

**Women’s human rights: The global intersection of gender equality,
sexual and reproductive justice, and healthcare**

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The need to make a concrete connection between human rights and women’s rights is ironic considering that one half of humanity is female. Gender inequality is the most pressing contemporary human rights issue, including disparities in education, employment, healthcare, power and decision-making, violence, and poverty that impact billions of women and girls from every part of the world throughout their lifetime (UN Statistical Division, 2010; UNWomen, 2011a). Despite a long and documented history of virtual “gendercide” against women and girls, this disparity has been treated as non-existent or ignored or, if acknowledged, regarded as unimportant or insignificant by the global community. Led by the United Nations (UN), there is a growing global human rights effort to redress deeply rooted gender inequality. This paper will focus on sexual and reproductive health, examining both the extent of the problem and exploring some real and potential solutions. Specific topics addressed include an overview of gender-based inequality, female reproductive justice and healthcare, a brief history of women's health rights, the UN human rights framework, current global human rights initiatives focused on women, and action taken by women human rights defenders.

Overview of gender-based inequality

While human rights violations can affect all groups, some groups, including women, are at greater risk. “Women's issues” are not the same as “gender issues,” although the terms are often used interchangeably. In its annual report, the UN Population Fund (UNFPA) (2000) notes that gender inequality works to the disadvantage of both women and men through impeding the

growth of individuals, the development of countries, and the evolution of societies. It becomes a women's rights issue when it disproportionately restricts female choices, opportunities, and participation in all areas of life in comparison to men. According to Amnesty International (AI) (2011a), understanding gender-based inequity entails recognizing both the impunity with which women and girls are mistreated as well as the reality that this disparity is based solely on being female. While this injustice is not perpetrated solely by males, it is deeply rooted in long-standing patriarchal patterns that prevail throughout the world.

The United Nations defines discrimination against women as "... any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field" (UN, 2009). Most problems affecting females are interrelated and share root causes. It is very difficult, if not impossible, to separate out specific indicators of inequality from the larger social, political, economic, and cultural variables that affect them. There is a strong connection between discrimination, lack of education, poverty, violence, poor healthcare, and social development (Mapp, 2008). Extreme poverty is perhaps the most profound gender-based problem since it is so pervasive, leading many social scientists to label this global pattern as the "feminization of poverty." Further, extreme poverty not only affects women, but also their children, particularly daughters, which can create a lifetime of disadvantage in the next generation and beyond.

Human Rights Watch (HRW) (n.d.) notes that, despite progress in women's rights in recent decades in many countries, "abuses against women are relentless, systematic, and widely

tolerated, if not explicitly condoned." The list of abuses includes (but is not limited to) sex trafficking, mass rape, child marriage, denial of education and career choice, lack of healthcare, domestic violence, acid attacks, sex-selective abortions, and political marginalization. Kristof and WuDunn (2009b) observe that, in the 19th century, the paramount moral challenge was slavery; in the 20th century, it was totalitarianism; and, in the 21st century, it will be women's rights. Many governments not only refuse to intervene or to protect women, but the victims are made to feel culpable for this inequity, and perpetrators of abuse and exploitation are seldom punished (e.g., UNFPA, 2000). Even in the U.S., prior to the passage of the Trafficking Victims Protection Act of 2000, no comprehensive Federal law existed to protect victims or to prosecute their traffickers (Freedom Network USA, 2011).

In many economically developing countries where traditionally defined gender roles predominate, poor families make essentially economic gender-based decisions. Certain cultural traditions place a heavy price on raising a girl, since she will eventually marry and move to her husband's family, thus not contributing the long-term benefit of her birth family, and may also require an expensive dowry. Child or early marriage, especially in South Asia, the Middle East and North Africa, are examples of how this economic disparity negatively affects girls. Bride kitchen burnings in India occur when greedy families attempt to kill a young bride by locking her in the kitchen and setting it on fire (making it appear to be an accident), with the intention of killing her and collecting a dowry from another marriage. These young brides are at the mercy of their in-laws and do not have the option of returning to their own family or village. Within such culture-bound countries, boys often receive preferential treatment, getting better food, education, and healthcare. As a result, the vast majority of illiterate people in the world are

female. Further, female offspring may require higher levels of protection, further stressing family resources and reducing options for girls. In many countries, attending school is not only expensive, it is dangerous. Acid attacks are common in which males throw acid on girls walking to school, often resulting in disfigurement and blindness. At school, girls can be targeted for rape, violence, or harassment.

