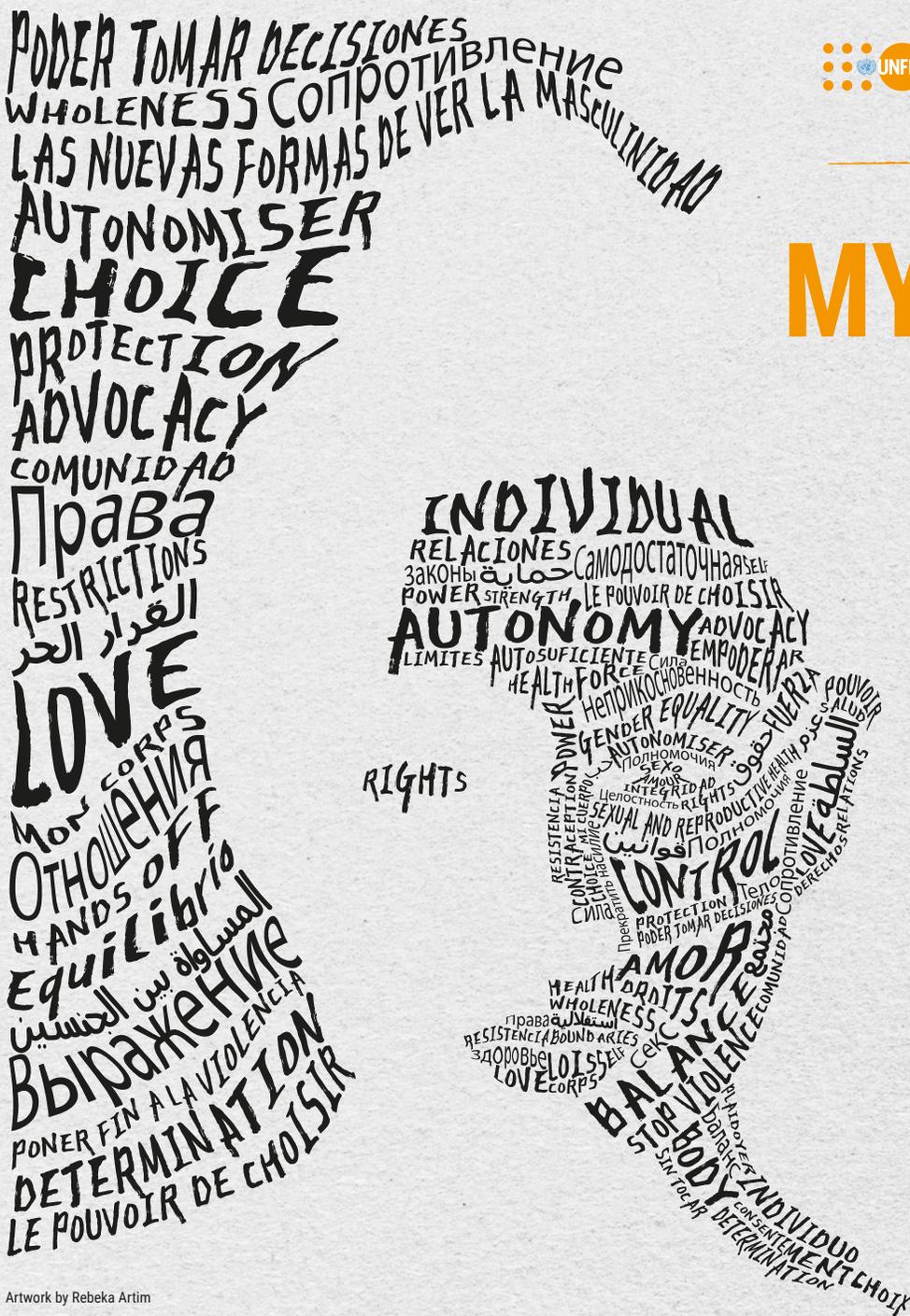


MY BODY IS MY OWN

CLAIMING THE RIGHT TO AUTONOMY AND SELF-DETERMINATION

Highlights



Artwork by Rebeka Artim

THE POWER
to say yes
THE RIGHT
to say no

Bodily autonomy means having the power and agency to make choices over our bodies and futures, without violence or coercion. This includes when, whether or with whom to have sex. It includes when, whether or with whom you want to become pregnant. It means the freedom to go to a doctor whenever you need one.

Yet women and girls—and indeed, all people—face constraints on their bodily autonomy. The consequences to their health, well-being and potential in life can be devastating. Intertwined with bodily autonomy is the right to bodily integrity, where people can live free from physical acts to which they do not consent.

