

Position on Sexual and Reproductive Health and Rights (SRHR)



1. Introduction

The aim of Church of Sweden's international work is to strive towards a healed world where every human can enjoy well-being at all levels: physically, mentally, spiritually and socially. This includes being capable of deciding on one's life without discrimination or coercion. Our understanding of the human being is based on a biblical affirmation of creation where every human being is created in the image of God and unconditionally loved by God. Because of createdness every human being has, by birth, the right to a full life with dignity within a community

Sexuality is part of God's creation that God deemed good. It is a gift for all humanity for creating relations and mutual love. It can be considered a precondition of the survival of the whole human kind.¹ Sexual health and well-being is integrally connected to the quality of life and the caring of social relations. Sexuality and reproductive health connect to the most intimate relations a person might have in their relations and family life. These relations create both the safest and the most vulnerable situations for individuals. It is important that the rights relating to sexual and reproductive health are respected so that every human being has the possibility to uphold health in areas of sexuality and reproductive life. Sexual and reproductive health is fundamental to the human experience and to healthy social relations. Everyone must have the opportunity to exercise these rights free from coercion and violence.²

The Church of Sweden is committed to work together with other churches and organisations towards the realization of rights relating to sexuality and reproductive health. This commitment is expressed in the *Position on Gender Justice and Gender Equality in the Church of Sweden's International Work*³, adopted by the Commission for International Mission and Diaconia on 24 April 2012. Sexual and reproductive health and the related rights are addressed in the position no. 4:

The Church of Sweden operates in accordance with the principle of sexual and reproductive health and rights (SRHR)⁴. SRHR incorporates the right of an individual to take decisions regarding his or her own body, sexuality, cohabitation, maternal health and reproductive choices. Theologically and ecclesologically⁵, the dignity of every individual and our responsibility to be an inclusive church is the guiding principle in the Church of Sweden's view on SRHR. Gender justice and gender equality also has implications in terms of the Church of Sweden's view of marriage⁶ and the affirmation of diversity in sexual orientation and gender identity. It is also important in relation to our attitude towards HIV.

¹ The Church of Sweden et al., *Vad gör vi nu? Bemötande och förebyggande av sexuella övergrepp*, 2011, 16.

² <http://www.fordfoundation.org/issues/sexuality-and-reproductive-health-and-rights>

³ The Church of Sweden International Department, *Position on Gender Justice and Gender Equality in the Church of Sweden's International Work*.

⁴ The Fourth World Conference on Women, *Beijing Declaration and Platform for Action* (Beijing, 1995), para. 96. The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

⁵ Ecclesiology, "the theological study of the church", centers [sic] on what it means to be the church, and related views, in other words interpretation or practices regarding the church's purposes and activities. Being an inclusive church means consciously taking a position to the effect that every individual is religiously competent and welcome to participate in and contribute to the interpretation of and the purpose of being a church.

⁶ According to a decision by the General Synod on 22 October 2009 the Church of Sweden supports and blesses faithful relationships between two adults, irrespective of their gender, meaning that both heterosexual and homosexual couples are entitled to be married in church from 1 November 2009, inclusive.

The position paper on sexual and reproductive health and rights builds on the principle affirmation of sexual and reproductive health and rights presented in the Church of Sweden's position on Gender Justice. It will introduce a number of principles dealing with our understanding of the body and bodily integrity, intimate relationships and political decisions relating to the ac-

cessibility of comprehensive sexuality education⁷ and sexual and reproductive health care services. The position paper will guide the Church of Sweden's international department's work as an international actor and the department's programmatic work in areas addressing sexual and reproductive health and rights.⁸

7 Comprehensive sexuality education refers to a holistic approach to human development and sexuality with the goal of becoming equipped with the knowledge, skills and values to make responsible choices about sexual and social relationships. See: *Young People Today. Ready for Tomorrow?*, 2013, 20.

