

BACKGROUND GUIDE

United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)

Property of Lagos Model United Nations

Background Guide: United Nations Entity for Gender Equality and the Empowerment of

Women (UN-Women)

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Letter from USG

Dear delegates,

Welcome to the Lagos Model United Nations 2022, the 7th session. It is my pleasure to welcome you all to this conference which allows individuals from different parts of the world to engage in recent international problems and create solutions. LMUN as an experience will improve your problem-solving skills, public speaking skills, teamwork, confidence, leadership skills, and life connections. LMUN will continue to be life-changing. I cannot wait for you to experience this too.

The staff for the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) are: **Ayooluwa Adekoje** (Under-Secretary-General); **Ogunsiakan Ayomide** (Chair); **Omotesho Ibukun** (Vice-Chair); **Ogunade Pelumi** (Researcher) and **Joshua Sabatha** (Researcher).

Ayooluwa Adekoje is in his 4th year, studying law at the University of Lagos. His LMUN journey began in 2019, when he won the distinguished delegate award in the Assembly of African Union(AAU). In 2020, he won the outstanding delegate in the General Assembly. These experiences led to him serving as the vice chair of FAO in 2021. Ayooluwa is passionate about international relations, Tax and international law. Ayomide is a 400-level student of the faculty of Law at the University of Lagos. She is passionate about women's rights and youth development. To this end, Ayomide participated in the 2020 and 2021 LMUN conferences, where she was a delegate of the UN-Women and won the distinguished delegate award. Ibukun is a 400-level law student at the University of Lagos. She was a Journalist at YISMUN 2020, winning the most outstanding journalist award. She is passionate about Sustainability and Technology. Pelumi is a 300-level student of the faculty of Law, University of Lagos. She participated in LMUN in 2020, serving as a delegate in the UNHRC Committee and was awarded honourable mention. Pelumi is passionate about the active citizenry, youth development, and gender equality. Sabatha is a 300-level Petroleum and Gas Engineering student at the university of Lagos. Her love for MUNs began in 2021 when she was a delegate for the UN Women committee and was awarded the Position paper Award and Group Delegation Honorable Mention Award. She is passionate about women's rights and ensuring that equality for women is achieved worldwide.

UN-Women is committed to ensuring gender equality and empowerment of women globally. It ensures gender equality and puts women's rights as the focal point.

Furthermore, it arranges the UN's framework to ensure that obligations on gender equality and gender mainstreaming are transformed into action worldwide.

The topics to be discussed by the committee are:

I. Addressing the Sexual and Reproductive Health Rights of Women in Sub-Saharan Africa

II. Technology as a Tool in Aiding Disabled Women and Children

The Background Guide will form the basis to begin your research on your topics at LMUN. Regardless, it is not to be a stand in for undertaking the extensive research required of you as individuals. The Further Research, Annotated Bibliography and Bibliography will serve you well and aid in your research. Additionally, the Delegate Prep Guide and the Rules of Procedure will provide you with guidance for the conduct expected and procedure of the conference. These documents are available on the LMUN website- www.lmun.ng.

Every delegate is expected to submit a position paper by a later communicated date after registration and assignment of country and committee, in accordance with the position paper guide which is on the LMUN website.

Any enquiries or concerns during your preparation for the committee or the Conference should be directed to the USG at – <u>usgdevelopment@lmun.ng</u> or at the committee at <u>unwoman@lmun.ng</u>.

We anticipate your presence at the conference!

Ayooluwa Adekoje

USG Development, LMUN 2022.

Abbreviations

AIDS Acquired Immunodeficiency Syndrome

AV Audio Visuals

CSE Comprehensive Sexual Health Education

CSW Commission on the Status of Women

CEDAW Convention on the Elimination of all Forms of Discrimination against Women

CRPD Convention on the Rights of Persons with Disabilities

ECOSOC Economic and Social Council

FSW Female Sex Workers

FGM Female Genital Mutilation

GBV Gender Based Violence

HIV Human Immunodeficiency Virus

ICCPR International Covenant on Civil and Political Rights

ICESCR International Covenant on Economic, Social and Cultural Rights

ICPD International Conference on Population and Development

ICT Informations Communications Technology

ILO International Labour Organization

IPPF International Planned Parenthood Federation

LGBTIQ+ Lesbian, Gay, Bisexual, Trans, Intersex and Queer

MHTF Maternal and Newborn Health Thematic Fund

NGO Non Governmental Organizations

PTSD Post Traumatic Stress Disorder

PWD Persons with Disabilities

SAAF Safe Action Abortion Fund

SDG Sustainable Development Goals

SGBV Sexual and Gender Based Violence

SRH Sexual and Reproductive Health

SRHR Sexual and Reproductive Health Rights

STI Sexually Transmitted Infections

UDHR Universal Declaration of Human Rights

UN United Nations

UNAIDS The Joint United Nations Programme on HIV/AIDS

UDHR Universal Declaration of Human Rights

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

UNWOMEN United Nations Entity for Gender Equality and the Empowerment of Women

WHO World Health Organization

WSHD World Sexual Health Day

Committee Overview

Introduction

The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) is committed to advancing gender equality and the empowerment of women globally. Difficulties faced by the United Nations faced in enhancing gender equality globally created a need for the creation of the UN-Women. To this end, the General Assembly in July 2010 established the UN-Women, as a part of the United Nations (UN) reform agenda to collectively bring resources, and mandates for greater impact.¹

The UN Women has made substantial and extensive development in advancing gender equality through landmark agreements consisting of the Beijing Declaration and Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).² The organisation works at global scale to actualize women rights and serves as a fundamental guide for ensuring women's equal participation in all aspects of life: leadership positions, pay security, decent work and financial independence, freedom from violence, catastrophic activities and conflicts, and humanitarian action.³ Guided by the Sustainable Development Goals (SDGs), the organisation seeks to establish gender equality by providing resources that encourage and set the standard for enacting women-focused policies at a global, regional and national level. To this end, the UN-Women puts women rights and freedom at its focal point, and leads the UN's framework to ensure that obligations on gender equality and gender mainstreaming are transformed into action around the world.⁴

The UN-Women encourages Member States to execute laws, projects and policies aimed at ensuring that the achievement of gender equality, women's rights and women empowerment are successful and all women benefit from them.⁵ The UN-Women

¹ UN-WOMEN,"About"

² UN-WOMEN,"Meeting the needs of the world's women"

³ UN-WOMEN,"Women and Sustainable development goals"

⁴ UN-WOMEN,"What we do"

⁵ UN-WOMEN,"About"

executes these actions at the global, regional and national levels. Globally, the UN-Women works through prominent UN interagency bodies to encourage the integration of gender perspectives in universal policies and intergovernmental forums. The UN-Women also helps coordinate information and inputs from diverse UN establishments or entities to support extended global commitments to gender equality. At a regional level, the UN-Women and UN regional commissions facilitate efforts to uphold agreed gender equality standards through regional coordination procedures and UN Sustainable Development Group (UNSDG) teams. At a national level, the organisation works with resident coordinators and different UN entities through national teams, purposefully engaging in joint outcome groups and programmes to strategically deal with gender inequalities.⁶ Additionally the entity works towards the fulfillment of equality in women by guaranteeing protection of their fundamental human rights and increasing women's reputation and status in the UN.7 The UN-Women strategic plan articulates how it will leverage its precise triple mandate to mobilise pressing and sustained movements to obtain gender equality and the empowerment of all women and girls and to assist the success of the 2030 agenda for sustainable development.8

Governance, Structure and Membership

The advent of the UN-Women took place in July 2010 as an issue of the UN reform agenda, uniting assets and orders for a greater and more prominent outstanding impact.⁹ It merged and constructed at the crucial and important work of the Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), the Division for the Advancement of Women of the Secretariat (DAW), the UN Development Fund for Women(UNIFEM), and the International Research and Training Institute for the Advancement of Women (INSTRAW) which were established pieces of the UN framework,

⁶ UN-WOMEN,"UN System Coordination"

⁷ UN-WOMEN,"UN System Coordination"

⁸ UN-WOMEN, "UN-Women Strategic plan 2022-2025"

⁹ UN-WOMEN, "About"

which zeroed totally on gender equality and women's empowerment in 2010 through the General Assembly *Resolution 64/289* on system-wide adherence (A/RES/64/289)¹⁰.

The UN General Assembly adopted *Resolution 64/289* on system-wide adherence (to the establishment of UN Women.

UN General Assembly *Resolution 64/289*, which established the UN-Women states that the organisation is governed by a multi-tiered intergovernmental governance structure as follows:

"(a) ... the General Assembly, the Economic and Social Council and the Commission on the Status of Women shall constitute the multi-tiered intergovernmental governance structure for the normative support functions and shall provide normative policy guidance to the Entity;

"(b) ... the General Assembly, the Economic and Social Council, and the Executive Board of the Entity shall constitute the multi-tiered intergovernmental governance structure for the operational activities and shall provide operational policy guidance to the Entity."

The UN-Women is headed by an Under-Secretary-General who is designated by the Secretary-General, in consultation with Member States, for a term of four years, with the possibility of renewal for one term. The UN-Women Executive Board established by A/RES/64/289 is made up of representatives from 41 Member States elected to three-year terms by the UN Economic and Social Council, with the following regional allocation and number of members: Africa (10), Asia and the Pacific (10), Eastern Europe (4), Latin America and the Caribbean (6), Western Europe and other States (5), and contributing countries (6), four seats are held for the extensive suppliers of voluntary fundamental commitments to UN-Women, which are to be chosen by and from among the top ten suppliers. The excess two seats are held for developing states which are beyond doubt not members of the Development Assistance Committee of the Organisation for Economic Cooperation and Development.¹² The Execution Board also functions as the administrative

¹⁰ Ibid

¹¹ General Assembly, System-wide coherence (A/RES/64/289) 2010,p.49-90

¹² 8 UN-Women, UN-Women Executive Board: Members, 2018; General Assembly, System-wide coherence (A/RES/64/289), 2010.

body of the UN- Women and is responsible for providing intergovernmental support to and supervision of its operational activities. The Economic and Social Council (ECOSOC) elects members of the Executive Board for a period of 3 years in accordance with the established practice.¹³ The Executive Board gives a yearly report of its program and exercises to the General Assembly, through the Economic and Social Council at its substantive meeting.¹⁴

Mandate, Functions and Powers

UN-Women is the agency of the United Nations committed to gender equality and women's empowerment. It is the global custodian of the United Nations Sustainable Development Goal 5. The UN-Women is charged with the responsibility to lead, advance and organise efforts that would propel the full actualization of women's rights and equal opportunities.

The mandate of UN-Women as stated in General Assembly *Resolution 64/289* is to provide "guidance and technical support to all Member States, across all levels of development and in all regions, at their request, on gender equality, empowerment and rights of women and gender mainstreaming". This is executed with the help of governments and civil societies by formulating lawful instruments and projects to guarantee gender equality for all women around the world. ¹⁶

UN-Women remains behind women's equal participation in all aspects of life, zeroing in on four priority areas:¹⁷ increasing the participation of women in leadership and ensuring that they benefit equally from systems; eradicating all forms of Gender-based violence (GBV); strengthening the women's financial autonomy through decent work and equal pay; and facilitating the inclusion of women in conflict resolution and peace processes.