Violence against women is a worldwide pandemic that crosses cultural, national, and ethnic boundaries. "At least one out of every three women in the world will be beaten, coerced into sex, or otherwise abused in her lifetime. ... In some countries, close to seventy percent of women report such violence In many places, women and girls may still be raped and beaten with impunity and can be sold or simply given away to settle a debt. They can be killed for disobedience or for appearing in public without a man who is not a relative or for simply being a girl. Many cannot vote, own property or have any rights to their own children" (AI, 2010, p. 4-6). This violence is often seen as legitimate based on entrenched marriage laws, traditional gender roles, and the lower social status of women. Honor killings, in which a father or other male family member murders a woman for bringing alleged shame onto the family, is regarded as a justifiable form of homicide in many countries. Divorce or otherwise leaving an abusive relationship, especially for poor women, is typically not an option given cultural values, economic restraints, and lack of social programs. Female genital cutting is a particularly invasive form of violence perpetrated against girls in some societies (particularly in North Africa and the Middle East) that is strictly a culture-bound tradition with no medical justification that entails physical and psychological trauma (Kalev, 2004). Rape and sexual violence targeting females are routinely used to terrorize civilians as a strategic tool of war and as a means of

genocide (Jansen, 2006; Lloyd, 2007). “Women and girls are uniquely and disproportionately affected by armed conflict. In modern warfare, an estimated 90% of the casualties are civilians, and 75% of these are women and children. Women are 80% of refugees and displaced persons” (AI, 2011a).

Women’s reproductive justice and healthcare

While both genders deserve healthcare, women have special needs given their reproductive role, especially if they are poor. “One of the most important fronts in the struggle for women’s human rights is around sexual and reproductive autonomy, and the coercive and often violent ways in which this autonomy is suppressed” (AI, n.d.). The World Health Organization (WHO) (2007a) reports that reproductive inequities are most striking in economically developing countries, where hundreds of millions of women lack access to modern contraceptives, are infected with HIV, and suffer from death or disabilities during pregnancy and childbirth. Fistula is a tragic consequence for girls predominately in rural areas who are married at very young ages and forced into pregnancy before they are physically mature. Fistula is a tragic result for girls, often married at very young ages, becoming pregnant before they are physically prepared. Girls may be undersized due to age, poor health, or inadequate nutrition. They develop a rupture between the uterus and bladder and or intestines that can cause leakage of urine or feces. As a result, they are often ostracized by their husband and his family and left homeless and destitute. While this can be corrected by surgery, poor countries often do not have adequate health care or impoverished girls cannot afford to pay.

Sexual and reproductive rights for women are a broadly defined category that includes access to proper gynecological and obstetric health care (including family planning); an end to coerced and child marriage, forced abortions and sterilizations, obstruction of rape survivors to legal abortion and mental health services, and imprisonment or other criminal sanctions for abortion; and access to information on sexually transmitted infections (AI, 2007). According to UNFPA (2011), reproductive health means that, "every child is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect" (p. 1). Yet, "We live in a world in which women do not have basic control over what happens to their bodies" (HRW, n.d.). As a result, reproductive health problems are the leading cause of death for females of child-bearing age worldwide. "Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death and disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behavior" (UNFPA, 2011, p. 2). Women and girls can be forcibly sterilized due to membership in a particular ethnic group, undergo virginity testing or genital cutting, undergo forced abortions, or be killed for getting pregnant as the result of rape. In addition, violence against women increases during pregnancy and results in mental health problems that go untreated. Lesbian women face additional discrimination and there is a growing international movement for gay and lesbian rights (Tiefer, 2002).

This risk occurs throughout the life course, beginning with foeticide (sex-selective abortion) and infanticide of female babies. In childhood, "Girls are far more likely than boys to suffer sexual violence (any sexual abuse): 8.7% boys; 25.3% girls globally" (WHO, 2009b, p. 1).

Adolescent girls are at high risk for unwanted pregnancy and HIV/AIDS due to unsafe or forced sexual activity. “Pregnancy-related complications are a leading cause of death among adolescent girls age 15-19 years in developing countries. Unsafe abortion provided by unskilled persons in unhygienic conditions contributes substantially to these deaths” (p. 2). In many countries, married women do not have sufficient power to refuse sex or to insist that their husbands use condoms. Maternal death continues to be a major reproductive risk. “Essentially all (99%) of the half a million maternal deaths every year occur in developing countries” (p. 2). Despite increased contraceptive use over the past thirty years, many women lack access to information or resources. “For example, in sub-Saharan Africa, one in four women who wish to delay or stop childbearing does not use any family planning method” (p. 2).

As the health branch of the UN, the WHO now pursues a gender-based approach to public health at all stages of policy development and program implementation. While this may seem self-evident, this approach was not implemented until the 1990s, following a series of international mandates, including the Beijing Platform for Action (WHO, 2011). Prior to these mandates, women’s healthcare was focused on pregnancy and childbirth rather than considering varying needs across the lifespan. An example of this gender-based approach was a project in South Africa called “Intervention with Microfinance for AIDS and Gender Equity” (WHO, 2007b). This program addressed poverty, violence, and lack of power as factors contributing to the high HIV rates among poor women and empowered them to negotiate safe sexual relationships, avoid abuse, and challenge negative attitudes.