8 The position is closely interlinked with Church of Sweden's *Position on Gender Justice and Gender Equality in the Church of Sweden's International Work*, 2012, and the joint position paper *Human Rights, HIV / AIDS Prevention and Gender Equality*, 2008. It also relates to *A Pastoral Letter from the Bishops of the Church of Sweden About HIV from a Global Perspective*, 2007. In this document the Swedish bishops urge Swedish agencies and political decision-making bodies to increase international aid to projects aimed at protecting and strengthening the sexual and reproductive health and rights of everyone.

2. Why a Church of Sweden Position Paper on Sexual and Reproductive Health and Rights?

Religions engage with the whole variety of everyday questions in the lives of individuals and communities. In various historical and cultural contexts religious leaders and religious communities have exercised various degrees of moral guidance or even control over the lives of individuals and communities. The ways in which religious texts are interpreted and religious ideals and norms are formed have an effect on how sexuality is understood. Because religious actors have social authority they are in a position to legitimize and promote moral and social views and to establish standards around issues of sexuality and reproduction and the related issues of body and gender. Religious and cultural understandings significantly affect the capability of individuals to live a full and satisfying life. Some of the views promoted have made it more difficult for specified groups of people, such as women, children and adolescents and lesbian, gay, bisexual, transgender⁹ and intersex persons to live in equality and to exercise their right to control their bodies and

their reproductive lives. Many times religious actors have helped to preserve or even facilitated the increase of **vulnerability**, ill health and risk for life for specified groups of people.¹⁰

The situation where individuals lack sexual and reproductive health and their rights to access comprehensive sexuality education and health services and their right to live a full and satisfying life are not realised is not acceptable. Sexual and reproductive health and the associated rights is more than a health issue. It relates strongly to social and economic justice. We believe that as a church we have a special responsibility and a unique possibility to work on issues relating to sexual and reproductive health and the related rights, both through programmatic cooperation and advocacy as well as through promoting a life empowering theological analysis to help improve conditions for people's ability to live a full life in dignity, justice and equality.

⁹ The term "transgender" is used in this position paper as an umbrella term for people whose gender identity and/or gender expression differs from the sex they were identified with at birth.

¹⁰ Gunilla Hallonsten, "Religious Doctrines and the Female Body," in *Faith in Civil Society. Religious Actors as Drivers of Change*, ed. Heidi Moksnes and Mia Melin (Uppsala: Uppsala University, 2013), 97–98.

3. Theological Analysis on Being a Human

The Church of Sweden is not a homogenous body with uniform opinions on what it means to be a human being, especially in relation to sexuality and reproduction and the related rights. This position outlines the general theological framework of our work which emphasises contextual and life-empowering theological interpretation, the inherent dignity of every person and commitment to dialogue.¹¹

The Church of Sweden's international department's work is informed by **contextual theology**, which considers both our ecclesial and theological tradition and the lived reality of what it means to be a church in today's world. To be true to our faith, we must dare to let the experiences of lived life to affect our theology and interpretation of the Bible. At the same time we must allow the witness of the biblical narratives to challenge our societies and ideological structures. We challenge ourselves to let our analysis of the concrete situations and existing power relations to interrelate with our theological reflection, so that we in situations in which life is under threat and people are oppressed can take a stand to empowering and affirming life and hope for the future.

In the core of Christian faith is a **God who became a human being**. A God that came into the world as the Son of God, as an infant child into the arms of a young woman, displaced without a proper shelter, excluded and vulnerable. God became fully human, flesh and bone. The reality of incarnation, God becoming a human being, demands a positive recognition of bodily reality against the tendency to focus on spiritual ideals and deny the body. Our understanding of being a

human must include humanity's bodily reality in the same way as our understanding of God includes God's bodily reality. Christianity has often cultured religious ideals which have denied bodily realities or subjected them under the control of the rational mind. Churches have preached the resurrection of the body by way of denying the body. Often churches have been unable to talk earnestly about embodied phenomena, such as human sexuality, reproduction or power relations without detaching them from contextual realities. Our emphasis on life embodied is significant to our topic in various ways. It calls for serious engagement with sexuality and reproduction and their inclusion into our understanding of what it means to be a human – the fullness of which God chose to become. It also reminds us that body is not only about sexuality but also about the vulnerabilities of ill health, hunger, poverty, our fragility in relation to others, that affect us as human beings.¹²