¹³ Paragraph 64 of A/RES/64/289

¹⁴ Paragraph 65 of A/RES/64/289

¹⁵ General Assembly, System-wide coherence (A/RES/64/289) 2010, p. 9.

¹⁶ UN-Women; "About."

¹⁷ UN-Women; "About."

The UN-Women has several functions, they include:18

- i. Provision of support to UN bodies where issues around gender equality are being deliberated and decided on;
- ii. To support national efforts in Member States on gender equality through country-driven programmes, country teams, and provision of technical support;
- iii. To embark on global and national advocacy, drawing attention to issues essential to gender equality, most especially under-recognized and under-resourced issues;
- iv. To support Member States in implementing and monitoring the 12 critical areas of the Beijing Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women and other foundational resolutions critical to the development of gender equality;
- v. To act as a hub/center of knowledge on gender equality and women's empowerment by undertaking new research and consolidating existing ones;
- vi. To lead and coordinate UN system strategies, policies and actions on gender equality and women's empowerment;
- vii. To strengthen the accountability of the UN system, through oversight, monitoring and reporting on system-wide performance on gender equality;
- viii. To monitor and report on system-wide compliance with intergovernmental mandates on gender balance, including at the senior and decision-making levels;

Summarily, UN Women has implemented a wide range of country level activities that helped women exercise and develop core leadership skills. This in turn contributes to improved participation of women in leadership processes, through enabling women to participate in national conferences and through support for and partnership with

¹⁸ Comprehensive proposal for the composite entity for gender equality and the empowerment of women: Report of the Secretary-General. (A/64/588) 2010

Non-governmental organisations. In Liberia, for example, UN Women has played key active roles in enabling legal and policy changes aimed at promoting gender equality. In Haiti and Afghanistan, the technical support provided by UN Women helped to develop the landmark legislation for eliminating all forms of violence against women. ¹⁹

Recent Sessions and Current Priorities

The UN Women held its 66th session of the Commission on the Status of Women from the 14th-25th of March, 2022.²⁰ It was a hybrid session consisting of both virtual and physical meetings as a result of the continued impact of Covid-19 and was attended by representatives of Member States and non-Member States (Holy See and State of Palestine), representatives of UN specialised agencies, ECOSOC accredited non-governmental organisations (NGOs), Women rights and climate justice activists.

The session included a progress review of the agreed conclusions from the 61st session held in March 2017 on achieving Gender equality and the Empowerment of all women and girls in the context of climate change, environmental and disaster risk reduction policies and programmes.²¹

The review began with an acknowledgement of the challenges posed by the pandemic on women's economic empowerment and the world of work. Global poverty rose in 2020 for the first time in over two decades²² which widened the gender poverty gap as 40 per cent of all employed women work in hard-hit sectors such as accommodation and food services, wholesale and retail trade.²³ Across all regions, employment losses were 5 per cent higher for women than men of the total global losses in 2020 of 114 million jobs.²⁴ This impeded progress across the agreed conclusions.

²¹ CSW66 (2022)

¹⁹ UN WOMEN "The Contribution of UN Women To Increasing Women's Participation in Peace and Security and in Humanitarian Response."

²⁰ CSW66 (2022)

²² Daniel Gerszon Mahler, Nishant Yonzan, Christoph Lakner et al, "Updated estimates of the impact of COVID-19 on global poverty: turning the corner on the pandemic in 2021?" (2021) World Bank Blog.

²³ ILO, "ILO Monitor: COVID-19 and the world of work", 2nd ed. (Geneva, 2020).

²⁴ ILO, "ILO Monitor: COVID-19 and the world of work", 7th ed. (Geneva, 2021).

It was established by many speakers that climate change is not only a human right's crisis, but a women's rights crisis²⁵ as women and girls face greater health and safety risks when sanitation and water systems become compromised. A recurrent problem highlighted by many representatives is the lack of support and recognition of women as agents of change and not only victims.²⁶ It was agreed that climate action must include investing in women activists and women-led efforts.²⁷

The commission concluded by reaffirming existing commitments and set out a series of actions to be taken by Member states and other stakeholders to;²⁸ strengthen normative, legal and regulatory frameworks; integrate gender perspectives into climate change, environmental and disaster risk reduction policies and programmes; expand gender-responsive investment in climate change; enhance gender statistics and data disaggregated by sex; and foster a gender-responsive just transition towards low-emission energy systems.

Conclusion

UN Women continues to position gender equality as inseparable from the sustainable development goals and an inclusive future.²⁹ The entity mobilises urgent and sustained action to achieve gender equality and the empowerment of all women globally. UN women has built up lawful frameworks and continues to create guidelines for achieving gender balance taking into account recent challenges and situations, and how they affect gender justice. The commission has created training programs for member states, UN systems, civil society organisations and other stakeholders interested in advancing the cause of gender equality. In addition to providing a repository of data and information to

²⁵ UN Women, "The climate crisis is a human rights crisis and a women's rights crisis, UN chief says."

²⁶ UN Women, "Leaders call for collective action, elevating marginalised voices and women in decision making roles beyond Covid-19."

²⁷ CSW65 (2021)

 $^{^{28}}$ UN ECOSOC, Report on the sixty-sixth session (E/CN.6/2022/16), 2022.

²⁹ UN-WOMEN, "About"

help inform the approaches to gender equality discourses and policy making. UN Women has substantially accomplished its triple mandate; provision of support to member states; provision of support to intergovernmental bodies; and UN system coordination.³⁰

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of women: Report of the Secretary-General (A/64/588). available at https://digitallibrary.un.org/record/675159?ln=en (accessed 20 February 2022)

This report contains a proposition for an entity which would be called UN Women. Delegates are advised to read the report for a better understanding of the roles, functions, and framework that the UN Women is built on.

General Assembly Resolution 64/289 on system-wide coherence (A/RES/64/289) available at https://digitallibrary.un.org/record/685963?ln=en (accessed 19 February 2022)

This document contains the governance and structure of the UN-Women. It also states the workings of each structure and the mandate of the committee. It is important that delegates go through it for a better understanding of the structure and governance of the UN committee.

UN Women "UN Women Strategic plan 2022-2025" available at https://www.unwomen.org/en/digital-library/publications/2021/09/un-women-strategic-plan-2022-2025 (accessed 18 February 2022)

This document contains the plans and strategies of UN women from 2022 till 2025.

Delegates are advised to go through it to guide the resolutions and recommendations to be put forward in their position and working papers.

Ensuring that they are in line with that of the UN Women committee.

³⁰ UN-WOMEN, "About"

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https://www.unwomen.org/en/news-stories/news/2022/03/the-climate-crisis-is-a-human-rights-crisis-and-a-womens-rights-crisis-un-chief-says (accessed 16 May 2022)

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UN Women "What we do" available at https://www.unwomen.org/en/what-we-do (accessed 19 February 2022)

Addressing The Sexual And Reproductive Health Rights Of Women In Sub-Saharan Africa

"Quality education means much more than just reading and writing. A critical aspect of supporting young women to break barriers is to educate, making sure that we are aware of our rights and are able to make our own decisions about our bodies, our health, and our relationships."

- Lucia Berro Pizzarossa.(Legal and Advocacy Advisor (Women & Health in Uruguay)

Introduction

Women in developing countries, particularly in Sub-saharan Africa are faced with a wide array of issues that affect human rights, a principal one being lack of mechanisms for the protection of sexual and reproductive health rights.³¹ The factors contributing to this range from cultural practices to religion, poverty and other socioeconomic factors. The sexual reproductive health rights (SRHR) of women is of such great importance as it not only affects the bodily autonomy of women but also extends to their ability to be active participants in their socio-cultural lives, and exposes women to discriminatory practices that violate their fundamental human rights.³² Despite the role of sexual and reproductive rights in a Nation's economy, there have been little to no efforts geared towards promoting these rights in this region. In order to fully grasp the extent of the importance of this right, a clear definition of sexual reproductive health rights and its implications is necessary.

According to the World Health Organisation, sexual health is a state of general well-being that is not limited to the mere absence of diseases but also extends to developing a positive attitude to sexuality in a way that enables an individual to have pleasurable sexual relationships.³³ As an integral part of fundamental human rights, sexual rights are the

³¹ Kammila Naidoo, Oluwafemi Adeagbo, and Melanie Pleaner, "Sexual and Reproductive Health Needs of Adolescent Girls and Young Women in Sub-Saharan Africa: Research, Policy, and Practice" (2019) *Sage Journals*

³² African Union "Continental Policy Framework on Sexual and Reproductive Health and Rights"

³³ World Health Organisation "Sexual Health"

liberty of persons to have diverse sexual orientations and to have pleasurable and enjoyable relationships without discrimination or violence of any kind.³⁴

Reproductive Health has been defined in *Paragraph 7.2. of the International Conference on Population and Development (ICPD)* as the ability to have a satisfying and pleasurable sexual life and the ability to reproduce and decide if, when and how often to do so. It implies access to information and structures that help attain the total well-being of an individual. It also includes access to antenatal, postnatal care, contraceptives, safe abortions, among others.³⁵ Reproductive rights are closely similar to sexual rights but also extend to the right of an individual to make decisions with regards to reproduction, that is, if, when, and how to. *Paragraph 7.3 of the ICPD* gives a similar definition and reiterates that the right is fundamentally the freedom of persons to make free, responsible choices, with respect to spacing, timing and the number of children, as well access to information and resources to do so. Essentially, it is the right to attain the highest standard of sexual reproductive health, which extends the right to make decisions that affect it.³⁶

From the above definitions, SRHR can be summed up to be access to information and structures that reaffirm an individual's freedom to have a pleasurable sexual experience and make healthy decisions with regard to reproduction. It is indeed clear that women's sexual rights and reproductive rights are human rights and such should be given equal recognition, This was further reiterated in *paragraph 96 of the Declaration and Platform for Action of the 4th World Conference on Women* held in 1995 which recognised the human rights of women to 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.

Gender inequalities and violence against women and girls are major contributors to the rise of women's health problems and as such, efforts geared towards eliminating them would increase the protection of the SRHR of women.³⁷ Sexual reproductive health rights are critical to the achievement of SDG 3 and 5 which jointly aim to ensure healthy lives and promote wellbeing for all ages and achieve gender equality and empower all women and girls. However, from all indication, more efforts must be taken by countries in Sub-Saharan Africa to achieve this goal and improve the sexual reproductive health of women.

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³⁴International Women's Health Coalition "Sexual Rights are Human Rights"

³⁵ International Women's Health Coalition "Sexual Rights are Human Rights"

³⁶ United Nations Population Fund (UNFPA), "Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage" (2019)

³⁷ World Health Organisation, "Sexual and Reproductive Health Fact Sheet" (2020)

According to a 2019 report by the United Nations, Department of Economic and Social Affairs, Population Division, 32% of persons in Sub-Saharan Africa were aged between 10-24 years, it was also found that 31% of women between the ages 20 -24 got married before the age of 18. About 17% of married women in the Sub-Saharan Africa region were also found to have an unmet desire for family planning and only 28% of the women used any

modern family planning method. Out of the 211 maternal deaths per 100,000 live births recorded globally, 525 maternal deaths per 100,000 live births were recorded in Africa with 5.5% - 17.2% of these deaths resulting from unsafe abortions.³⁸ Indeed very little progress has been made with respect to SRHR in Sub-Saharan Africa and a multidimensional approach must be taken through measures aimed at improving maternal, postpartum and new born care, improving access to quality family planning services, decriminalizing abortion, providing adolescents with information on their sexual reproductive health, and promoting general sexual health.