The WHO Report on Women and Health (2009a) presented the following five key findings. First, there are widespread and persistent inequities between high- and low-income

countries and within countries, particularly for poor women. In developed countries, most female deaths occur after age 60, and death among children and young women is rare. In developing countries, most female deaths occur among girls, adolescents and young adults (virtually all maternal mortality worldwide). Second, sexuality and reproduction are central to women's health, not only for their own wellbeing, but also for their children. Females of reproductive age (15-49 years), especially in low- to middle-income countries, lack access to information and services and face unique gender-based health challenges. Third, females are at high risk for chronic untreated disease, injuries, and mental illness. Depression and suicide rates are a particular concern and are attributed to women's low status in society, overburden with work, and victimization by violence. Fourth, a fair start for all girls is critical for the health of women. Since many of the health problems of women begin in childhood, critical factors include providing good nutrition, preventing abuse and neglect, and ensuring a supportive environment, and establishing healthy habits can have benefits for a lifetime. Fifth, societies and their health systems are failing women, through depriving them of healthcare, depending upon them as caretakers, and damaging their health. A significant barrier to equity is the cost of services (particularly for maternal health), limited representation of women in management, exposure to occupational health risks, and lack of recognition.

Two major reports have proposed ways to remedy these disparities. In addition to the key findings presented above, the WHO 2009 report also made four recommendations for policy action. First, build strong leadership and a coherent institutional response. Second, make health systems work for women. Third, create healthier societies by leveraging changes in public policy. Fourth, build the knowledge base and monitor progress. The UNFPA (2008) focused on

reproductive rights as well as sexual and reproductive health (SRH) and developed a strategic plan for 2008-2011. The plan contains four priority areas: 1) the provision of a basic package of SRH services (family planning, pregnancy, delivery, and emergency obstetric care; prevention, diagnosis and treatment of HIV and STIs; prevention and early treatment of breast and cervical cancers; adolescent SRH; and care for survivors of gender-based violence), 2) the integration of services for HIV prevention, management, and care; 3) gender-sensitive life skills based on SRH education for adolescents and youth; and, 4) SRH services in emergencies and humanitarian crises.

Brief history of women's human rights

Tracing the evolution of women's rights is made difficult by the lack of adequately documented women's history, which has been deliberately ignored over time as a means of keeping women subordinate and fearful of challenging the status quo as well as ignorant of their relevant and significant contributions to humanity (Fraser, 1999). Until fairly recently, male scholars around the world actually debated whether the female of the species was really human or some sort of lower form of life, possessed a soul, or deserved any rights (Hosken, 1981). Despite this long and entrenched history of patriarchy, it should be noted that women (and some men) have actively challenged this system of male-based power for many centuries.

For most of recorded human history, the millennia old struggle for universal human rights was largely confined to males. The concept of "women's human rights" was generally thought to have begun in 1792 with Mary Wollstonecraft's book, *Vindication of the Rights of Women*, published at the same time as the theory on the natural rights of man. However, recent research suggests the movement may have started as early as 1405 with the publication of Christine de

Pizan's *The Book of the City of Ladies* (Fraser, 1999), which many historians now consider the beginning of the feminist (gender equality) movement. Most documented history on women's rights occurred in the democratic West (Global North) during the Industrial Revolution when technological advances allowed women to gain education, employment outside of the home, and freedom of movement. A critical turning point occurred in the early 20th century, with the culmination of the Suffragette and women's rights movements as well as the wider availability of birth control.

In the "modern" era, the devastation of World War I and the founding of the League of Nations were followed by the even more devastating World War II. The massive death and destruction caused by this global conflagration led to the establishment of the UN. The UN Charter (1945) is the first international agreement to refer specifically to the fundamental rights of all humans and specifically to the equal rights of men and women. The Preamble affirms "faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women."

UN human rights framework

The global standard for social and economic justice established in the UN Charter is further expressed through the Universal Declaration of Human Rights (UDHR), which was unanimously approved by the General Assembly (UN, 1948). Human rights are conceptualized to extend to all people by virtue of their inherent humanity; thus, they are not a desire or a privilege. Human rights are typically defined as universal and indivisible and rooted in the fundamental freedoms of the individual. The UDHR is concise and comprehensive, containing a preamble and thirty articles. Eleanor Roosevelt chaired the UN Commission on Human Rights,

and her leadership is credited with the successful drafting of the document and subsequent approval.

The UDHR is a statement of principles, and countries that sign the declaration are not legally bound by it. In contrast, human rights treaties or conventions are legally binding for member states that ratify them. Some countries may sign a human rights document to indicate support but avoid any legal obligation to uphold it. Many human rights documents require countries to submit national reports on a regular basis. The main oversight body within the UN for monitoring human rights abuses and country compliance is the Office of the High Commissioner for Human Rights. There is an extensive scholarly literature that examines the many aspects of human rights (e.g., Hawkins, 2009), women's rights (e.g., Merry, 2003; Alvarez, 2009; Gaer, 2009), and women's healthcare (e.g., Davies, 2010; Mohindra & Nikiema, 2010).