The Christian understanding of humans being is based on the belief that every individual is **created in God's image**. This can be interpreted in various ways. Our interpretation emphasises two elements, the inherent dignity and relational character of human beings. We acknowledge that just as there is an essential desire within the persons of the Triune God to draw towards the other, in the same way there is a passion for the other within every human being. In addressing sexual and reproductive health and the associated rights the churches must affirm and support a positive understanding of relatedness and sexuality as fundamental to our being. We remain incomplete if this aspect of creation is not allowed to be realized.¹³

¹¹ The Church of Sweden International Department, *Our Theology: A Life-Empowering Faith as Our Driving Force* (Uppsala, 2013).

¹² See e.g. The Church of Sweden, *A Pastoral Letter from the Bishops of the Church of Sweden About HIV from a Global Perspective*, 23–25.

¹³ Patricia Sheerattan-Bisnauth and Philip Vinod Peacock, eds., "Created in God's Image. From Hegemony to Partnership. A Church Manual on Men as Partners: Promoting Positive Masculinities" (Geneva: WCC, 2010), 79; Bispemøte i Den norske kirke, Sammen (Oslo, 2013), 16; The Church of Sweden, *A Pastoral Letter from the Bishops of the Church of Sweden About HIV from a Global Perspective*, 24–28.

Sexual and reproductive health are qualities of individuals but the promotion of sexual and reproductive health and the associated rights must take place in larger social contexts, i.e. in relationships, families, societies and in governmental policies. In addressing societal structures we take guidance from biblical stories of **Jesus' engagement with individuals and the society of His time**. From every walk of life Jesus met people eye to eye, with respect and compassion, restoring those who were ill and affected and vehemently challenging those societal and

religious structures that created inequalities, pushed people into the margins of the society and increased their vulnerability. Our understanding is that God in Christ shares people's joys and sorrows, chooses the path of solidarity, opposes everything that is destructive and paves the way for a living hope. The starting point of our work is a life-empowering theology.¹⁴

This calls us to work towards the full realization of the rights relating to sexual and reproductive health for all.

¹⁴ The Church of Sweden International Department, *Our Theology: A Life-Empowering Faith as Our Driving Force*.

4. Sexual and Reproductive Health¹⁵

This policy paper addresses a wide range of matters relating to sexuality and the reproductive system and its functions and processes including the capability for individuals to have a satisfying and safe sex life and the capability for individuals and couples to make informed and un-coerced choices on whether and how many children to have. Sexuality and the right to sexual and reproductive health are fundamental to the human experience and to healthy social relations. By “health” we refer to the complete physical, mental and social well-being of a person not merely the absence of disease or infirmity.¹⁶

Sexual health can be described both as the development and existence of a healthy state of an individual, i.e. as positive and respectful approach to sexuality and sexual relationships and the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence and by references to the variety of means that individuals and couples need to have at their disposal in order to maintain sexual health. These

include access to information, comprehensive sexuality education and appropriate health care services, including contraceptive choices and safety, maternal and new born health, reduction of sexually transmitted and other reproductive tract infections and HIV, eliminating unsafe abortion¹⁷ and promoting sexual health. Sexual health also involves issues extending beyond the reproductive years, such as preventing cervical cancer, and emphasizes the need for a life-cycle approach to health. Sexual health is more than counselling and health care related to reproduction and sexually transmitted diseases. Good sexual health enhances life and healthy social relations.¹⁸

Reproductive health is essentially connected, though not in our understanding identical with the concept of sexual health. Reproductive health is understood as

a state of physical, mental, and social well-being in all matters relating to the reproductive system, at all stages of life. Good reproductive health implies that people

¹⁵ Discussion and problematisation of the concepts of sexual and reproductive health in international agreements see: *ENRECA HEALTH, Sexual and Reproductive Health and Rights: Agreements and Disagreements*, 2011, 3–6.