Target 3.1 of the SDGs 2030 agenda is aimed at reducing the global maternal mortality ratio to less than 70 per 100,000 live births.³⁹ In the same vein, *Target 3.2* aims at eliminating preventable deaths of children under the age of 5 and infants, and reducing neonatal mortality to at least 12 per 1,000 live births. *Target 5.3* aims at eliminating all forms of harmful traditional practices such as child marriage and Female Genital Mutilation (FGM). Similarly, *Target 5.6* seeks to implement the Beijing Programme of Action of the International Conference on Population and Development by granting universal access to SRHR.⁴⁰In recognition of this, the United Nations remains committed to the protection of SRHR of women.

³⁸World Health Organisation, "Sexual and Reproductive Health Fact Sheet" (2020)

³⁹ United Nations, The 2030 Agenda and the Sustainable Development Goals: An opportunity for Latin America and the Caribbean (2018).

⁴⁰ United Nations, The 2030 Agenda and the Sustainable Development Goals: An opportunity for Latin America and the Caribbean (2018).

International and Regional Framework

Protection and promotion of the sexual reproductive health rights is central to the achieving gender equality. The harmful traditional practices and culture of silence around women's health affects their ability to achieve full wellbeing and advancement of their fundamental human rights. This is pursuant to the 1993 Vienna Declaration of Human Rights which states that all human rights are "universal, indivisible and interrelated" and as such states have a duty to promote and protect all fundamental rights.⁴¹ The first international human rights document is the Universal Declaration of Human Rights⁴² (UDHR). It was adopted by the United Nations General Assembly in 1948 and provides for the inalienable rights of all persons. Article 3 of the UDHR guarantees the right to life, liberty and security of person. Article 16 of the UDHR also provides that marriage can only be entered where there is full consent of the intending couple without any form of force or duress. Article 25 also enforces a duty on states to ensure the wellbeing of its citizens by providing a standard of living adequate for their health. The Convention on the Elimination of Discrimination Against Women and Girls (CEDAW) was adopted in December 1979 by the United Nations General Assembly as Resolution 34/180.43 All the Sub-saharan African states have ratified the treaty. It is also known as the international bill of rights for women and its comprehensive provisions guarantee the rights of women. Article 2 of CEDAW imposes a duty on state parties to condemn discriminatory acts against women by enacting policies prohibiting discrimination of women and repealing existing laws that discriminate against women. Similarly, Article 5 of CEDAW provides that state parties take measures to eliminate prejudices that women are inferior to men by modifying socio-cultural patterns that promote such prejudices. Article 7 of CEDAW also recognises the importance of women's participation in issues that affect them and as such provides that women are given equal opportunities to participate politically. Article 11

⁴¹ United Nations Human Rights Office of the High Commissioner, "Vienna Declaration and Programme of Action"

⁴² Universal Declaration of Human Rights, adopted Dec. 10, 1948, art. 27, G.A. Res. 217A (III), U.N. Doc. A/810 at 71 (1948)

⁴³ General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979 UNTS vol. 1249, p. 13

of CEDAW imposes a duty on state parties to protect the health of women and prevent discrimination based on maternity and also provide social services that support parents to combine work-family responsibilities. In the same vein, Article 12 provides that women be granted equal access to health services such as family planning related ones, post natal and prenatal ones. Finally, Article 16(f) guarantees the rights of women to freely and responsibly decide matters of child spacing and to also have parties to reduce stil-birth and infant mortality as provided for in Article 12.

The Programme of Action of the International Conference on Population and Development which took place in Cairo, between the 5th-13th, September 1994 was a landmark conference that marked a shift in how population issues were addressed, with focus placed on the human right needs of individuals and the empowerment of women. The concept of Sexual and Reproductive Health Rights were affirmed by the Programme of Action as a fundamental human right.⁴⁴ The core principles of the programme are focused on ensuring that individuals have access to reproductive health programmes and information that will help them freely and responsibly make reproductive health choices. 45 In recognition of the role of women empowerment and improvement of their socio-political, economic and health status in achieveing sustainable development, Paragraph 4.4 of the ICPD Programme of Action, provides that practices that discriminate women should be eliminated and that they be assisted to realise their sexual and reproductive rights. Paragraph 4.22 urges governments to take vigorous measures to eliminate harmful traditional practices like female genital mutilation. Recognising the joint responsibilities of men and women in addressing sexual and reproductive health issues, Paragraph 4.26-4.29 emphasises the need for shared involvement of men in making responsible sexual and reproductive health choices. Reproductive and child health services should be made available to low-income homes and measures should be

⁴⁴ Internal Institute for Sustainable Development "International Conference on Population and Development – ICPD"

⁴⁵ World Health Organisation "Action Plan for Sexual and Reproductive Health Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

put in place to improve the reproductive health of persons living with disabilities, as provided for in *Paragraph 5.3* of the ICPD Programme of Action. Countries are also to put in measures aimed at reducing the mortality levels and the occurrence of high-risk births. *Paragraph 7.2* gives a concise definition of reproductive health, establishing the ability of people to attain a satisfying and safe sex life and freely make decisions that affect it. Therefore *Paragraph 7.6* provides that countries have a duty to provide accessible reproductive health to individuals and to also prevent unsafe abortions and post-abortion care where necessary. The Programme of Action also recognises the role of women's involvement in implementing policies that serve their reproductive health needs. *Paragraph 7.8* also lays emphasises on making reproductive health services accessible to adolescents. The Programme of Action goes on to address sexual and reproductive health right issues like abortion, family planning, and sexually transmitted diseases.

The ICPD contributed to the 1995 Fourth World Conference on Women . The Platform for Action, also known as the *Beijing Declaration* is a key global document on gender equality as it set a comprehensive blueprint for the actualization of women's rights on a global scale. To this end, the document recommends actions to be taken by member states, aimed at addressing core issues that are central to achieving gender equality. Such as reducing the poverty rate, eradicating illiteracy, increasing access to quality health care, promoting research and availability of information on women's health and preventing violence of women.⁴⁶

On a regional scale, the *African Charter on Human and Peoples' Rights* was adopted by African member states of the Organization of African Unity (now known as the African Union) in June 1981. Its mandate is to promote and protect the human rights and freedoms of African people.⁴⁷ A distinctive feature of the African Charter in contrast with other international documents is the value for the family unit. It therefore recognises the need to protect the physical health of members of the family as seen in *Article 18 of the*

⁴⁶ UN WOMEN "Beijing Declaration and Platform for Action"

⁴⁷ African Union "African Charter on Human and Peoples' Rights"

African Charter. Also, Article 18(3) imposes a duty on member states to eliminate discrimination of women and protect the rights of women and children.⁴⁸

In recognising the peculiarities of human rights issues faced by African women, *The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol)* was adopted on the 11th of July, 2003. It is a core regional document with extensive provisions that guarantee women's rights. *Article 2 of the Protocol* provides that states integrate a gender perspective in their legislations and policies. *Article 5* prohibits all forms of harmful practices and provides that states put in sanction-backed measures to eliminate femal genital mutilation and other harmful traditional practices. State parties are to also make provisions to create awareness on the dangers of these practices and to support and rehabilitate victims. *Article 14* focuses on reproductive health rights and provides that state parties ensure that the sexual and reproductive health of women is promoted. This includes control over fertility, reproduction choices, family planning and access to education. State parties also have a duty to provide adequate health care services for women during pregnancy and after. The discourse around sexual reproductive health rights would be incomplete without addressing women in conflict areas. On the 23rd of April 2019, the United Nations Security

addressing women in conflict areas. On the 23rd of April 2019, the United Nations Security Council adopted *Resolution 2467.*⁴⁹ It recognised the need for a survivor-centred approach in prevention of and in response to gender based violence. However, the provision on sexual reproductive health rights was watered down in order to prevent resistance from the United States.⁵⁰ This goes to show a general reception of general health care policies but resistance to sexual reproductive health rights.

Role of the International System

Sustainable Development Goal 3 addresses reproductive health rights as one of the rights essential for overall health and well-being. The International Conference on Population and Development held in Cairo (1994), served as a groundbreaking point for addressing

⁴⁸ African Charter on Human and Peoples' Rights, adopted June. 27, 1981, OAU Doc. CAB/LEG/67/3

⁴⁹ United Nations Security Council RES/2467 (2019)

⁵⁰ Open Global Rights "Yes, women's sexual and reproductive health should matter to the UN Security Council"

sexual reproductive health rights globally. It established a clear connection between reproductive health, human rights and sustainable development.⁵¹

Other organizations and societies have also contributed meaningfully to this issue. The United Nations Population Fund (UNFPA), works with governments and communities by supporting the implementation of reproductive health programmes and improving the quality of reproductive health care. It delivers modern contraceptives and life-saving maternal health medicines into the hands of adolescents and women who need them.⁵² Through its The Maternal and Newborn Health Thematic Fund (MHTF), the UNFPA is facilitating safe childbirth for women and girls by training skilled birth personnel and developing Emergency Obstetric and Newborn Care. In recent times, its activities also include the provision of post-abortion care.53 Female Genital Mutilation (FGM) is a violation of the sexual health of girls and women. The actions taken by UNFPA in partnership with UNICEF include the provision of legal and policy frameworks banning FGM, community engagements, and advocacy programmes to sensitize individuals, protection and care services for girls in prevalent areas.⁵⁴

The declaration of September 4 as World Sexual Health Day (WSHD) by the World Association for Sexual Health has created a platform for yearly discourse by organizations and individuals alike on various issues arising from sexual and reproductive rights. Stakeholders such as the Department of Reproductive Health and Research of World Health Organization (WHO), in 2017, launched a new framework that highlights the many areas where people's sexual health must be safeguarded throughout the course of their lives.55

The revised African Union's Maputo Plan of Action established policy recommendations to accelerate the implementation of SRHR on the continent. The framework centred on the following areas: The role of leadership and governance. The need for financial investments

⁵¹ UNFPA; " Sexual and Reproductive Health"

⁵² UNFPA; "Who We Are'

⁵³ UNFPA; " Resources and Funding"

⁵⁴ UNFPA; "Resources and Funding"

⁵⁵ WHO; "WHO and HRP celebrate World Sexual Health Day"

in providing access to sexual and reproductive healthcare services, especially for adolescents and marginalised populations. The importance of partnerships and collaborations. The role of education and proper information. Others include stronger legislation and human resource development.⁵⁶

Health care providers and initiatives like International Planned Parenthood Federation (IPPF)⁵⁷ have also played a part in protecting the SRHR of women. IPPF is a global healthcare provider and a leading advocate of sexual and reproductive health and rights. Her work includes comprehensive sex education, provision of contraceptive, safe abortion, and maternal care.⁵⁸ IPPF has several programmes, like the Women's Integrated Sexual Health (WISH) programme and the Safe Action Abortion Fund (SAAF). It offers inclusive family planning and SRH services, prioritising the most underserved women and particularly adolescent girls, the most economically disadvantaged, and marginalised populations across Asia and Africa.⁵⁹

The Population Council, an international non-profit organization conducts policy-relevant research and tests innovative models to improve sexual and reproductive health around the world.⁶⁰ Population council in collaboration with developed nations uses science to develop new contraceptives and products to prevent the transmission of HIV. 170 million women are presently using highly effective and reversible contraceptives developed by them.61

Sexual and reproductive health rights has not reached full attainment in all regions globally. However, progress has been recorded across countries with the efforts of stakeholders listed above (and others) at the international, regional, national, and local level. Consistent interventions and programmes, state and civil society actions, private and public partnerships continue to advance these sets of rights.