The UN has clarified and expanded its basic human rights framework through several subsequent major documents. These documents and the enforcement dates include: Convention against Genocide (1948); Conventions on the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1949) (aka the Geneva Convention); International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966); International Covenant on Civil and Political Rights (ICCPR) (1976); Convention for the Elimination of All Forms of Discrimination against Women (1981); Convention against Torture (1985); and, Convention on the Rights of the Child (1989). Taken together, these documents comprise the UN Agreements on Human Rights. In 1966, the “International Bill of Human Rights” was formulated and consists of the UDHR,

ICESCR, and ICCPR. These agreements affirm the equality of people and obligate ratifying nations to uphold equal rights for women and men.

A critical debate within human rights pertains to universalism vs. cultural relativism. Universal rights apply to individuals regardless of one's gender, race, nationality, religion, or any other grouping, and a particular country should not determine which rights are granted to which people. Nevertheless, many countries around the world differ in the relative importance that they place on various rights. "Cultural relativism" argues that all cultures are equal and cultural values should take precedence over universal freedoms. The UDHR has been criticized as containing an implicit Western bias that emphasizes individual autonomy, a viewpoint that may conflict with cultural values that place greater emphasis on the collective, such as found in many Asian and African societies. These communal values are based on traditions or religious beliefs and deeply entrenched gender roles, which are often codified through a country's legal system. Women's rights are often at the epicenter of this debate and, the clash between universal equity and cultural relativism has not been resolved.

Amnesty International (2005a) notes that human rights applied to women are often distinctly different from men in several critical ways. First, torture is typically defined as perpetrated by state agents, and governments are technically responsible for violations. However, women often experience torture from non-state sources (such as husbands, employers, or members of the community). As a result, abuse against women is often dismissed as a private or domestic matter, and women are not only denied protections, but the lack of formal response indirectly condones this violence. Second, sexism interacts with forms of discrimination (racism, ethnocentrism, ageism, etc.) that further exacerbate abuses. Third, women's rights may

be viewed as secondary to cultural values or traditions (relativism) that produces still greater levels of discrimination. In turn, these cultural norms reflect unequal power relations between the sexes that are used to justify the systematic denial of equal rights to women. Fourth, violence against women is rooted in a global pattern of discrimination that, due to fewer opportunities and rights, perpetuates women's subordination to men.

The UN Commission on the Status of Women was established in 1946 and, between 1949 and 1959, produced additional documents addressing the specific needs of women. In 1967, the UN approved the non-binding Declaration on the Elimination of Discrimination against Women. However, these documents were deemed insufficient for translating principle into practice, to adequately address particularly controversial issues, to deal with women's rights in a comprehensive way, and to be legally binding. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is a landmark document in the women's human rights movement. It was adopted in 1979 by the UN General Assembly, and entered into effect in 1981; it is often described as the international bill of rights for women. CEDAW was enacted since the "fact of women's humanity was insufficient to guarantee them the enjoyment of their internationally agreed rights" (UN, 1979).

CEDAW consists of a preamble and thirty articles defining gender-based discrimination against women and identifying an agenda to eradicate it. The document contains many provisions directly related to healthcare, such as equal access to services, education, and information as well as self-determination in making decisions, including marriage and family planning. In addition, ratifying states are obligated to ensure these rights through political and judicial means. By accepting the Convention, member states commit to several goals, including

1) incorporating the principle of gender equality into their legal system, 2) establishing public institutions to oversee the effectiveness of policies, and 3) ensuring the elimination of all acts of discrimination against women by persons, organizations, or other enterprises. CEDAW is intended to provide a framework for the full and equal participation of women in political and public life, including the right to vote, to stand for election, and to share equal access and opportunities for education, health, and employment.

Of critical significance, CEDAW is the only human rights treaty that affirms the reproductive rights of women, and addresses the role of culture and tradition in shaping gender roles and family relations. Of particular note, state parties to the treaty agree to take necessary measures against the exploitation and trafficking of women. CEDAW has been ratified by 186 countries; the U.S. is one of only seven countries that have not (ACLU, 2011). Although the U.S. became a signatory to CEDAW in 1980, it is the only industrialized nation that has not ratified the treaty (AI, 2005b). AI contends that CEDAW has “proven invaluable” for advancing women’s rights in nations that have ratified it and argues that it would have an even stronger effect with U.S. ratification. The UN Inter-Agency Network on Women and Gender Equality (2009) provides an update on thirty years of CEDAW illustrating success stories from seventeen countries across the world. The individual and societal benefits include changes that address domestic violence, sexual harassment, reproductive health, and property ownership.

The Optional Protocol to CEDAW gives individuals and groups the right to lodge complaints to the CEDAW Committee, allowing for a systematic investigation of abuses of women’s rights, although this only applies to ratifying states (WHO, 2007a). On the other hand, member states are allowed to file reservations against any human rights agreement, although these may not be

incompatible with the purpose of document. CEDAW has had more reservations filed than any other human rights treaty, which is generally attributed to the debate about how gender equality is often perceived as violating cultural norms (UN, 2009).