¹⁶ United Nations, “Programme of Action of the International Conference on Population and Development,” in *Report of the International Conference on Population and Development*. (Cairo, 1994), para. 7.2. The notions of “health” and “healthy” are fluid in various ways. What is considered “healthy” varies between different cultures and contexts and “health” can be differently described even when attached to the same person at different points of their life. The same applies to “sexuality”. WHO, *Defining Sexual Health. Report of a Technical Consultation on Sexual Health*, 2002, 4–5; International Community of Women Living with HIV/AIDS, “Sexual and Reproductive Health and Rights Briefing 1” no. 2005 (2008); IPPF, *Sexual Rights: An IPPF Declaration*, 2008; SIDA, *Sexual Rights for All*, 2010, 2.

¹⁷ The Church of Sweden synod has discussed questions relating to abortion on several occasions, most recently in autumn 2013. The Synod has repeatedly decided, due to the complexity of the issue, not to formulate a single principle opinion on abortions but has instead emphasized the church’s pastoral task relating to the decision to undergo an abortion. Both the 2009 and 2013 statements emphasize that there is no one, singular, Christian viewpoint on abortion. This statement indicates that while the Church of Sweden recognizes the inalienable value of each individual there can exist a variety of opinions on the ethical dilemma that abortion poses. The dilemma should be taken seriously and the church should offer pastoral assistance to those individuals that have gone through or have been affected by an abortion. See: Kyrkomötet (The Church of Sweden Synod), *Solidaritet med det ofödda barnets rätt till liv som en egen skyddsvärd individ*, 2013:15; Kyrkomötet (The Church of Sweden Synod), *Aborter*, 2009:10; Kyrkomötet (The Church of Sweden Synod), *Sexualitet och mänskliga rättigheter*, 2007:13; Kyrkomötet (The Church of Sweden Synod), *Kyrkomötesuttalande i abortfrågan*, 2003:3; Kyrkomötet (The Church of Sweden Synod), *Kyrkan och pornografin*, 2002:3. The Church of Sweden affirms the current Swedish legislation regarding abortions. Women’s legally protected right to choose to undergo an abortion is considered to protect women from the serious risks to health that illegal abortions pose. Svenska kyrkan, *När livet inte blir som vi har tänkt oss*, 2005, 11.

¹⁸ World Health Organisation, “Defining Sexual Health” (http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html), Stan Bernstein and Charlotte Juul Hansen, *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, 2006, 24, 26.

are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women should be informed about and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.¹⁹

Sexual and reproductive health connects to some of the most sensitive issues in the lives of individuals, couples and communities. The fact that sexuality is also connected to life-threatening practices and spreading of potentially deadly diseases adds a dimension to the responsibility we bear for how we deal with our sexuality and sexual relations. Fundamental to this are values such as love, reciprocity, trust and equality.²⁰

¹⁹ *Report of the International Conference on Population and Development* from the United Nations' Conference on Population and Development, in Cairo 1994. This report includes sexual health within the concept of reproductive health. United Nations, "Programme of Action of the International Conference on Population and Development," para. 7.2. The conference adopted a 20-year *Programme of Action*, with focus on individuals' needs and rights. Gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were recognized as cornerstones of population and development policies.

²⁰ The Church of Sweden, *A Pastoral Letter from the Bishops of the Church of Sweden About HIV from a Global Perspective*, 26.

5. Power and Vulnerability

Sexuality, gender, gender identity and expression are always attached to questions of power. Therefore a holistic approach to sexual and reproductive health must observe the effects of power on a person's **vulnerability**.²¹ There are a variety of factors that increase individual's vulnerability to poor sexual and reproductive health. These include (1) societal factors such as gender and power imbalances, economic status (i.e. poverty), attitudes to sexuality negating the need for pleasure and focusing exclusively on reproduction and social exclusion on the basis of, e.g. sexual orientation (2) factors relating to the poor quality and coverage of education and services and (3) personal factors, such as individual's knowledge, attitude and the capability to use the knowledge (including e.g. psychological trauma).²² Any kind of humanitarian crisis adds to the existing vulnerabilities and requires a community-based response that includes protecting rights relating to sexual and reproductive health.