58 IPPF; "About."
59 IPPF; "Programme"

⁵⁶ "Working Group of the Specialised Technical Committee on Health, Population and Drug Control, Experts Meeting, Addis Ababa" (2016)

⁵⁷ IPPF; "Programme"

⁶⁰ MacArthur Foundation; "Grants"

⁶¹ Population Council; "About"

Scope of Sexual Reproductive Health Rights (SRHR) and its Determinants in Africa

The reproductive and sexual health needs of women in Sub-Saharan Africa remain unmet despite the provisions of *Article 14 of the Maputo Protocol* which call for key components of women's sexual and reproductive health rights to include decision making around sexual and reproductive health, accessible information with respect to HIV/AIDS and reproductive health as well as access to health care services.

A study by UNDP found that of the 60% of the world's maternal deaths that took place in Africa, 546 of the 100,000 live births took place in the Sub-Saharan region. The contributing factors include lack of quality health care, post-abortion care and low contraceptive usage and low enforcement rates of provisions like the Maputo protocol. The existence of restrictive laws criminalizing abortions also make women resort to unsafe practicies, thus increasing the likelihood of death.

The protection of SRHR of women is a complex issue influenced by lack of information, poverty, religious and cultural values, and economic factors. With respect to lack of information and accessibility, both are intertwined as they entail lack of access to accurate information that would help individuals make healthy informed choices. It is evident that the amount of people that make use of modern contraceptive methods, compared to those that are sexually active is very low and a major contributing factor is the high rate of misinformation around contraceptive use. Traditional methods of contraceptive like pulling out do not guarantee quality sexual wellbeing. Comprehensive sexual education on the other hand has been replaced with sexual purity teachings and young people are left to "figure things out" on their own. The misconception that educating young people on sexual health would promote promiscuity also plays a big role.⁶²

At the crux of the inadequacies in SRHR of Sub-Saharan Africa are the sociocultural values and religious beliefs in that region. According to the World Health Organization (WHO), female genital mutilation (an expression of violation of SRHR) is deeply rooted in

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⁶² Oluwakemi Ayanleye "Women and Reproductive Health Rights in Nigeria" (2013) *International Journal of Sustainable Development.*

customary practices aimed at enabling the discrimination of women. To this end, *Article* 2(f) of the CEDAW puts the burden on Member States to ensure that appropriate measures are put in place to modify and abolish all forms of customary practices, laws and regulations that constitute discrimination against women.⁶³

In addition, access to information about HIV is relatively low as 60% of people living in Sub-Saharan Africa were reported by UNAIDS to be living with HIV.⁶⁴ The effects of this are far reaching as they not only face stigmatisation but also lack access to the resources that would enable them live a quality life and make responsible health choices. The deeply rooted attachment to these practices seem to frustrate deliberate efforts made to curb all forms of practices that deprive women of their body autonomy.⁶⁵

Comprehensive Sexuality and Sexual Health Education as a tool for guaranteeing SRHR

The topic of sexuality and sex education is usually treated as taboo and traditional methods of contraceptives focused more on abstinence thus leaving room for misinformation on the right choices to make. While poverty is a major contributing factor to the lack of access to information, culture also plays a great role as the African society is largely patriarchal, and does not encourage women to make informed choices on issues that affect their sexuality. Popular initiatives which are supposed to educate women on their sexual and reproductive health have become mechanisms that restrict women's bodily autonomy. Some of these include virginity testing and abstinence teachings.

The prevalence of adolescent pregnancy, HIV/AIDS, abortion rates and other SRHR issues is an evidence of the need for comprehensive sexual health education in Sub-Saharan Africa as a 2018 study found that more than 80% of the adolescents living in Sub-Saharan Africa were infected with HIV and the teen pregnancy rate was recorded to be 19.3%, thus

⁶³ Against Women (CEDAW)

⁶⁴ Ngwena, C. and Durojaye, E. "Strengthening the Protection of Sexual and Reproductive Health through

Human Rights in the African Region: An Introduction." (2014) Pretoria University Law Press.

⁶⁵ Ramola Ramothul, "Women's sexual and reproductive rights in contemporary Africa" (2018)

making it the highest across the globe.⁶⁶ In the same vein, the high prevalence of gender based violence in minors also exposes young people to wrong information, thus forming wrong ideologies around sex and stifling the realisation of sexual wellbeing. Despite these alarming rates, efforts to implement a comprehensive sexual health education curriculum aimed at enlightening and providing young people with the adequate resources that will help them achieve overall sexual and reproductive wellbeing, has been met with resistance.⁶⁷

It is not enough that sex education is included in the curriculum because it becomes counterproductive when it is of a low quality. There is general knowledge on the topic of sexual reproductive health rights, however only few women and girls have in-depth knowledge of its implications, especially with regards to contraceptives and family planning. Adolescents are often discouraged from visiting health centres due to the lack of well-trained service providers as most of them act in breach of confidentiality of young people, exposing them to their parents and guardians, and in some cases outrightly refuse to provide them with the services they need.

This emphasises the need for a comprehensive approach, taking into context the factors contributing to resistance and enlightening involved parties on the importance of comprehensive sexual education, along with guidelines stating the appropriate standard of behaviour required at schools, family clinics, and sexual health referral centers.

In recognition of the importance of comprehensive sexual education, countries in the Western Europe region, starting with Sweden, included sexual education in their curriculum from as far back as 1955.⁶⁸ Hence, what used to be limited to the prevention of unplanned pregnancies has extended to gender norms, prevention of discrimination of

⁶⁶ Getachew Mullu Kassa, A. O. Arowojolu, A. A. Odukogbe and Alemayehu Worku Yalew "Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis" (2018) *Reproductive*

⁶⁷ Cynthia Khamala Wangamati "Comprehensive sexuality education in sub-Saharan Africa: adaptation and implementation challenges in universal access for children and adolescents" (2020) Sexual Reproductive Health Matters

⁶⁸ World Health Organisation "Sexuality Education: What is it?"

LGBTQ+ persons and prevention of sexual abuse. The impact of this approach has led to a reduction in rates of unsafe abortions, positive attitude towards sexuality and a well developed ability to make responsible informed decisions around their sexual reproductive health.

In order to ensure effective implementation of the Comprehensive Sexual Health Education guidelines, it is important that stakeholders participate and put in measures to ensure complete adherence with the guidelines in substance and not just in form. Also, challenging the societal and cultural norms that promote violence against women will be instrumental in ensuring that the sexual reproductive health rights of adolescents are guaranteed.

Preventing and Responding to Sexual and Gender Based Violence (SGBV) as a means of promoting Sexual Reproductive Health Rights

Sexual Reproductive Health Rights Rights (SRHR) also matters where gender-based violence is concerned. Issues like child marriage, FGM, sexual coercion and stealthing affect the agency of women over their bodies. The high incidence of intimate partner and domestic violence serve as a barrier to the achievement of full enjoyment of their sexual reproductive health rights.⁶⁹ Sexual and Gender Based Violence (SGBV) prevention and control is multisectoral in nature as it has far-reaching impacts on its victims. According to a survey conducted by WHO, 37% of women above the age of 15 in Africa have experienced physical or sexual violence. Equitorial Guinea for example has 95% of its women subject to genital mutilation.⁷⁰

Social norms linked to sexuality have strong connections with domestic violence as the culture of silence coupled with strong patriarchal beliefs support the notion that men have control over women's bodies. Instances of domestic violence, like marital rape can lead to unplanned pregnancies that increase the risks of unsafe abortions and maternal mortality. In the same vein, acts of physical violence can lead to haemorrage and stillbirths

⁶⁹ Ramola Ramothul, "Women's sexual and reproductive rights in contemporary Africa" (2018).

⁷⁰ World Health Organisation "Sexual Health"

or miscarriages in pregnant women. Another contributing factor to rape culture is the lack of access to comprehensive sexual heath education and awareness around grievance procedures as it promotes the culture of silence around rape, abortion and the wide range of issues they are faced with. Without a doubt the inequalities faced by victims of gender based violence limit the exercise of their SRHR. Although these legislations examine the nexus, they are not sufficient. There are not enough legislations and the ones available coexist with religious or customary practices that weaken the enforcement of these laws.

Female Genital Mutilation (FGM) is another long standing issue that results in sexual reproductive health right concerns. It is a particularly intrusive procedure that involves the complete or part removal of the female genital organ(s) for non-medical purposes. Although proven to cause more harm than good, the perpetrators of FGM justify the practice on the basis of it playing a key role in safeguarding a girl's honor and to serve as a rite of passage into adulthood. However, the severity of this procedure has proven to cause physical, psychological damage and life threatening consequences to the victims.

According to a 2016 survey by UNICEF, it was found that over 200 million girls have undergone FGM procedures across 30 countries, with 80% of the cases arising from Africa.⁷⁶ This has far reaching sexual reproductive health impacts as the procedure could lead to sexual dysfunctions and damage to sensitive areas around the genitals, thus resulting in an altered quality of sexual life for the victims. Also the unsafe methods of

⁷¹ Festus Mukanangana, Stanzia Moyo, Alfred Zvoushe, Oswell Rusinga, "Gender Based Violence and its Effects on Women's Reproductive Health: The Case of Hatcliffe, Harare, Zimbabwe" (2014)

Takyiwaa Manuh, Adriana A. E. Biney, "Exploring intersections between gender-based violence and adolescent sexual and reproductive health and rights in West Africa: A review of the literature produced in the sub-region" (2021) African Journal of Reproductive Health
 Njoku Chioma, Heba Aldossary, Njoku Udochukwu, "The History, Sexual, and Reproductive Consequences of

Njoku Chioma, Heba Aldossary, Njoku Udochukwu, "The History, Sexual, and Reproductive Consequences of Female Genital Mutilation on Women: A Focus on Sub-Saharan Africa" (2020) Sapientia Foundation Journal of Education, Sciences and Gender Studies (SFJESGS)

⁷⁴ Njoku Chioma, Heba Aldossary, Njoku Udochukwu, "The History, Sexual, and Reproductive Consequences of Female Genital Mutilation on Women: A Focus on Sub-Saharan Africa" (2020) *Sapientia Foundation Journal of Education, Sciences and Gender Studies (SFJESGS)*

⁷⁵ Abimbola A. Olaniran, "The Relationship between Female Genital Mutilation and HIV Transmission in Sub-Saharan Africa" (2013)

⁷⁶ Relief Web "Eighty per cent of FGM cases happen in Africa"

cutting exposes women and girls to HIV as well as other diseases capable of being transmitted from the sharing of unsterilised sharp objects. Futhermore, psychological effects could be in form of trauma resulting from alteration of the genitalia, such that persons who have undergone FGM procedures tend to struggle with Post Traumatic Stress Disorders (PTSD).