It is difficult to define a global norm for age of majority, although the UN regards age eighteen as the boundary between adolescence and adulthood. In terms of human rights, the UN addresses the special needs of children through the Convention on the Rights of the Child (CRC) (UN, 1989). This agreement addresses health care, but not specifically sexual and reproductive health, although this has significant implications for the well-being of girls and adolescents. Further, the rights of women often cannot be separated from the rights of their children. Therefore, it is important to consider both CEDAW and CRC when discussing gender equality, particularly regarding sexual and reproductive healthcare. The CRC is the most widely ratified human rights treaty; only the U.S. and Somalia have not ratified it (UNICEF, 2011).

Over the past four decades, there have been a series of pivotal women's human rights conferences, including several World Conferences on Women. In 1968, the UN shifted the focus of sexual and reproductive rights from population control to family planning (Baker, 2008). In 1993, the Vienna Declaration expanded the definition of human rights to include violations against women, largely due to the efforts of women's rights activists from around the world (Sullivan, 1994). The Cairo Consensus (1994) clarified reproductive rights as applying to the ability of both women and men to exercise control over their sexual and reproductive lives as a component of overall health throughout the life cycle. They include the right to voluntary and informed choice regarding the number, timing and spacing of children; marriage and establishing a family; access the information and means necessary to make voluntary choice; freedom from

sexual violence and coercion; and the right to privacy (Reichenbach & Roseman, 2009). These rights were endorsed by the Fourth World Conference on Women held in Beijing in 1995 (Reichert, 1998), which garnered international attention through the plenary speech delivered by then first lady Hillary Rodham Clinton.

At the same time, other UN conferences targeting social and economic began to include specific provisions directed toward gender equality. Throughout the 1990s, the UN placed particular emphasis on reproductive rights as a cornerstone of development (UNFPA, 2008). In 2005, the World Summit reaffirmed the importance of reproductive rights in order to meet international development goals and to fulfill other fundamental human rights (UNFPA, 2011). Boulding and Dye (2002), as quoted by Healy (2008), indicate that many development schemes failed because they were focused on enhancing the productivity of male workers, and ignored the role of women, who actually produce most of the food in developing countries and typically use money for the benefit of their household. Successful development programs now include women, and many NGOs require that a part of funds go directly to women.

Current global human rights initiatives

The Millennium Project is a massive UN global human rights campaign initiated in 2000 and adopted by nearly two hundred countries and leading development agencies. The Millennium Declaration laid out six fundamental values regarded as essential to international relations in the twenty-first century: freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility (UN, 2000). The Millennium Development Goals (MDGs) pertain to eight areas to be substantially addressed by 2015: 1) poverty and hunger, 2) primary education, 3) gender equality, 4) child mortality, 5) maternal health, 6) disease (especially HIV/AIDS and

malaria), 7) environmental sustainability, and 8) responsibility of developed countries toward developing countries (UN, 2011). The goals are interrelated; for example, maternal health (Goal 5) is damaged due to indoor air pollution from cooking fires (Goal 1), the excessive burden on females of carrying water and collecting fuel (Goal 3), which also keeps many girls out of school (Goal 2), and the increased incidence of malaria (Goal 6) resulting from deforestation and water mismanagement (Goal 7), which increases the risk of child mortality (Goal 4), particularly among poor, rural women in sub-Saharan Africa (Goal 8). In 2007, the target of universal access to reproductive health was added to MDG Goal 5 (UNFPA, 2008).

The 2010 MDG Report documented substantial progress related to the goals of poverty reduction, primary education, reduced child mortality, HIV and malaria control, and some aspects of environmental sustainability (UN, 2010a). Beginning in 2008, however, the global economic recession slowed or reversed much of this progress in many regions of the world. Overall, poverty reduction is still expected to reach the target of reducing by half the number of people living in extreme poverty (less than US\$1 per day). The UN estimates that 1.4 billion people lived in extreme poverty in 2005, and an even greater number of people are living in extreme hunger. The Report states that particular attention must be focused on the poorest children (especially girls) living in rural areas of developing countries. In 2010, the UN adopted an accelerated action plan, and launched a five-year global strategy for women's and children's health called "Every woman, every child" (UN, 2010b).

In 2010, the UN General Assembly established UN Women. This new entity combined four previous UN programs for women with the goal of assisting member states in the pursuit of accelerated progress toward gender equality and female empowerment. UN Women currently

works in eighty countries, assisting governments and civil organizations, particularly women's advocacy groups, that are viewed as instrumental in achieving global goals (UN Women, 2011b). In addition, they cooperate with other UN agencies that address gender equality through a comprehensive, rights-based, and multi-sector approach within their respective agenda: Human Rights Commission (UNHRC), World Health Organization (WHO), Children's Fund (UNICEF), Population Fund (UNFPA), and Program on HIV/AIDS (UNAIDS). These UN agencies work most effectively toward reproductive rights by coordinating efforts with national and international non-governmental organizations (Merali, 2000).