MEASURING bodily autonomy

While the term bodily autonomy has become part of the vocabulary of the feminist and sexual and reproductive health and rights movements, it continues to elude simple definition and easy measurement. Still, when the United Nations adopted its transformative 2030 Agenda for Sustainable Development and the accompanying 17 Sustainable Development Goals, it established indicators to help governments track progress towards achieving the goals and their related targets, such as target 5.6: **the achievement of sexual and reproductive health and reproductive rights for all.**

Two indicators have been identified to measure progress in this area. The first, indicator 5.6.1, aims to measure the proportion of women aged 15 to 49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. The second indicator, 5.6.2, tracks the number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education. Together, these indicators marked a breakthrough in measuring women's agency and an enabling environment for autonomous decision-making.

The power to make AUTONOMOUS DECISIONS about your body

Only women who make their own decisions in all three of these areas are considered to have autonomy in reproductive health decision-making and to be empowered to exercise their reproductive rights.

SDG indicator 5.6.1 is based on women's responses to three questions:

- 1 Who usually makes decisions about health care for yourself?
- 2 Who usually makes the decision on whether or not you should use contraception?
- 3 Can you say no to your husband or partner if you do not want to have sexual intercourse?

LAWS THAT SUPPORT or constrain DECISION-MAKING

SDG Indicator 5.6.2 looks at laws and regulations that guarantee full and equal access to women and men to sexual and reproductive health care, information and education. The indicator measures whether a supportive law exists and whether there are restrictions, such as age limitations or spousal permission requirements. Among countries covered in the UNFPA analysis:

80%
HAVE LAWS SUPPORTING
**sexual health
and well-being**

75%
HAVE LAWS TO ENSURE
**full, equal access
to contraception**

56%
HAVE LAWS SUPPORTING
**comprehensive
sexuality education**

ONLY 55%

of women are able
to make their own decisions
in all three dimensions
of bodily autonomy



BEYOND THE PARAMETERS of indicator 5.6.1

Beyond the three dimensions captured in SDG indicator 5.6.1, there are other aspects of bodily autonomy that are firmly addressed through international law, such as the right to marry by choice and only when a person is mature enough to grant full, free and informed consent. But there are also aspects that are contested or unresolved by human rights agreements, such as voluntary sex work or surrogacy.

Some violations of bodily autonomy, such as rape, are expressly criminalized and universally condemned. But many other violations persist and are perpetuated by norms, practices and even laws, most of them driven by deeply rooted gender inequalities.

Child marriage

This practice denies millions of girls worldwide every year their right to make their own decisions in any sphere of their lives.

Denial of comprehensive sexuality education

Adolescents may reach adulthood without accurate information about their bodies and sexual health. As a result, they are unable to make informed responsible choices about themselves and their relationships.

Female genital mutilation

Female genital mutilation is a violation of women's and girls' human rights, aimed at controlling their sexuality and bodies.

Forced anal testing

Invasive and unscientific tests to "prove" homosexual conduct.

Forced marriage

Through forced marriage, brides become a commodity, or property, to be owned, bought, sold or traded, with no regard for their rights or autonomy.

Forced sterilization or contraception use

In some countries, persons with disabilities, indigenous communities and persecuted minorities, and in some cases women in general, have been subjected to forced contraception or sterilization.

Homophobic or transphobic rape

Rape and other sexual violence that targets gender-non-conforming individuals and people of diverse sexual orientations is erroneously deemed by perpetrators to be "curative" or "corrective".

"Honour" killings

Honour killings occur in communities where the so-called "honour" of the family is considered to be more important than the life of the person, usually a woman, who is seen to violate certain norms or codes.

Marital rape

Marital rape is increasingly recognized as an egregious human rights violation. Yet some countries continue to permit a husband to have sexual intercourse whether the wife wants it or not.

Marry-your-rapist" laws

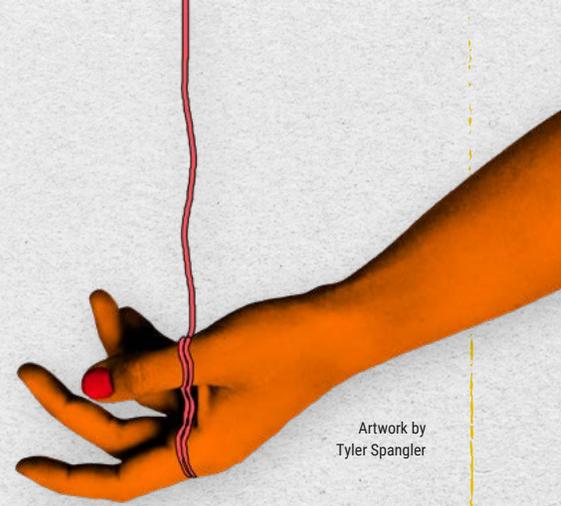
In some countries, a man who rapes a woman can escape penalties if he marries her.