Therefore, a coordinated strategy aimed at empowering health workers with resources to care for victims of FGM as well as provide in-depth information on its health consequences, enacting policies to criminalise such harmful acts and dialogue with communities and religious institutions, is needed to curb this menace. The need for specialised health care services and empowerment of health workers cannot be overemphasized, as it plays a great role in rehabilitating victims of FGM. Indeed, FGM has far-reaching effects that limit the freedom and sexual and reproductive wellbeing of women, hence states in the Sub-Sharan African region have a duty to implement measures that will reduce the incidence of such harmful practices to the barest minimum, as provided in *Article 5* of the Maputo protocol, which prohibits such acts and its variants.⁷⁷

The intersection between gender based violence and sexual reproductive health rights of women in Sub-Saharan Africa is of great importance. At its core, gender based violence affects the total wellbeing of women and in turn is related to their rights to have a well rounded, fulfilling sexual and reproductive life. Thus the vulnerabilities women are exposed to intensifies as the lack of enforcement of their SRHR makes them vulnerable to gender based violence and vice versa. To put things in context, a mapping exercise carried out to examine the policies and infrasrructures on the intersection between GBV and SRHR in Africa found that there were a total of eight laws, 18 policies, four strategies, 10 action plans which jointly examined the nexus between the two by highlighting SRHR conscious behaviours such as contraceptive use, post abortion care, maternal heath care

⁷⁷ Maputo Protocol, Article 5.

and also the negative effects of non-compliance like child marriage, teenage pregnancy among others.⁷⁸

The Impact of Maternal Health and Modern Contraceptive Methods in Promoting Sexual Reproductive Health Rights

The World Health Organisation defines maternal health as the health of women during pregnancy, child birth and the postnatal period.⁷⁹ The UN-Women recognises the role of high quality antenatal, postnatal and postpartum healthcare in ensuring reproductive well being of women. However it was found in a 2017 study that 830 women die everyday worldwide, with Sub-saharan Africa having the highest maternal mortality ratio at an average of 1 death per 191 live births.⁸⁰ Another study also found that 5.5% - 17.25 of the deaths were as a result of unsafe abortions. The determinants of the prevalent maternal mortality ratio range from socio-economic factors, to lack of access to health care facilities and adequate information that will guide women in making healthy choices. Despite the criminalisation of abortion in a lot of the countries comprising Sub-Saharan Africa, the abortion rate remains high, as it only exposes women to unsafe abortion methods, as evidenced by a report from the Guttmatcher institute that the annual abortion rate in Sub-Saharan Africa increased from 4.3 million to 8 million, between 2015-2019.⁸¹

Thus the issue of maternal mortality, unsafe abortions and unmet family planning needs are interwoven, as they have far reaching effects that limit women's agency over their reproductive health. Often times lack of access to health care facilities during childbirth may lead to less quality alternatives that are likely to endanger the life of the mother and the child.

There is also a lack of adequate information on pregnancy and how it affects women mentally, hence issues like post partum depression are not discussed and handled

⁷⁸ Takyiwaa Manuh, Adriana A. E. Biney, "Exploring intersections between gender-based violence and adolescent sexual and reproductive health and rights in West Africa: A review of the literature produced in the sub-region" (2021) *African Journal of Reproductive Health*

⁷⁹ World Health Organisation "Maternal Health"

⁸⁰ Fact Sheet 2017 "Sexual and Reproductive Health and Rights in Africa, Caribbean, Pacific: Data and Trends"

⁸¹ Guttmacher Institute "Abortion in Sub-Saharan Africa

effectively due to lack of support system. Although abortions primarily involve adolescents and young people, it is not limited to them as married women constitute a reasonable percentage of women undergoing abortions due to socio-economic factors and the absence of family planning methods.⁸²

Although *Article 15 of the Maputo protocol* prohibits criminalisation of abortion and provides a general blueprint for improving women's health in the African region, less than half of the 39 states in Sub-Saharan Africa have adhered to it.⁸³ Therefore an expansive approach is required in tackling these issues, as they are deeply rooted in misinformation with respect to sexual and reproductive health issues, hence increasing access to modern contraceptive methods is central to tackling unsafe abortions. It is not enough to repeal restrictive laws on women's reproductive health, it is also important that they are adequately implemented and that reforms and sensitization takes place in the grassroots, informing people on the importance of modern contraceptives.

Sexual Reproductive Health Rights of Adolescents, Sex Workers, and the LGBTQ+ Community

In line with the popular mantra that "no one should be left behind", the discrimination faced by adolescents, the LGBTQ+ community and sex workers in the exercise of their sexual and reproductive health rights must be addressed. It's been established that women and girls are made vulnerable and denied their rights due to the misinformation and stigmatisation they are exposed to. Where interventions and adolescent-friendly policies are not put in place, they are at a greater risk of unplanned pregnancies, sexually transmitted infections, unsafe abortions, and even harmful practices like child marriage.⁸⁴ It is therefore imperative that protection of adolescent's sexual and reproductive health is given a priority.⁸⁵

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⁸² Ibitola Eunice Ojo, Temitope Olumuyiwa Ojo, Ernest Okechukwu Orji, "Why do married women procure abortion? Experiences from Ile-Ife, south western Nigeria"

⁸³ Guttmacher Institute "Abortion in Sub-Saharan Africa

 ⁸⁴ Kammila Naidoo, Oluwafemi Adeagbo, and Melanie Pleaner, "Sexual and Reproductive Health Needs of Adolescent Girls and Young Women in Sub-Saharan Africa: Research, Policy, and Practice" (2019) Sage Journals
 ⁸⁵ Kammila Naidoo, Oluwafemi Adeagbo, and Melanie Pleaner, "Sexual and Reproductive Health Needs of Adolescent Girls and Young Women in Sub-Saharan Africa: Research, Policy, and Practice" (2019) Sage Journals

In a 2020 study conducted by Guttmatcher Institute, it was found that, in 2016, 58% of the 777,000 births by very young adolescents in developing regions took place in Africa and a major factor to this is the barriers experienced by young people in accessing sexual and reproductive health services ranging from passive aggressive attitudes of service providers and lack of confidentiality when addressing these issues. Conversations about sexuality and sex is treated as a taboo and it is evident in the laws which prevent adolescents from accessing helpful information and services. Also for the average adolescent girl, her first sexual experience lacks consent and has elements of coercion.

Members of the LGTBQ+ are generally at risk of sexually transmitted infections (STIs), sexual violence, and HIV.⁸⁸ Each sexual orientation comes with peculiar sexual health concerns. For example, bisexual women have a higher likelihood than heterosexual women of having more than one partner and of a partner using drugs during sexual intercourse, meaning that they are exposed to more sexual risks.⁸⁹ Further research shows that transgender individuals often carry health risks related to their previous gender. Most transgender women have a prostate, in the event of a family history of prostate cancer they are at high risk of the disease.⁹⁰ Yet, they are barely ever screened for such and they lack awareness of the possibility.

The prohibition and criminalisation of homosexuality in subsaharan Africa, and societal discrimination against members of the LGBTQ+ community leads to a violation of their sexual and reproductive rights. National governments are unwilling to create inclusive SRH policies that cater to them, for fear of backlash and public outcry. Service providers are often unwilling to offer sexual and reproductive health services to them out of personal bias, while others lack proper training to cater to their needs.⁹¹ Individuals

⁸⁶ Guttmatcher Institute, "The Sexual and Reproductive Health Needs of Very Young Adolescents In Developing Countries" (2020).

⁸⁷ Guttmatcher Institute, "The Sexual and Reproductive Health Needs of Very Young Adolescents In Developing Countries" (2020).

⁸⁸ R Graham, B Berkowitz, R Blum, "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding." (2011).

⁸⁹ Estrich CG, Gratzer B, Hotton AL, "Differences in sexual health, risk behaviors, and substance use among women by sexual identity." (2014).

⁹⁰ Cahill S, Makadon H, "Sexual orientation and gender identity data collection in clinical settings and in electronic health records: A key to ending LGBT health disparities.." (2014).

⁹¹ Oronje, R.N., Crichton, J., Theobald, S. *et al.* "Operationalising sexual and reproductive health and rights in sub-Saharan Africa: constraints, dilemmas and strategies." (2011).

belonging to the group are left without proper sexual health information to lead a healthy sexual life.

Similarly, the general view of the populace on sex workers and sex work is that of condemnation and discrimination. The stigma associated with the profession puts them at a social disadvantage, leading to discrimination in receiving proper health care and unsafe working conditions. Female sex workers (FSWs) are at a high risk of sexual infections and HIV. In sub-Saharan Africa, 37% of FSWs are living with HIV, three times the global HIV prevalence among FSWs, in addition to two third of the group having a type of curable STI.92

Research shows that while small scale local efforts have been made in improving the SRH of sex workers in the region, the efforts are not sustainable nor comprehensive. The focus is often on condom distribution (male condoms) to FSWs. While this has been seen to reduce the spread of sexual infections, it leaves their sexual right at the mercy of their clients. Significant attention has also been paid towards HIV and AIDS prevention programmes for FSWs, neglecting other SRH related issues.93 Issues like cervical cancer screening, use of contraceptives, sexual violence prevention and care are largely unattended to. In three African countries, 35 to 86% of FSWs has had at least one abortion. Lack of access to family planning and reliance on just condoms, puts them at risk of unintended pregnancies. Despite being a group with higher prevalence of abnormal cervical cytology than the populace, screening for cervical cancer is inaccessible and so is the Human Papillomavirus (HPV) Vaccine.94

Asides funding being a major challenge in amplifying local actions taken towards the SRHR of sex workers. The dilemma of actors is if efforts should be concentrated on providing specialised healthcare interventions and clinics for FSWs alongside other at risk

⁹² Dhana, A., Luchters, S., Moore, L. et al. "Systematic review of facility-based sexual and reproductive health services for female sex workers in Africa." (2014).

⁹³ Dhana, A., Luchters, S., Moore, L. et al. "Systematic review of facility-based sexual and reproductive health

services for female sex workers in Africa." (2014).

94 Dhana, A., Luchters, S., Moore, L. et al. "Systematic review of facility-based sexual and reproductive health services for female sex workers in Africa." (2014).

populations. Which would increase their access to healthcare and reduce fear of discrimination, but further exclude them socially. Or the appropriate measure is to work on existing healthcare facilities and training of personnel for inclusivity.

Sexual Reproductive Health Rights and Human Immuno Deficiency Virus (HIV)

The nexus between SRHR and HIV is in two parts. On one hand, it could be a product of a lack of adequate mechanisms to protect sexual health, while **on** the other hand, it is a separate issue that affects people living with it. It is not only driven by loopholes in SRHR protection, it entrenches it. In turn, adversely affecting the quality of life of women living with it.

A recent study shows that Sub-Saharan Africa is home to two-thirds (67%) of people living with HIV. Young women aged 15–24 years are twice as likely to be living with HIV than men. In addition, women and girls accounted for 50% of all new infections in 2020.⁹⁵ The disproportionate burden of HIV reveals a lack of appropriate interventions to protect young women and meet their sexual and reproductive health needs as they transition to adults. It further reveals a gap in women-initiated HIV prevention strategies, especially for women who are unable to negotiate the current HIV prevention options of abstinence, behaviour change, condoms, and medical male circumcision.⁹⁶

Women living with HIV experience shame around issues surrounding their sexual and reproductive health. Definitely, women living with HIV face a higher level of discriminatory behaviour and negative attitudes towards their sexual health and reproductive rights. Starting with the common belief that they deserve to get HIV because of their sexual choices, therefore a condemnation to celibacy and no reproduction.

