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perhaps greater ability to organize jointly for mutually assured goals. However, the struggle to find a balance between claiming identity politics and finding common ground will always remain. It undoubtedly takes leadership, sensitivity, and strategic thought to manage these tensions and take joint action for mutually agreed goals.

Reinvigorating the SRHR Transnational Feminist Movement

The impact of feminists and the determination and persistence of those with feminist politics within various social movements to mobilize multiple constituencies toward greater political and social change at the United Nations is evident. Time and again we have seen how, at the United Nations, the progressive, feminist, and human rights-oriented groups are the ones that advocate effectively for taking the moral high ground and are able to appeal to government representatives’ ‘sense of justice’, in addition to holding them accountable to national political priorities and international human rights obligations. Therefore, it is imperative that we collectively strategize about how to build cross-generational feminist solidarity, knowledge transfer, and power sharing to keep our movements alive, dynamic, and actively engaged. This requires openness to difference and dissidence, particularly among younger people, who do not have a shared feminist history and experience and are stepping into global organizing, as well as a generosity for sharing ideas, histories, and experiences across generations. It is also necessary to examine the active involvement of young feminist men in transnational feminist SRHR organizing and to take on notions of masculinities within our advocacy. Finally, it is important to transform feminist organizations and institutions; to invest in feminist training, strengthening of shared understanding, and capacity to do political work; and to create space for challenging internal power dynamics in ways that are mutually respectful.

Implementing SRHR Locally and Sharing Experiences Globally

Even though transnational organizing for SRHR among feminists has been crucial in reconceptualizing global health and population policies, it is apparent that the real gaps are in their implementation. Thus, feminist transnational movements must find innovative and creative ways of focusing more time on building bases of support, awareness, and political change locally, within communities and nations, and having the time and space to share these globally and continue having an influence at all levels. This requires both a steady funding base of support and increased resources for local and regional political work toward implementation of sexual and reproductive rights and health programs and policies, as well as for creating spaces for the re-envisioning of global agendas. Increasing financing for transnational feminist SRHR movements has never been more urgent. None of the successes of the 1990s or more recent successes would have been possible without resourcing feminists working at all levels, as well as regional and local social-justice-motivated organizations that realize the threat the Cairo agenda is under and are mobilizing again to not only defend it but also move it forward.

These three “conundrums” will be tackled in an increasingly conservative economic and political scenario. The move toward market-oriented social and economic policies that prioritize profit over people is having devastating effects on social justice movements. Thus there is an urgency and great need to invest in younger generations of feminists who are savvy, radical, and vocal about the multiple challenges that feminist agendas all over the world face and have innovative ways to organize around these and mobilize for a truly transformative development agenda that is inclusive, just, transparent, and sustainable.

Addressing these three conundrums will help the transnational SRHR feminist movements grapple with and eventually overcome the dangers of going back to Malthusian-type population predictions fueled by the increasing environmental destruction caused by unsustainable patterns of production and consumption. Transnational feminists are looking for ways to transmit to governments the urgency required to redistribute resources in order to meet people’s needs and diminish the success of greed. This includes continuing to place the importance of women’s sexuality and reproductive autonomy and our human rights at the center of health and population policies. Young people’s movements are increasingly making the links between environmental health and sexuality, climate change and conflict, toxins and noncommunicable diseases, natural disasters and humanitarian disaster.

The post-2015 sustainable development agenda offers opportunities for feminists to voice these interlinkages and to join forces with other social movements.

Conclusions and Ways Forward

In this chapter I have brought to light the successes and setbacks of the feminist transnational movement on sexual and reproductive rights and health in global and regional policy-making arenas within UN processes. The successes achieved at the normative global policy level are palpable: on adolescent sexuality, comprehensive sexual education, and respecting their human rights; new regional definitions and reaffirmations of existing ones on sexual rights; and ending all forms of stigma, violence, and discrimination, including on the basis of sexual orientation and gender identity, among others.

The setbacks that the transnational feminist SRHR movement continuously faces are due to conservative forces that strive to undermine any and all gains that seek recognition and justice for those whose human rights are consistently violated, particularly in the realm of sexuality and reproduction. This opposition to women’s human rights, droic justice, and diversity is well organized and growing in influence. It remains to be seen whether transnational feminists can and are willing to counter these forces both in their local contexts as well as in their regions and globally. The other major challenge that transnational feminist movements face is financing political advocacy work and sustaining the type of programming and political organizing needed to continue to make gains across all aspects of sexual and reproductive health and rights.

Gaining ground for feminist visions of sexual and reproductive health and rights will necessitate greater investment in feminist transnational organizing, especially among younger men and women who are not afraid to speak and act and are uncompromising in their commitment to sexual and reproductive justice for all. It will require generations of older, younger, and middle feminists to come together and develop shared knowledge, analysis, and strategy through processes of accompaniment based on principles of solidarity, cooperation, mutual respect, generosity, and nonviolence. It seems important for leaders in feminist SRHR movements, of all generations, to create spaces for building trust and a commitment to shared power, and to develop joint strategies that are widely owned and acted upon. In order to grow and transform transnational feminist movements that draw on the strengths of their diversities and narrow the generational divide, members need a commitment to and insistence on solidarity and renewal. In this sense, it is also imperative that transnational feminist movements continue to keep in mind the people and communities that this work is for. This will take significant time, care, and investment.

References
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Routledge Handbook of Sexuality, Health and Rights

Appendix One: NGO Documents on SRHR


Appendix Two: UN Documents on SRHR


Appendix Three: Interview

Interview by Alexandra Garita to Pinar Ilkkaracan, (2013), founder of Women for Women’s Human Rights, New York; September 23, 2013

Notes:

(1) ICPD, para. 8.25.

(2) ICPD, para. 7.46.

(3) ICPD, para. 4.1.

(4) These networks were Development Alternatives with Women for a New Era (DAWN), the Coalition on Sexual and Bodily Rights for Muslim Societies (CSBR), the Latin America and Caribbean Women’s Health Network (LACWHN), and the Asia-Pacific Research and Resource Center on Women (ARROW).


(6) Ilkkaracan (2013).

(7) RESURJ is an alliance of transnational feminist activists, ages twenty to forty, formed in 2010 with the support of the International Women’s Health Coalition (IWHC), where it was hosted before becoming independent in 2012.

(8) All quotes come from notes from a feminist SRHR strategy meeting for Cairo +20 organized by IWHC, DAWN, and RESURJ in Mexico City in December 2011. The notes are on file with the author.

(9) The International Women’s Health Coalition, the Center for Women’s Global Leadership, the Women’s Environment and Development Organization, the Coalition for Sexual and Bodily Rights in Muslim Societies, the Latin America and Caribbean Women’s Health Network, and the Asia Pacific Research and Resource Center (ARROW). Women have all undergone recent leadership transitions.

(10) The Call to Action and other rallying documents can be found at www.resurj.org.


Alexandra Garita
Alexandra Garita (M.A.) is Executive Coordinator, Realizing Sexual and Reproductive Justice (RESURJ), a global network of Southern activists, and President of Equitas: Justice for Women (Mexico).