Taking action: Human rights defenders

Mapp (2008), quoting Van Soest and Crosby (1997), notes that pursuing women's rights makes sense for two reasons: equity and efficiency. The equity argument states that women should have equal rights because it is the morally right thing to do. The efficiency argument states that empowering women benefits society as a whole. Kristof and WuDunn (2009a) observe that the most effective way to address global poverty and extremism is to empower females. "The world is awakening to a powerful truth: Women and girls aren't the problem; they're the solution" (p. 28). There is considerable evidence that investing in individual women yields great payoffs to her family, community, and society (UNFPA, 2000). Merry (2003) notes that a crucial component of female empowerment is the development of a "rights consciousness," in which women recognize that they are entitled to rights, discern when these rights are being violated, and oppose social norms and a legal system that trivializes their needs.

Despite the global pandemic of gender-based violence, it is important to recognize that women are fighting back and working for human rights (AI, 2011b). Women "form the

backbone of movements working for the rights of, among others, women and girls, ethnic and religious minorities, refugees and other displaced people, trade unionists, and lesbian, gay, bisexual and transgendered people” (AI, 2005c). Much of the progress toward women’s rights has been achieved by women, even in the face of opposition from their family, community, and larger society.

Human rights defenders (HRDs) include victims and survivors of human rights abuses and their families as well as other advocates and activists. Women who campaign for women’s rights face particular risks because they challenge powerful cultural norms. They may be baited simply because they are women, face retaliatory physical or sexual violence, or be arrested or imprisoned for peaceful demonstrations. States may attempt to discredit or intimidate them since they often advocate for women and girls who are marginalized or devalued in a particular culture. Thus, there is a double aggression against both the victims and their defenders, who may be killed, abducted, raped, assaulted, harassed, or disappear as a result of their work. Some defenders may need to flee for their own safety, and may face abuse of their own rights as a consequence.

Thus, not only do women need special support for human rights, but HRDs who are women require even greater support to enable their voices to be heard and honored. The UN Declaration on Human Rights Defenders, adopted by the General Assembly in 1998, affirms the right to defend human rights and the obligation of states to protect human rights workers (UNOHCHR, 1998). A daunting challenge is confronting violators who fall outside of governmental or international law, such as militias, private armies, rebel groups, corporations,

and criminal syndicates. According to the UN Human Rights Council (2010), HRDs are often targeted by both state and non-state entities as a result of their actions.

There are two significant actions that the U.S. could pursue to promote global women's rights. The first is to ratify several UN treaties, particularly CEDAW. "Core" human rights treaties include the ICCPR, ICESCR, CEDAW, and CRC (see above) as well as the Convention on the Elimination of All Forms of Racial Discrimination (1963), Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984), and the International Convention on the Protection of the Rights of All Migrant Workers and Their Families (1990). According to Healy (2008), the U. S. has ratified only the ICCPR and the conventions against racial discrimination and torture. Although the U. S. became a signatory to CEDAW in 1980, ratification requires two-thirds support in the U.S. Senate. The Senate Foreign Relations Committee voted in 2002 to recommend ratification, but it did not come before the full Senate for a vote, due to a number of seemingly unfounded concerns (see Zoelle, 2000; AI, 2005b).

Second, the U.S. Congress could pass the International Violence Against Women Act (I-VAWA), which was proposed in 2010 but defeated (AI, 2010). This groundbreaking legislation would make ending violence against women and girls a U.S. foreign policy and foreign assistance priority. It would elevate women's rights within the prerogative of the U.S. State Department and USAID and improve the effectiveness of existing programs through enhanced coordination. For example, efforts to improve schools would include measures to insure that girls arrive safely and remain safe while there; healthcare providers working with HIV/AIDS clients would look for signs of domestic violence; foreign service personnel would be instructed on gender-based violence; staff in refugee camps would be trained to protect women and girls

from sexual violence; pilot programs would be implemented to develop innovative strategies; data would be collected and reported to enhance accountability; and funding would be directed toward effective programs. This holistic approach would further the aims of the U.S. government toward reducing global poverty, stopping the spread of HIV/AIDS, and stemming global insecurity.

Conclusion

The Executive Summary of the WHO Report on Women and Health (2009a) ends with the following inspiration, which is also a fitting conclusion for this paper. "Addressing women's health is a necessary and effective approach to strengthening health systems overall – action that will benefit everyone. Improving women's health matters to women, to their families, communities, and societies at large. Improve women's health – improve the world" (p. 6). Beginning with the First World Conference on Women in 1975, the UN has made a concerted effort to link human rights, women's rights, and sexual and reproductive rights. As stated by the UNFPA (2000), ultimately, it is the partnership between men and women that creates strong families and viable societies. It is also the partnership between governments, non-governmental organizations, and women's groups that generate policies and programs that benefit all people. This, in turn, leads us toward a world free of gender inequity.