One of the main factors increasing vulnerability is **gender**. "Gender" refers to socially constructed roles, restrictions and attributes and opportunities, associated with biological sex in a given context.²³ It deals both with the understanding of "femininities" and of "masculinities". A wide range of traditions and practises attached to sexual practises and reproduction have especially disempowered women. These traditions and practises include lack of access to sexual and reproductive health care, lack of access to safe abortions, the practise of sex-selective abortions, female genital mutilation/cutting (FGM/C), forced sterilization, and coerced early marriage. Another element enhancing vulnerability is **age**. Children and adolescents are more

vulnerable to be subject to harmful practises and ill-health. Any form of marginalisation or discrimination on the basis of sex, age, ethnicity, race, sexuality, sexual orientation, economic status, and cultural, religious or political affiliation also increases vulnerability.²⁴

The way in which Christian and other religious communities interpret their religious convictions and practise them in communal settings is a significant factor affecting vulnerabilities. Religious actors exercise power over individuals by oversight, guidance, distribution of information and by influencing the community's understanding of what is acceptable and what is not acceptable behaviour. Religious and cultural reasons can also lead to the inability to discuss and recognize, and therefore address issues dealing with sexuality and reproduction. Religious actors are in a position to be effective agents of change in addressing vulnerabilities in their context.²⁵

Sexual and reproductive health is not limited to the well-being of the individual. It has an impact both on the ideological/theological and political as well as the personal and subjective. Sexual rights include expressive, associational and participatory elements and are deeply connected to bodily integrity and self-sovereignty.²⁶ Addressing the wide variety of issues associated with sexual and reproductive health and rights is central to the work towards a just, inclusive and sustainable development. Enabling all people to gain power to decide over their sexual and reproductive lives, i.e. the realization of sexual and reproductive rights for all is probably one of the most important efforts to achieve sustainable and equitable development.²⁷

21 The Church of Sweden, *A Pastoral Letter from the Bishops of the Church of Sweden About HIV from a Global Perspective*, 23.

22 WHO, *Defining Sexual Health. Report of a Technical Consultation on Sexual Health*, 11.

23 The Church of Sweden International Department, *Position on Gender Justice and Gender Equality in the Church of Sweden's International Work*, 6.

24 ENRECA HEALTH, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, 28; UNAIDS, *Expanding the Global Response to HIV/AIDS through Focused Action: Reducing Risk and Vulnerability*, 1998, 6–8; WHO, *Defining Sexual Health. Report of a Technical Consultation on Sexual Health*, 10–12.

25 The need to create a favourable environment in which everyone may enjoy all sexual rights is central to achieving the realization of sexual and reproductive rights. See *Sexual Rights: An IPPF Declaration*, principle 1. A recent report from UNESCO identifies religions as having major influence also school curriculums and individuals' behavior. Therefore "any efforts to address sexuality and SHR services will [...] need to view religious leaders as an integral part of the solution if they intend to succeed". *Young People Today. Ready for Tomorrow?*, 96–97.

26 IPPF, *Sexual Rights: An IPPF Declaration*, principle 1.

27 E.g. Margaret Greene, Joshi Shareen, and Omar Robles, *By Choice, Not by Change. Family Planning, Human Rights and Development*, 2012, foreword.

6. Sexual and Reproductive Health Rights

The precondition for every human being's equal possibility to attain the highest possible degree of sexual and reproductive health is that the legal and moral rights associated with sexual and reproductive health are defined, protected and realized. Individuals experience their sexualities in ways that vary according to inner and external factors but the promotion and protection human rights related to sexuality should be a constant reality.²⁸

The **Universal Declaration of Human Rights (1948)** and associated international human rights treaties establish an obligation for states not to discriminate against any individual and to prohibit and discourage both private and public forms of discrimination by bearing the legal responsibility for the realisation of human rights. The Universal Declaration of Human Rights and other more specific declarations of rights are the most comprehensive and the most widely supported principles and frameworks that guide international development and cooperation. They form a legal framework which binds certain agencies, such as governments and allows for individuals and communities to claim their rights. The rights and protections guaranteed to children and adolescents under the age of 18 differ from those of adults. They also must take into account the evolving capacities of an individual child or youth to exercise rights on their behalf.²⁹

In addition to legal rights we can also speak about **rights as moral norms**. While states are legal duty bearers bound by international agreements we can also speak of moral duty bearers, i.e. other individual or corporate actors who have the moral duty to work towards the realisation of rights. These might be e.g. religious communities or other civil society actors.