Reproductive coercion

Behaviour that a person uses to exert control over another person's reproductive health or decision-making. This can include attempts to nonconsensually impregnate a partner against their wishes, coercing a partner to have an abortion, or interfering with family planning methods such as "stealthling" (the nonconsensual removal of a condom during sex).

"Virginity" testing

Invasive and unscientific tests to "prove" whether a girl or woman has had sexual intercourse.



Artwork by
Tyler Spangler



Artwork by Rebeka Artim

UPHOLDING THE RIGHT to bodily autonomy

We can and must realize bodily autonomy for all. The first step is articulating and affirming the concept itself. Too many people are unaware that they even have the right to make choices over their own bodies and futures.

Education is key. Women with more education are more likely to make their own decisions about contraception and health care, and to be able to say no to sex. Comprehensive sexuality education—meaning age-appropriate, accurate information about one’s sexual and reproductive health and rights—is crucial, as well because it helps prevent unintended pregnancy and sexually transmitted infections and equips individuals to advocate for themselves. It also teaches respect, consent and equality, which are key to realizing bodily autonomy.

Social norms must become more gender equitable. Improving women’s opportunities for livelihoods and leadership roles in their community and beyond can increase their power to make decisions within households and about their bodies. And progress fundamentally depends on men being willing to step away from dominating roles that privilege their power and choices at the expense of women’s power and choices.

Health providers have a critical role to play in upholding and affirming the bodily autonomy of those seeking information and care. Patients must be aware of their rights, and they must be asked for informed consent. Medical guidelines, training on legal requirements, and specific gender-sensitivity training can help health-care providers actively support the bodily autonomy of patients.

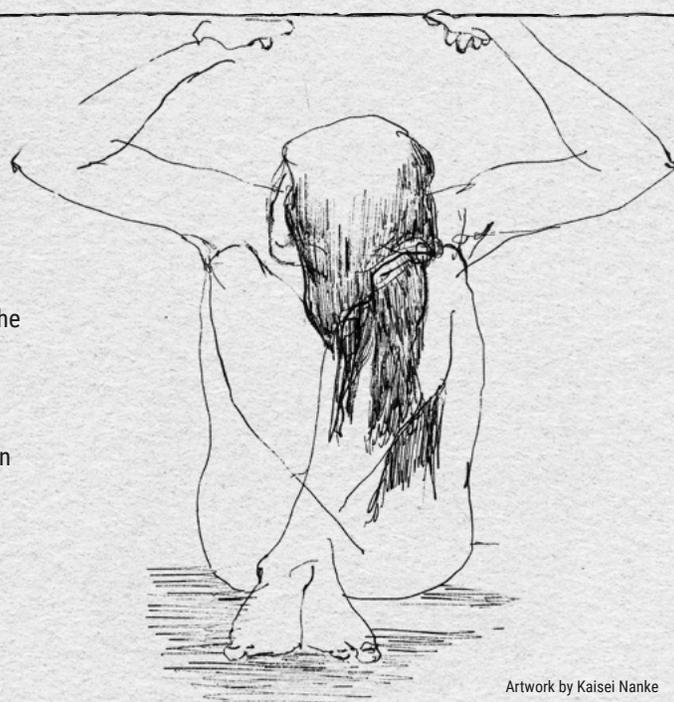
Laws can have a significant impact on women’s rights, gender equality and sexual and reproductive health. They must be aligned with globally agreed human rights principles and commitments, and reviewed for gender responsiveness and non-discrimination. The judiciary and police must also be aware of these laws and principles. Laws need to be grounded in sound policies and require investment to make them become a reality.

Track progress through reliable and complete data, broken down by location, income level, sex, age, ethnicity, ability and other variables to identify which groups and communities are at risk of being excluded and need additional support. Meaningful and sustainable change depends on inclusiveness. No one must be left behind.

WHEN THE RIGHT to autonomy IS CLAIMED BY ALL

Our communities and countries can flourish only when every individual has the power to make decisions about their bodies and to chart their own futures.

When women and girls can make the most fundamental choices about their bodies, they not only gain in terms of autonomy, but also through advances in health and education, income and safety. These add up to a world of greater justice and human well-being, which benefits us all.



Artwork by Kaisei Nanke



Ensuring rights and choices for all since 1969

United Nations Population Fund
605 Third Avenue, New York, NY 10158
1-212-297-5000 • www.unfpa.org • @UNFPA