REFERENCES

- Alvarez, S. (2009). Pluralism and the interpretation of women's health rights. *European Journal of Women's Studies*, 16(2), 125-141.
- Amnesty International (n.d.). Sexual and reproductive health rights. Retrieved on May 26, 2011 from <http://www.amnestyusa.org/our-work/issues/women-s-rights/>
- Amnesty International (2005a, July 20). Women's human rights: A fact sheet. Retrieved on May 25, 2011 from <http://www.amnestyinternational.org>.
- Amnesty International (2005b, August 25). A fact sheet on CEDAW. Retrieved on May 25, 2011 from <http://www.amnestyinternational.org>.
- Amnesty International (2005c, November 15). Defending women defending rights. Retrieved on May 25, 2011 from <http://www.amnestyinternational.org>.
- Amnesty International (2007, November 6). Sexual and reproductive rights. Retrieved on May 25, 2011 from <http://www.amnesty.org/en/campaigns/stop-violence-against-women/issues>
- Amnesty International (2010, November 8-December 10). Pass I-VAWA Now! Action Toolkit. Retrieved on May 25, 2011 from <http://www.amnestyinternational.org>
- Amnesty International (2011a). Violence against women information. Retrieved on May 26, 2011 from <http://www.amnestyusa.org/our-work/issues/womens-rights/>
- Amnesty International (2011b). Women as a force for peace. Retrieved on May 25, 2011 from <http://www.amnestyinternational.org>.
- American Civil Liberties Union (ACLU) (2011, April 13). Women's rights. Retrieved on May 23, 2011 from <http://www.aclu.org/women-rights>
- Baker, M. (2008). Restructuring reproduction—International and national pressures. *Journal of Sociology*, 44(1), 65-81.
- Boulding, E. with Dye, J. (2002). Women and development. In M.T. Snarr & D.N. Snarr (Eds.), *Introducing global issues*. Boulder, CO: Lynne Rienner, pp. 179-184.
- Davies, S. E. (2010). Reproductive health as a human rights: A matter of access or provision? *Journal of Human Rights*, 9(4), 387-408.

- Fraser, A.S. (1999). Becoming human: The origins and development of women's human rights. *Human Rights Quarterly*, 21(4), 853-906.
- Freedom Network USA (2011). To empower trafficked and enslaved persons. Retrieved on September 17, 2011 from http://www.freedomnetworkusa.org/trafficking_us/indexhpp
- Gaer, F. (2009). Women, international law and international institutions: The case for the United Nations. *Women's Studies International Forum*, 32(1), 60-66.
- Hawkins, C. (2009). Global citizenship: A model for teaching universal human rights in social work education. *Critical Social Work*, 10(1), Retrieved July 28, 2009 from <http://cronus.uwindsor.ca/units/socialwork/critical.nsf>
- Healy, L. M. (2008). *International social work: Professional action in an interdependent world*. NY: Oxford.
- Hosken, F. P. (1981). Toward a definition of women's human rights. *Human Rights Quarterly*, 3(2), 1-10.
- Human Rights Watch (n.d.). Women's rights. Retrieved on May 23, 2011 from <http://www.hrw.org/en/category/topic/women>
- Jansen, G.G. (2006). Gender and war—The effects of armed conflict on women's health and mental health. *Affilia-Journal of Women and Social Work*, 21(2), 134-145.
- Kalev, H. D. (2004). Cultural rights or human rights: The case of female genital mutilation. *Sex Roles*, 51, 339-348.
- Kristof, N. D. & WuDunn, S. (2009a). *Half the sky: Turning oppression into opportunity for women worldwide*. NY: Knopf.
- Kristof, N. D. & WuDunn, S. (2009b, August 23). Why women's rights are the cause of our times. *The New York Times Magazine*, p. 29-39.
- Lloyd, M. (2007). (Women's) human rights: Paradoxes and possibilities. *Review of International Studies*, 33, 91-103.
- Mapp, S. C. (2008). *Human rights and social justice in a global perspective: An introduction to international social work*. NY: Oxford.
- Merali, I. (2000). Advancing women's reproductive and sexual health rights: Using the international human rights system. *Development in Practice*, 10(5), 609-624.