Without a doubt, it is important that SRHR and HIV services are integrated to ensure that comprehensive services tailored to the needs of women living with HIV are enforced and that comprehensive sexual health education is taught to help people make informed

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⁹⁵ UNAIDS "Fact Sheet, WORLD AIDS DAY 2021"

⁹⁶ Kharsany AB, Karim QA, "HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities." (2016)

choices and prevent transmission of HIV. The right to privacy and freedom from discrimination or stigmatization of any kind should also extend to them bearing in mind the CESR's *General Comment No. 22*, that states should carry out law reforms to cater for persons living with HIV/AIDS as they are more likely to experience discrimination, such reforms should repeal laws that violate the sexual and reproductive health of such persons and should also adopt appropriate instruments to ensure the full enjoyment of their rights.

However, for the integration of SRHR and HIV to be effective, there must be a behavioural change in not just the healthcare service providers but also beneficiaries with respect to their knowledge of risk perception. The UN-Women recognises the importance of effective integration as it reduces cases of mother-to-child transmission, and increases the quality of life of Women living with HIV.⁹⁷ One cannot deny the progress that has been made, as 79% of the 25.7 million people living with HIV in the African region had received antiretroviral drugs to prevent mother to child transmission.⁹⁸

A Policy Framework and Strategy for SRHR

Lack of uniform comprehensive policies for protection of SRHR puts women at great risk. And as such a women-centred approach is needed in tackling these issues. This encompasses inclusion of women in the decision making process of issues that affect their autonomy. Enhanced efficient health systems should be put in place providing access to resources and information that will enable them to make informed healthy choices. It is crucial to the SRHR that the needs of women are prioritised in decision making process as this will go a long way in reducing the risk of mother-to child transmission of STDs, maternal mortality, unsafe abortions and unplanned pregnancies. The UN-Women acknowledges these incidences as a clear expression of gender inequality. The Convention on the Elimination of All Forms of Discrimination Against

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⁹⁷ Didier Mbayi Kangudie, Hugues Guidigbi, Sheila Mensah, Abdul A. Bala and Richard Delate "Effective integration of sexual reproductive health and HIV prevention, treatment, and care services across sub-Saharan Africa: where is the evidence for program implementation?" (2019)

⁹⁸ World Health Organisation "Sexual Health"

⁹⁹ Ministry for Foreign Affais Sweden, "Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa, 2015–2019".

Women (CEDAW) challenges gender based discrimination and calls upon member states to improve access to healthcare fort women and girls. Particularly in Article 16 of CEDAW which "guarantees the right of women to freely and responsibly decide on the number and spacing of their children and have access to information and education and means to enable them to exercise these rights". Similarly, the Maputo Protocol in ensuring universal access and an enabling environment for sexual reproductive health stipulates state obligations to prevent violation of women's sexual and reproductive health right.¹⁰⁰

With respect to safe abortion care, the ICPD has established the importance of sexual reproductive health and as such countries are to increase efforts to ensure access to such services by including abortion care to family planning services and carrying out legislative reforms on laws to widen access to the aforementioned services.¹⁰¹ In order to execute this successfully, one must acknowledge the linkage between abortion care and maternal deaths as a large percentage of maternal deaths are caused by unsafe abortions.¹⁰² This is particularly tragic as most of these deaths are avoidable, where the procedure is done properly. Bearing this in mind, focus should be placed on it as a health necessity and a way to reduce risks of maternal morbidity by providing post abortion care for the women.

This also extends to the cost of carrying out the procedure, a major determinant of sexual reproductive health is poverty, hence not a lot of people can afford the procedure, so it is necessary that these are made available at subsidized rates by the National health services or through stakeholder collaborations with NGOs tasked with providing these services. A major factor to the high rate of usage of traditional contraceptive methods is that they cannot afford the modern ones, hence it would be counter productive to put these methods in place when it is inaccessible to the people it targets.¹⁰³

Policy frameworks for improving sexual reproductive health would be incomplete without addressing the role of male involvement in combatting the menace. The 1994, ICPD

¹⁰⁰ Ramola Ramothul, "Women's sexual and reproductive rights in contemporary Africa" (2018).

¹⁰¹ Anibal Faúndes, Iqbal H. Shah, "Evidence supporting broader access to safe legal abortion" (2015). International Journal of Gynecology and Obstetrics.

¹⁰² World Health Organisation, "Sexual and Reproductive Health Fact Sheet" (2020)

¹⁰³ Ayyuba Rabiu and Asma'u Ahmad Rufa'i "The Role of Traditional Contraceptive Methods in Family Planning among Women Attending Primary Health Care Centers in Kano"

recognised this by pointing out the need for involvement of men in effecting developmental changes around sexual reproductive health.¹⁰⁴ Given the socioeconomic and cultural disparities and the patriarchal nature of Sub Saharan Africa, reproductive decision making around the households are dependent on men.¹⁰⁵ This boils down to the handling of finances which in turn affects women's access to these facilities and even the power dynamics in households where women are unable to make sexual and reproductive decisions without the permission of their husbands.¹⁰⁶ It is therefore important that men are more involved in sexual reproductive health as research has shown that it is key to increasing utilization of maternal care and family planning services and prevention of harmful gender based practices. 107 Hence interventions like couple family planning, and orientation on maternal health services when employed increase the odds of women accessing quality health services, and an enhanced reception of reproductive health services. Although met with a lot of critics 108, especially as people are wary that it is against the essence of body autonomy, male involvement is still very key as sensitization of men on these harmful practices will lead them to being key players in preventing recurrence. Several studies have taken place to assess the role of men involvement in sexual reproductive health, for example, in a cross country strategy implemented in Nigeria, Kenya and Senegal to examine the role of mass media in influencing health behaviours with respect to family planning- It was found that 27% of the men in Senegal, reported contraceptive use after watching the family planning programmes and same was reported by 58% and 43% of the men in Kenya and Nigeria, respectively.109

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¹⁰⁴ Peter Sternberg, John Hubley, "Evaluating men's involvement as a strategy in sexual and reproductive health promotion" (2004) *Health Promotion International*

¹⁰⁵ Connell RW, "Change among the gatekeepers: men, masculinities, and gender equality in the global arena, Signs" (2005) *Journal of Women in Culture and Society*

¹⁰⁶ Iliyasu, "Birth preparedness, complication readiness and fathers' participation in maternity care in a Northern Nigerian community" (2010), *African Journal of Reproductive Health*.

¹⁰⁷ Chigozie A.N, DeAnne K. H, "Male Participation in Reproductive Health Interventions in Sub-Saharan Africa: A Scoping Review" (2007) *International Perspectives on Sexual and Reproductive Health.*

¹⁰⁸ Iliyasu, "Birth preparedness, complication readiness and fathers' participation in maternity care in a Northern Nigerian community" (2010), *African Journal of Reproductive Health.*

¹⁰⁹ Chigozie A.N, DeAnne K. H, "Male Participation in Reproductive Health Interventions in Sub-Saharan Africa: A Scoping Review" (2007) *International Perspectives on Sexual and Reproductive Health.*

It is not enough that states commit to these frameworks because without real actions at the state level, the regional or global commitments will be useless. Hence, accountability mechanisms are necessary for ensuring that states meet up with the obligations prescribed by regional frameworks, a cross country perspective is necessary. This entails comparative analysis tools to measure the success of state funded initiatives to be implemented by NGOs for protection of SRHR. This will not only measure growth but also shed light on areas necessary that require improvement. This method has proven to be effective as countries found practicing the Evidence for Action have influenced high level of government accountability and transparency.¹¹⁰ It is evident that setting up proactive means in line with the regional conclusions will make it easy for state bodies to implement these global initiatives.

Conclusion

There is increased evidence on the importance of addressing existing barriers to sexual reproductive health rights. Evidence-based interventions are required to empower women and girls with tools needed to make responsible sexual and reproductive health choices. The importance of SRHR goes beyond economic benefits as it provides women with the best quality of life, and levelling for them to participate as equal members of the society. It is also crucial to achieving the SDG 2030 goals.

According to Kofi Anan, guaranteeing the reproductive health of individuals is central to eradication of hunger and poverty.¹¹¹ This was the rationale for introducing the ICPD in 1994.¹¹² Indeed, the government's reluctance to enforce these laws is symptomatic of respect for sociocultural values and their negative impact on women and the profoundly

¹¹⁰ Maria Barex, Ozge Tunçalp, Namuunda Mutombo, Ayotunde A. Adegboyega, Lale Say, "Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa" (2017) *International Journal of Gynecology and Obstetrics*

¹¹¹ UNFPA "Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants" (2003)

¹¹² UNFPA "Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants" (2003)

patriarchal nature of society. It is essential t to recognize that women's bodily autonomy is a human right and should not be treated as a mere political or moral issue. Protection of SRHR is central to the achievement of goal 5 of the sustainable development goals, hence the burden is on African leaders to enact women focused legislations that will accelerate this.

Further Research

Is it likely that a middle ground can be met on promoting women's sexual reproductive health rights and respecting cultural values? If so, how can this be achieved?

What is the role of baby factories in the sexual reproductive health of adolescents and low-income women in Sub-Saharan Africa?

What measures should be taken by the UN to foster best sexual and reproductive health rights practices in member states?

To what extent does sexual reproductive health affect adolescents, and what measures can be taken to ensure that they are well equipped with information to make the right choices?

Is specialised SRHR intervention for marginalised groups a better strategy than inclusive and integrative healthcare services? What is the role of technology in increasing women's access to SRHR resources and curbing misinformation on women's sexual and reproductive health?

How feasible will a coordinated regional approach be to protect SRHR?

Scope and Resources for Research on Background Guide

Research on this topic will be based on existing policies, strategies, legislation and action plans geared towards promoting sexual reproductive health rights. Efforts taken by international organisations will also be taken into cognisance with a key focus on Sub-saharan Africa and its distinct experiences. To this end, recourse will be made to the United Nations' documents, African Union documents as well as other relevant credible resources.

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Violence against women and girls is largely linked to the health problems faced by them. This article highlights one of such harmful practices, FGM and how it contributes to HIV prevalence in Sub-Saharan Africa

Cynthia Khamala Wangamati "Comprehensive sexuality education in sub-Saharan Africa: adaptation and implementation challenges in universal access for children and adolescents" available at

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This article explores Sexual health education which is central to achieving universal health coverage and goal 5 of the SDGs. It also highlights different approaches to incorporating Comprehensive Sexual Health Education in Sub-Saharan Africa and its role in imbibing positive decision-making skills in adolescents.

Guttmatcher Institute, "The Sexual and Reproductive Health Needs of Very Young Adolescents In Developing Countries" available at https://www.guttmacher.org/fact-sheet/srh-needs-very-young-adolescents-in-developing-countries (accessed 22 February 2022).

This fact sheet highlights the core sexual reproductive health needs of adolescents, such as: access to youth-friendly services, prevention of child marriage and sexual violence, and sexual health education. It is important that delegates pay attention to this document as it gives a clear breakdown of sexual and reproductive health and how it affects adolescents.