Churches have an ambiguous history with human rights despite the fact that human rights are generally consistent with perspectives arising from the Bible and priorities relating to human dignity. Religions play an important part in the interpretation and acceptance of the human rights framework especially when it comes to the questions of morals which underlie the legal human rights framework. The Church of Sweden is committed to an understanding of the inherent dignity and preciousness of every human being manifested in biblical narratives. Therefore the Church of Sweden chooses to work together with other actors towards the realization of human rights for all. We recognise that the principle of non-discrimination underlies all human rights protection and promotion and that for diverse individuals to enjoy fundamental rights and freedoms on equal bases it may be required to concentrate on specific groups that have been marginalized or neglected.³⁰ We also recognize that as a religious actor we have a specific call to speak for justice and work toward just relationships between all humans and within the whole creation.

²⁸ IPPF, *Sexual Rights: An IPPF Declaration*, principle 1.

²⁹ The rights of the child and protection of these rights forms a part of the legally binding human rights obligations. They are recognized for children, including adolescents up to the age of 18. They include the same cluster of human rights as for adults. The states have an obligation to implement the right of the child to be heard in accordance with the evolving capacities of an individual child. Committee on the Rights of the Child, *Convention on the Rights of the Child. General Comment No. 12*, 2009, 66–68; IPPF, *Sexual Rights: An IPPF Declaration*, principle 2 and 5.

³⁰ This principle prohibits any kind of distinction, exclusion or restriction on the basis of "sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, race, colour, ethnicity, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status, including HIV/AIDS, and civil, political, social or other status which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." IPPF, *Sexual Rights: An IPPF Declaration*, principle 3.

For the moment there is no international agreement on **sexual health rights**. This means that there is no clear agreement on what constitutes sexual health rights nor is there a way to monitor their realization.³¹ A provisional description can be formulated based on other rights relating to the integrity of the body, freedom from violence and coercion and non-discrimination based on gender or gender identity. A provisional description builds on a collection of already existing legal rights relating to and describing the “right of all persons, free of coercion, discrimination and violence, to: the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; comprehensive sexuality education; respect for bodily integrity; choice their sexual partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life”.³²

Reproductive health rights enable individuals to reach the highest possible degree of reproductive health. This means having access to safe, effective, affordable and acceptable methods of family planning and regulation of fertility, access to appropriate health care services for safe pregnancy and child birth for women and for the best possibility for couples to have a healthy infant. Access to health services includes not only the provi-

sion of health care services but also the right to acquire relevant information and education to make informed choices. Reproductive health care services include also sexual health care services that are more widely aimed at enhancement of life and personal relations.³³ This includes capability to uphold good standards of personal hygiene, e.g. by having access to sanitary protection during menstruation.

Sexual health rights connect to reproductive health rights but are nevertheless distinct from them. Sexuality is an integral factor of almost all reproductive decisions. Sexuality is however fundamentally an aspect of the human experience irrespective of reproduction. From the rights perspective the entitlement to experience and enjoy sexuality independent from reproduction and reproduction independent from sexuality should be safeguarded.³⁴ In the same way sexual health rights relate but are not subsumed by gay and lesbian rights.³⁵ At the same time it should be noted that in many contexts lesbian, gay, bisexual, transgender and intersex persons encounter discrimination based on sexual orientation and/or identity and the realization of their rights needs special attention.

The realization and non-realization of sexual and reproductive health rights must take into consideration the circumstances that put individuals or groups in a vul-

31 The international conferences, such as the *Fourth World Conference on Women in Beijing* (1995) and *Cairo Conference on Population and Development* (1994) are not binding and therefore not ratified in national legislations in the same way as human rights are. The Universal Declaration of Human Rights and several human rights treaties do embrace sexual rights even though they are not explicitly stated. SIDA, *Sexual Rights for All*, 1. The implication of this is e.g. that since the human rights treaties are not explicit about homosexuality it is difficult to argue that universal human rights treaties accept the right of sexual orientation. ENRECA HEALTH, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, 30–31.