- Merry, S. E. (2003). Rights talk and the experience of law: Implementing women's human rights to protection from violence. *Human Rights Quarterly*, 25(2), 343-381.
- Mohindra, K.S. & Nikiema, B. (2010). Women's health in developing countries: Beyond an investment? *International Journal of Health Services*, 40(3), 543-567.
- Reichenbach, L. & Roseman, M. J. (Eds.). (2009). *Reproductive health and human rights: The way forward*. Philadelphia: University of Pennsylvania.
- Reichert, E. (1998). Women's rights are human rights: Platform for action. *International Social Work*, 41(3), 371-387.
- Sullivan, D. J. (1994). Women's human rights and the 1993 World Conference on Human Rights. *The American Journal of International Law*, 88(1), 152-167.
- Tiefer, L. (2002). The emerging global discourse of sexual rights. *Journal of Sex and Marital Therapy*, 28(5), 439-444.
- United Nations (1945). Preamble to the Charter. Retrieved on May 31, 2011 from <http://www.un.org/documents/charter/>
- United Nations (1948). Universal Declaration of Human Rights. Retrieved on May 31, 2011 from <http://www.un.org/en/documents/udhr/>
- United Nations (1979). Convention on the Elimination of All Forms of Discrimination Against Women. Retrieved on May 23, 2011 from <http://www.un.org/womenwatch/daw/cedaw/>
- United Nations (1989). Convention on the Rights of the Child. Retrieved on May 27, 2011 from <http://www2.ohchr.org/english/law/crc.htm>
- United Nations (2000). United Nations Millennium Declaration. Retrieved on January 29, 2011 from <http://www.un.org/millennium/declaration/ares552e.htm>
- United Nations (2009). Reservations to CEDAW. Retrieved on May 31, 2011 from <http://www.un.org/womenwatch/daw/cedaw/reservations.htm>
- United Nations (2010a). Every woman, every child. Retrieved on August 14, 2011 from <http://www.un.org/en/mdg/summit2010/>
- United Nations (2010b). The Millennium Development Goals Report 2010. Retrieved on May 31, 2011 from http://www.un.org/millenniumgoals/MDG_Report_2010.pdf
- United Nations (2011). Millennium Development Goals. Retrieved on February 1, 2011 from <http://www.un.org/millenniumgoals/>

- United Nations Children's Fund (UNICEF) (2011). Convention on the Rights of the Child -- Frequently asked questions. Retrieved on July 21, 2011 from http://www.unicef.org/crc/index_30229.html
- United Nations Human Rights Council (2010, December 20). Report of the special rapporteur on the situation of human rights defenders, Margaret Sekaggya. Retrieved on September 17, 2011 from <http://www2.ohchr.org/english/bodies/hrcouncil/docs/16session/A-HRC-16-44.pdf>
- United Nations Inter-Agency Network on Women and Gender Equality. (2009). CEDAW success stories. Retrieved on September 17, 2011 from http://www.unifem.org/cedaw30/success_stories/
- United Nations Office of the High Commissioner on Human Rights (UNOHCHR) (1998). Declaration on Human Rights Defenders. Retrieved on July 27, 2011 from <http://www.ohchr.org/EN/Issues/SRHRDefenders/Pages/Declaration.aspx>
- United Nations Population Fund (2000). State of world population 2000: Lives together, worlds apart: Men and women in a time of change. Retrieved on May 20, 2011 from <http://www.unfpa.org/swp/2000/english/index.html>
- United Nations Population Fund (2008, May). Making reproductive rights and sexual and reproductive health a reality for all. Retrieved on May 20, 2011 from http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/SRH_Framework.pdf
- United Nations Population Fund (2011a, May 20). Improving reproductive health. Retrieved on May 26, 2011 from <http://www.unfpa.org/rh/>
- United Nations Statistics Division (2010). The world's woman 2010: Trends and statistics. Retrieved on September 19, 2011 from <http://www.unstats.un.org/unsd/demographic/products/Worldswomen/WW2010pub.htm>
- United Nations Women (2011a). Facts and figures on violence against women. Retrieved on September 15, 2011 from http://www.unifem.org/gender_issues/violence_against_women/facts_figures/
- United Nations Women (2011b). About us. Retrieved on May 23, 2011 from <http://www.unwomen.org/>

- Van Soest, D. & Crosby, J. (1997). *Challenges of violence worldwide*. Washington, DC: National Association of Social Workers.
- World Health Organization (2007a). Women's health and human rights: Monitoring the implementation of CEDAW. Retrieved on May 26, 2011 from http://www.who.int/reproductivehealth/publications/gender_rights/9789241595100/en/index.html
- World Health Organization (2007b, March 7). What is a gender-based approach to public health? Retrieved on May 26, 2011 from <http://www.who.int/features/qa/56/en/index.html>
- World Health Organization (2009a, November). Women and health: Today's evidence and tomorrow's agenda. Retrieved on May 23, 2011 from <http://www.who.int/gender/documents/9789241563857/en/>
- World Health Organization (2009b, November). Women's health factsheet. Retrieved on May 26, 2011 from <http://www.who.int/mediacenter/factsheets/fs334/en.index.html>
- World Health Organization (2011). Integrating gender analysis and actions into the work of the WHO. Retrieved on May 26, 2011 from http://www.who.int/gender/mainstreaming/integrating_gender/en/index.html
- Zoelle, D. G. (2000). *Globalizing concern for women's human rights: The failure of the American model*. NY: St. Martin's Press.