Ibitola Eunice Ojo, Temitope Olumuyiwa Ojo, Ernest Okechukwu Orji, "Why do married women procure abortion? Experiences from Ile-Ife, south western Nigeria" available at https://pubmed.ncbi.nlm.nih.gov/34394314/ (accessed 14 April 2022).

Maternal health, family planning and reproductive decision-making are a core part of SRHR and this paper explores the behaviour of married couples in this regard.

Ngwena, C. and Durojaye, E. "Strengthening the Protection of Sexual and Reproductive Health through Human Rights in the African Region: An Introduction." available at https://www.academia.edu/15840880/Strengthening_the_protection_of_sexual_and_reproductive_health_and_rights_in_the_African_region_through_human_rights (accessed 22 February 2022).

This document highlights the existing gaps in women's sexual and reproductive health and the potential results of concerted effort aimed at protecting women's sexual and reproductive health rights through focus on their human right needs.

Ramola Ramothul, "Women's sexual and reproductive rights in contemporary Africa" available at

https://www.taylorfrancis.com/chapters/edit/10.4324/9780203761762-14/women-sexual-reproductive-rights-contemporary-africa-ramola-ramtohul (accessed 22 February 2022).

The dynamics of sexual health differ per region due to cultural and ethnic factors, hence this article explores the peculiarities of sexual and reproductive health of women in Africa. It also highlights the international and regional frameworks for protecting the sexual and reproductive health rights of African women.

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Technology As A Tool In Aiding Disabled Women And Children

For most people, technology makes things easier. For people with disabilities, technology makes things possible. — Mary Pat Radabaugh, former Director of the IBM National Support Center for Persons with Disabilities, in 1991

Introduction

Technology has been a useful invention for humans around the world, especially those living with disabilities. Although The United Nations Convention on the Rights Of Persons Living With Disability recognised disability as an "evolving concept" it does not explicitly define the term.¹¹³ Nevertheless, Article 1 states that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments." 114 According to statistics, over 1 billion people are estimated to experience some disability of some sort. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning normally.¹¹⁵ In 2018, The UN launched its first disability inclusion strategy, as described by Antonio Guterres as a strategy of action, not of words. "Action to raise the standards of the UN's performance on disability inclusion across the board, and action to bring about the unified and transformative change we need."116 The strategy outlined the UN's commitment to disability-inclusive development, and is accompanied by a clear accountability framework to guide all UN entities and country teams so that the organisation can adequately monitor its progress, and continuously adapt its approach.¹¹⁷ The existence of this framework raises the question of progress that has been made in promoting inclusion. Although the Organisation continues to reiterate accessibility as a means and a goal for inclusive, sustainable development and as a key for empowering

¹¹³ World Health Organisation "Sustainable Development Goals:Health Targets, Fact sheet" (2019)

¹¹⁴ Convention On The Rights Of Persons Living With Disabilities

 $^{^{\}mbox{\tiny{IIS}}}$ World Health Organization 'Disability and Health Fact Sheet'(2021)

¹¹⁶ United Nations,"Disability Inclusion Strategy"

 $^{^{\}mbox{\scriptsize 117}}$ UN DISABILITY INCLUSION STRATEGY, "Policy Statement."

and including all persons in future development efforts, more attention should be given to people living with disability as there remains a number of unmet global needs. For instance, 200 million people with low vision do not have access to assistive products for low-vision, 75 million people need a wheelchair and only 5-15% of those in need have access to one. 466 million people experience hearing loss while hearing aid production currently meets less than 10% of the global need.¹¹⁸ These statistics show the disparity in accessibility for people living with disability, and represent why this topic is of utmost importance.

Throughout human history, new and changing technologies have impacted the way people live. But not all people have benefited equally, due to limited accessibility, social and economic barriers. The United Nations Children's Fund (UNICEF) states that about 240 million children in the world today are disabled in some way.¹¹⁹ In addition, according to a 2021 Human Rights Watch research, nearly 300 million women worldwide suffer from mental and physical disability. This topic directly impacts upon women affairs, because in low- and middle-income nations, women account for 75% of disabled persons and women with impairments account for 10% of all women on the planet. 120

Despite these challenges, technology has the potential to make significant improvements to the lives of women and children, promoting equality and fostering the development. improving their social skills, learning, and ultimately guaranteeing employment opportunities, by providing the best education possible, building their capacities, and developing important life skills.¹²¹

With the advent of Information and Communications Technology (ICT), new hopes are emerging for Persons with Disabilities (PwDs), especially children and women. Many have been granted access to educational opportunities, as technology has acted as an equaliser for them. The current technological revolution might have the potential to close the inequalities that prevent truly inclusive and long-term growth. According to some

118 World Health Organization 'Assistive Technology Fact Sheet.'

¹¹⁹ UNICEF,"Children with Disabilities"

¹²⁰ Human Rights Watch, "Disabled Women and Girls"

¹²¹ Nabil Eid 'Innovation and Technology For Persons Living With Disabilities.'

studies, the technology business is presently worth \$360 billion and is expected to reach \$3.2 trillion in 2025. 122

It is general knowledge that technology offers new opportunities for everyone, but these opportunities are more significant for People with Disabilities (PwDs), who use them in their daily activities and rely on them perhaps more than abled people. Today's assistive technology enables users with disabilities to participate in more aspects of social life on more equal terms than ever before. It is therefore vital that people understand the import of this discourse, have better access to tech-enabled healthcare facilities and are able to benefit from the rapid development of ICT, in order to partake in an inclusive and barrier-free world.

International and Regional Framework

Several laws have been put in place internationally to address the marginalisation meted out to people living with disabilities and the violation of their fundamental human rights. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol was adopted by the United Nation General Assembly on the 13th of December, 2006. The Convention on the Rights of Persons with Disabilities is the first comprehensive human rights convention of the 21st century that sets legally binding rights for people with disabilities. Article 4 of the CRPD sets out general obligations, clearly defining the specific actions governments must take to ensure that the rights of persons with disabilities are respected, protected, and fulfilled. Paragraph q in the preamble of the Convention on the Rights of Persons with Disabilities (CRPD) recognizes that women and girls with disabilities are often at greater risk of violence, abuse, neglect, or exploitation. Article 3 includes "equality between men and women" as an underlying principle to be upheld in the CRPD, and Article 6 calls upon state parties to recognize that women and girls with disabilities experience multiple discrimination. It requires countries

¹²²UNCTAD 'Catching Technological Waves, Innovation With Wquity'

¹²³ Convention on the Rights of persons living with disabilities

¹²⁴ Convention on the Rights of persons living with disabilities

ratifying the CRPD to work to ensure that women with disabilities can fully enjoy all human rights and freedoms.

The United Nations General Assembly adopted the *United Nations Declaration on the Rights of Disabled Persons* on December 9, 1975. The Declaration argues that all PwDs have the same rights as everyone else. The adoption of the *Declaration of the Rights of Disabled Persons* was significant for propelling human rights for persons with disabilities into international recognition.¹²⁵ Two major declarations were adopted by the General Assembly in the 1970s to address the issues of marginalisation.¹²⁶ First, The General Assembly adopted the *Declaration on Social Progress and Development* on December 11, 1969, in which *Article 19* advocates for the provision of free health services and the establishment of measures aimed at rehabilitation. The Declaration paved the way for future comprehensive sets of principles aimed at integrating people with disabilities into society.¹²⁷ The second, *The Declaration on the Rights of Mentally Retarded Persons* was adopted by the United Nations General Assembly on December 20, 1971 assisting persons with mental disabilities attain their full potentials.¹²⁸Though the language used is considered offensive today.

The Declaration on the Rights of Disabled Persons was born out of the 1969 and 1971 declarations, and was an attempt to clarify that the UN's 1948 *Universal Declaration of Human Rights* also applied to people with disabilities. On a broader scale, *The International Covenant on Civil and Political Rights* is an international instrument that aims at protecting and promoting the rights of persons living with disabilities focusing on the right to freedom of information. This international instrument helps to tackle barriers encountered by PwDs. *Article 26* provides that State Parties shall take effective and appropriate measures, including peer support, to enable persons living with disabilities to

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¹²⁵ UN HISTORY "history of United Nations and Persons with Disabilities a human rights approach: the 1970s"

¹²⁶ UN HISTORY "history of United Nations and Persons with Disabilities a human rights approach: the 1970s"

¹²⁷ UN DESA "History of United Nations and Persons with Disabilities a human rights approach: the 1970s"

¹²⁹ Eliza Varney 'Conventions on the rights of persons living with disabilities:ensuring full and equal access to information'

attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. The Convention on the Elimination of All Forms of Discrimination against Women was adopted in 1979 which commits to end discrimination against women in all forms. CEDAW's General Recommendation 18, requests that state parties to CEDAW provide information on women with disabilities in their periodic reports. The Convention against Torture and other Cruel, Inhumane and Degrading Treatment or Punishment was adopted by the General Assembly of the United Nations on 10 December 1984 by resolution 39/46) and entered into force on 26 June 1987 with the aim of safeguarding persons from inhumane treatment, torture and violence The United Nations Convention of the Rights of Children was signed in 1989, the convention was built on four principles which are non-discrimination, devotion to the best interests of the child, the right to life, survival and development. Article 24 of the UN Convention of the Rights of Children also recognizes the rights and the special demands of children in health care institutions, and acknowledges that children are especially vulnerable.

The International Covenant on Economic, Social and Cultural Rights, was adopted by the general assembly on the 16th of December 1966, Article 12 provides that everyone has a right to the highest attainable standard of physical and mental health¹³⁴

Regional instruments have also been utilised to promote these rights. The *African Charter* of *Human and Peoples Rights*, is a good example. *Article 2 of* the charter provides that every individual shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or other status. *The Europe Accessibility Act* came into effect in April 2019, and mandates Member states to pass the necessary implementation laws by June 28,

¹³⁰ International Convention on rights of persons living with disabilities

¹³¹ Convention on the elimination of all forms of discrimination against women

¹³² UN LEGAL"Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment New York, 10 December 1984"

¹³³ UNICEF: "Convention on the Rights of the Child"

¹³⁴ International Covenant on Economic, Social and Cultural Rights

2022.¹³⁵ The Europe Accessibility Act was derived from the UN *Convention on the Rights of Persons with Disabilities* (CRPD), and aims to enhance the way products and services are rendered across the EU by synchronising accessibility rules for all Member states. The scope of the EAA covers people with disabilities and the elderly.¹³⁶

The European Convention on Human Rights was opened for signature in 1950 and came to force 1953, the main aim of this convention is to protect and guarantee human rights. The High contracting Parties shall secure to everyone within their jurisdiction the rights and freedoms defined in Section I of this Convention. The High provides for the prohibition of discrimination and states that there should be no discrimination on the rights of persons to enjoy the rights provided for in the convention.