32 Such description with explication of supporting principles can be found in IPPF, *Sexual Rights: An IPPF Declaration*. See also World Health Organisation, *Defining Sexual Health. Report of a Technical Consultation of Sexual Health* (Geneva, 2002), 5. The Declaration and Platform for Action from the UN Conference on Women in Beijing state that women’s rights include the right to have control over their own sexuality and the right to freedom from all forms of coercion and violence, including sexual violence. The Swedish Foreign Ministry policy from 2006 has a slightly narrower description focusing on non-discrimination, right to one’s own body and sexuality. *Sexuell och reproduktiv hälsa och rättigheter*, 2006, 8.

33 United Nations, “Programme of Action of the International Conference on Population and Development.”

34 IPPF, *Sexual Rights: An IPPF Declaration*; SIDA, *Sexual Rights for All*, 4.

35 Mindy Jane Roseman and Alice M Miller, “Normalizing Sex and Its Discontent: Establishing Sexual Rights in International Law,” *Harvard Journal of Law and Gender* 457 (2002): 321.

nerable situation. Which groups in the society are most vulnerable to suffer from the non-realisation of sexual and reproductive health rights is highly dependent on the particular contexts. In general it can be said that women, girls, boys, minority groups, disabled persons and hard-to-reach populations such as those displaced by humanitarian crises and those targeted by legal codes are most likely to be the most vulnerable.³⁶ Addressing the non-realisation of rights for the most vulnerable requires adequate information on local contexts and mutual learning for change with those less vulnerable.

The Church of Sweden wants to focus on every person's inherent God given dignity, value and equality, and support everyone's capability to make decisions regarding their own lives, including their sexual and reproductive lives. The right to self-determination, privacy, intimacy, freedom and individual autonomy is essential and calls for non-interference of the state through non-discriminatory, non-coercive and nonviolent practices. The effective exercise of sexual and reproductive health rights demands legal frameworks and public policies that ensure sexual and reproductive health. Sexual health rights

may be subject to limitations that are defined by the law for the purpose of securing the realization of other persons' rights and freedoms and the general welfare of the society. These limitations need to be non-discriminatory and proportionate to the achievement of their aim.³⁷

The Church of Sweden is committed to a continuous dialogue with partner organisations and sister churches to strive towards a change in societal norms and attitudes about sexuality, gender, gender roles (including masculinities), reproductive choices, HIV and other sexually transmitted infections and sexual orientation for mutual learning and a better realisation of sexual and reproductive health rights. We acknowledge that questions relating to sexuality and reproduction are complex and touch the core of our personal and societal value systems. We are committed to dialogue and mutual learning in order to build political, social and cultural consensus for the defence and guarantee of sexual and reproductive rights for all. By taking up positions we want to show who we are so that an authentic meeting can take place and to create the scope for open and honest dialogue.

³⁶ See ENRECA HEALTH, *Sexual and Reproductive Health and Rights: Agreements and Disagreements*, 45 for description of UNFPA priority concerns. For examples of the negative impact of lack of sexual rights to development see SIDA, *Sexual Rights for All*, 6.

³⁷ IPPF, *Sexual Rights: An IPPF Declaration*, principle 7.

7. The Church of Sweden's Position on Sexual and Reproductive Health and Rights

The Church of Sweden has a long-standing history in working with issues relating to health. Our various international partnerships with churches, faith-based and secular organisations and global ecumenical alliances have taught us the critical importance for our continuing engagement with issues of sexual and reproductive health and their related rights. Sexual and reproductive health and related rights do not address questions of health only but are also connected to wider issues of poverty, culturally defined understandings of gender and power, harmful and discriminatory practices and the realization of the fullness of life. The non-realization of the rights protecting sexual and reproductive health is a serious global threat to the development and well-being of individuals and communities.

