

DAY 2

SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS (SRHR)

Firstly, we had a participatory recap from the day before, followed by a presentation to re-clarify the different concepts of gender and sexuality before going to a brain storming about what SRHR means to us.

After that we had a presentation about the main International agreements and the importance of **respect for, protection, promotion and fulfilment of SRHR.**

The Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW) have both clearly indicated that women's right to health includes their sexual and reproductive health. This means that States have obligations to respect, protect and fulfil rights related to women's sexual and reproductive health. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health maintains that women are entitled to reproductive health care services, goods and facilities that are: (a) available in adequate numbers; (b) accessible physically and economically; (c) accessible without discrimination; and (d) of good quality

Cross cutting issues are divided in two parts: **non discrimination**(freedom from discrimination and violence) and **underlying determinants of health**for enabling respect, protect and fulfil rights related to women's sexual and reproductive health.

ACTIVITY 1: ABORTION AND CONTRACEPTION: We were divided in groups and debate about the different legal situation of abortion in each country as well as the use of contraception. After a debate, we presented them and summarize it in the table below:

Table 1: Legal abortion status in different countries.
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Some pictures of all of us with green bands to show our solidarity as PHM with the National Campaign for free, safe and legal abortion in Argentina.

ACTIVITY 2: PRESENTATION AND DISCUSSION ON THE NORPLANT CAMPAIGN IN BANGLADESH; discussion on the global politics on contraception, population control, including examples of concerns of violations in this context.

ACTIVITY 3: VIDEO SURROGACY IN INDIA “Can we see the baby bump please?” AND DEBATE

A video of a surrogacy clinic in Mumbai, India was shown. It was about clinics that arrange surrogacy with couples, including from other countries that cannot have babies. The surrogates are filmed during the 9 months that they stay in the clinic.

Activity 4: After the film, a **debate took place** outside. We were given different positions to defend or to oppose surrogacy: **Is Surrogacy an opportunity or exploitation? Choice or Coercion?**

A theoretical session on infertility, assisted reproductive technology and surrogacy took place afterwards.

Activity 5: PRESENTATION SESSION: INFERTILITY.

First of all we were discussing about infertility worldwide and the possible **causes** of it in **pathological** terms (STI, post-abortion complication...) but also because of **environmental** reasons (dietary lacks, agrotoxics, drug abuse, nuclear plants, use of some plastics). We can see again how intersectionality is needed in every research.

The WHO still describing including the word “disability” among its definition of infertility so that it is something that should be change as it is not recognize as a public health issue.

Assisted Reproductive Technologies (ARTs) are technologies that assist reproduction increasing the chance of conception. There are 2 types of ARTs: in vivo (fertilization inside

the woman body with her own egg), in vitro (fertilization outside the woman body with her own egg or others woman egg).

Nowadays, clinics exists worldwide and this is a transnational business. We discussed about the profits coming from the business and its possible implications.