The Church of Sweden's overall position is:

1. **Rights to sexual and reproductive health are fundamental to the human experience and to social relations.** Right to sexual and reproductive health is a human right.³⁸ Sexual and reproductive health *incorporates the right of an individual to take decisions regarding his or her own body, sexuality, cohabitation, maternal health and reproductive choices.*³⁹ While states are the primary duty-bearers in respecting, protecting and fulfilling human rights other civil society actors can also be held accountable for their actions and omissions affecting the enjoyment of sexual and reproductive health rights.⁴⁰ Religious actors have a moral duty to contribute to the positive realization on sexual and reproductive health and to the fulfillment of the respective rights.

This overall position is supported by the following strategic positions:

2. **The Church of Sweden promotes universal access to comprehensive sexuality education.** This includes education and counseling on sexuality, sexually transmitted infections including HIV, birth-control, and safe abortions. Adequate comprehensive sexuality education and access to information is imperative to empower individuals and couples and especially the youth to make free and informed decision regarding reproductive choices and on all aspects of their sexuality, including the choice of partner, voluntary choice in marriage, consensual sexual relations, the decision on whether or not and when to have children. Access to comprehensive sexuality education must also be secured during humanitarian interventions.
3. **The Church of Sweden promotes universal access to health care services.** Sexual and reproductive health care services include a variety of services that allow individuals and couples to enjoy a healthy sex life, uphold good personal hygiene, make conscious and safe choices on the number and spacing of children and deliver a healthy infant. Access to services, including access to HIV related prevention, treatment, care and support, must be universal and without any form of discrimination.⁴¹ Health care services must also include a possibility to undergo a safe abortion.
4. **The Church of Sweden is committed to a respectful and mutual dialogue over religious and cultural understanding of sexuality and sexual and reproductive health with the aim of supporting a positive understanding of sexuality and joint commitment to respect, protect and fulfill sexual and reproductive health rights for all.** The Church of Sweden is committed to a theological tradition that recognizes the positive value of human sexuality. Religious actors

³⁸ The human rights relating to sexuality are enumerated in IPPF, *Sexual Rights: An IPPF Declaration*, 16–21.

³⁹ The Church of Sweden International Department, *Position on Gender Justice and Gender Equality in the Church of Sweden's International Work*, 8.

⁴⁰ IPPF, *Sexual Rights: An IPPF Declaration*, principle 7.

⁴¹ IPPF, *Sexual Rights: An IPPF Declaration*, principle 3.

exercise moral control that has a significant effect on the lives of individuals, families and entire societies. This extends to the understanding of gender, gender identity, sexual orientation and gender roles and understanding of the family. Cultural and religious differences have significantly hindered the international community from recognizing sexual health rights as human rights in a legally binding way. Without binding international agreements governments cannot be held legally accountable for not respecting, protecting and upholding these rights.⁴² Shying away from questions of sexuality and reproduction is not an option.

5. **The Church of Sweden opposes cultural and religious practices and norms that are harmful for the bodily integrity of an individual.** The right to be protected from all forms of violence and harm is fundamental to human rights. Sexuality-related harm includes both violence and abuse of a physical, verbal, psychological, economic and sexual nature and violence against individuals because of their sex, gender, sexual orientation, marital status, sexual history or behaviour.⁴³ Religious actors are in a position of power

when it comes to harmful practices such as Female Genital Mutilation/Cutting (FGM/C), forced early marriages and unwanted pregnancies. All these practices violate the inalienable dignity and integrity of a person and cannot be accepted.

6. **The Church of Sweden recognises that there is a connection between power, sexuality and reproduction.** We recognise that there are many cultural or religious practises which are being used to justify abuse of power over those in the more vulnerable position. The most vulnerable most often include women, girls, pregnant women, poor, disabled, uneducated, migrant people, individuals under humanitarian crisis and lesbian, gay, bisexual, transgender and intersex persons. The Church of Sweden opposes any abuse of power and works towards balanced power relations.

Validity

This position paper is valid during the program period 2014–2017 after which its content will be review and updated.

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