Role of International System

Recognizing the rights of persons living with disabilities should not remain an aspiration. So far, remarkable strides have been made by various international organizations to this effect. The United Nations has continuously set a pace that has been followed by governments and other international bodies. In 2019, the UN launched the United Nations Disability Inclusion Strategy with the aim of raising the organisation's standards and performance on disability. The purpose of this strategy is to track progress on steps taken by the United Nations system to mainstream disability inclusion and implement the Strategy. To this end, the Secretary-General submits an annual system-wide report to the General Assembly. The report establishes recommendations for the system, lays down steps to support Member States to implement the Convention on the Rights of Persons with Disabilities and achieve the Sustainable Development Goals. Additionally, the UN has promoted the rights and interests of PWDs through the establishment of specialized agencies and programs by the UN-Women, a dedicated

¹³⁵ European Accessibility Act

¹³⁶ Ran Ronen: "Europe Accessibility Act: Everything you need to know"

¹³⁷ Persons with disabilities and the European Convention on Human Rights Fact Sheet

¹³⁸ European Convention on Human Rights

¹³⁹ UN report of the Secretary General 'Disability Inclusion in the United Nations System', 2021

¹⁴⁰ Ibid

Disability Inclusion Community of Practice and an internal Global Task Team on Disability and Inclusion to support the creation and execution of UN Women's corporate policy on the topic. Also, for advancement of the rights of persons living with disabilities, the UN developed the The World Programme of Action (WPA); a global strategy to prevent disabilities, promote rehabilitation, and access to equal opportunities for people with disabilities, with a focus on their full involvement in social life and country development. The World Programme of Action for Disabled Persons, which was adopted by the General Assembly on 3 December 1982 by Resolution 37/52, was another key product of the International Year of Disabled Persons.

The World Health Organization provides technical assistance in healthcare as developed by the Alma-Ata in 1978, the health policy outlines assistance targeted to supporting persons with disabilities. The United Nations International Children's Fund (UNICEF) endorses childhood disability programmes, provides assistance through collaboration with NGOs like Rehabilitation International, a worldwide organisation of people with disabilities, service providers, researchers and advocates working to improve the quality of life of people with disabilities. The Global Partnership for Education in collaboration with UNICEF has been a platform that helps developing countries ensure that children with disabilities can go to school for a quality education.

In the Asia-Pacific region, The *Economic and Social Commission for Asia and the Pacific (ESCAP)* is the most inclusive intergovernmental platform in the Asia-Pacific region working closely with the United Nations to achieve its goal.¹⁴⁶It is regarded as the engine that promotes the rights of persons with disabilities and, disability inclusive development through region specific initiatives¹⁴⁷. To this end, *The Economic and Social Commission for*

¹⁴¹ UNFPA "Disability Rights, Gender, and Development A Resource Tool for Action",

¹⁴² UN "World Action involving people with disabilities"

¹⁴³ UN "World Action involving people with disabilities"

¹⁴⁴ Rehabilitation International:The Story of Ri Global

¹⁴⁵ Global Partnership For Education "GPE'S Work On Inclusive Education For Children With Disabilities"

¹⁴⁶ ESCAP ABOUT "About ESCAP"

¹⁴⁷ United Nations ESCAP "Building Disability Inclusive Docirties in Asia and The pacific"

Asia and the Pacific established the foremost region-specific initiative which is referred to as the Asian and Pacific Decade of Disabled Persons, the initiative has been ongoing for 2 decades, and is currently implementing the Incheon Strategy to "make the right real" for persons with disabilities. To this end, Goal 5 of the Incheon Strategy seeks to expand early intervention and education of children with disabilities and Goal 6 provides for gender equality and women's empowerment¹⁴⁸

Member states have also incorporated policies and activities promoting rehabilitation and improved access to the labour market for persons living with disabilities, thus fulfilling their pledge of the 2030 Agenda for Sustainable Development to leave no one behind. In 2006, the Ugandan government passed the Persons with Disabilities Act, placing emphasis on access to quality education and health for PWDs. In the same vein, The National Policy on Equalisation of Opportunities for Persons with Disabilities was adopted in Malawi to promote the inclusion of people with disabilities and prevent discrimination. NGOs have also pulled some strides. For example, Kudirat Initiative For Democracy (KIND), an NGO that tackles barriers faced by PWDs and mitigates the social exclusion, and abuse against women in Nigeria. Another notable example is Inclusion International, an NGO in Nigeria that caters for persons with intellectual disabilities and their families. This NGO advocates for PWDs with its member societies in over 115 countries. The Joint National Association of Persons with Disabilities was established in Nigeria in 1993 to represent the interest of persons with disabilities Nigeria¹⁴⁹ and TAWAG (Tuloy Aral Walang Sagabal) which was implemented in the Philippines to continuously promote the rights of women and children.

The Social Inclusion of Women with Disabilities through Digital Technology

The era of digitalization is upon us, and digital Inclusion has the potential for positive change and can help achieve every single one of the SDGs, particularly SDG 9, which aims at building resilient infrastructure, promoting inclusive and sustainable industrialization,

¹⁴⁸ United Nations ESCAP "Building Disability Inclusive Docirties in Asia and The pacific"

¹⁴⁹ JONAPWD ABOUT

and fostering innovation. Digital technology revolves around electronic tools, systems, devices and resources which aid in the inclusion of persons with disabilities.¹⁵⁰ Unfortunately, Women and Children with disabilities are often excluded from the opportunities present in this digital age.

It's important to note that access alone does not count as success when it comes to digital inclusion, because there are varying degrees of access. While one may have an internet connection, they may lack the necessary support and skills to effectively use digital tools. Moreover, a great proportion of women still lack access to digital tools. According to the International Telecommunications Union (ITU) in 2019, it was reported that more than 50% of the world's women are offline. The majority of accessibility policies have centered on giving software and hardware to a broad spectrum of people for utilizing digital tools, whereas digital inclusion initiatives have primarily targeted the able-bodied.

Also, according to data gathered by the UN-Women in 2021, 3.7 billion people do not have access to the internet. Half of them are women. In some parts of the world, the digital gender divide has been shrinking, but data shows that the issue of digital divide still persists in Africa. In a 2020 research by GSMA, it was found that 393 million adult women in developing countries do not own mobile phones And globally, women are 8% less likely to own a mobile phone than men. Looking at regional differences, the gender gap in mobile ownership is much larger in South Asia by 23% and sub-Saharan Africa by 13%. Women are also 20% less likely than men to own a smartphone.

It is not uncommon for development efforts focused on gender equality or disability inclusion to overlook how gender and disability intersect.¹⁵⁶ And since digital technology is an essential component for socioeconomic growth in today's world, we must ensure that

¹⁵⁰ UNICEF "What we know about digital gender divide for women"

¹⁵¹ UNICEF "five ways to design tech with girls, for girls"

¹⁵² The Guardian "Digital

¹⁵³ United Nations, "Addressing the digital gender divide in Africa through the African Girls Can Code Initiative"

¹⁵⁴ GSMA "Connected Women,The mobile gender gap report"

¹⁵⁵ GSMA" Connected Women, The mobile gender gap report"

¹⁵⁶ GSMA "The digital exclusion of women with disabilities"

people with disabilities hahve access to them.¹⁵⁷ To achieve this, there should be strategic implementations oriented towards sustainable development objectives. *Leaving no one behind*"should also mean "leaving no one offline."

Efforts have been made to address the digital gender divide. The UN Women, in partnership with the African Union Commission (AUC) and the International Telecommunication Unit (ITU) implemented the African Girls Can Code Initiative in 2018 to train African girls in critical coding and tech skills. In Asia, one of such programmes put in place include, The IT for Change, Online freedom for all = No unfreedom for women project implemented in India, which culminated into a campaign against online violence of women. Generation Equality Forum, convened by UN-Women and the governments of France and Mexico in collaboration with civil society, launched the ground-breaking Action Coalition on Technology and Innovation for Gender Equality and collected commitments from all over the world. Clearly, to overcome these barriers; it's important the issue of data deficit is tackled, inclusive policies and programs are implemented and several initiatives by NGOs and National governments are promoted altogether.

Impact Of Emerging Technologies On Childhood Disabilities

Childhood disability is a health-related limitation in a child's existing or emerging capacity to perform developmentally appropriate activities and participate, as desired, in society. There are an estimated 240 million children living with disabilities; one in ten children worldwide. The disabilities experienced by children are of a wide range including genetic conditions affecting the physical, mental, or social development of children; serious injuries, nutritional deficiencies, or infections that result in long-term functional consequences. Children with disabilities also include those who have developed anxiety or

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¹⁵⁷ Theo Lynn,Pierangelo Rosati,Edel Conway Declan Curran,Grace Fox,Colm O'Gorman, "Digital Towns Accelerating and Measuring the Digital Transformation of Rural Societies and Economies"

¹⁵⁸ UN WOMEN, "Addressing the digital gender divide in Africa through the African Girls Can Code Initiative"

¹⁵⁹ World Wide Web Foundation "The Women's Rights Online Network"

¹⁶⁰ Halfon N, Houtrow A, Larson K "The changing landscape of disability in chidhood"

depression as a result of stressful or traumatic life events like war, climate change, and more.¹⁶¹

According to UNICEF, children with impairments are at risk of being denied their rights and being excluded from society.¹⁶² Their inability to develop and act as quickly and effectively as their peers affects their social experience. This is beginning to change, as various strategies have been devised by the UN and NGOs to promote inclusion of children with disabilities and foster their development through capacity building projects.¹⁶³ Some of these strategies have led to projects such as, The Lesotho National Disability Mainstreaming Plan, which started in January 2020, Advocacy for inclusion of persons with disability in the society, which was implemented by the Zanzibar Center for Disability and Inclusive Development (ZACEDID) and the Promoting Transportation to School for Children with Disabilities in Developing Countries project, which was implemented by Access Exchange International in 2021.¹⁶⁴ Laws enshrined in international documents ensuring people with disabilities have the right to work and enjoy opportunities through any program, opportunity, or emerging technology that makes this possible especially the UN Convention on the Rights of Persons with Disabilities, Article 7 which imposes a duty on state parties to take measures aimed at ensuring that children with disabilities enjoy their fundamental human rights fully. 165

Through emerging technologies, technology is bringing a revolution into what appears to be an abstract or futuristic life, making it a reality for children living with disabilities. ¹⁶⁶In the same vein, the role of emerging technologies on children with disabilities is multifaceted as it has both preventive and therapeutic roles to play. Regardless of what role it plays, the essence of technology is to address the limitations to human abilities and as such emerging technologies are likely to impact the definition of disabilities. ¹⁶⁷

¹⁶¹ UNICEF, CHILDREN WITH DISABILITY OVERVIEW

¹⁶² UNICEF, CHILDREN WITH DISABILITY OVERVIEW

¹⁶³ United Nations "Secretary General's Strategy On New Technologies"

Officed Nations Secretary General's Strategy Office Technologies

164 United Nations Department of Economic and Social Affairs Disability "United Nations Voluntary Fund on Disability – Activities Supported"

¹⁶⁵ Convention On The Rights Of Persons Living With Disability

¹⁶⁶ Ilya Gandzeichuk "Tech Innovations: A Helping Hand To People With Disabilities"

¹⁶⁷ Paul H.Wise "Emerging Technologies and Their Impact on Disability

The preventive role takes the form of measures resulting from technological advancements aimed at preventing childhood disability either at birth or during childhood. It ranges from baby car seats, vaccines, to genetic diagnostic technologies. 168 Although these technologies have far reaching benefits such as increased chances of children to live and enjoy the full benefits of life, positive impact on the caregivers, and reduced child mortality. It has also been met with some resistance. The cultural disparities and different belief systems of parents often make them prevent their children from being vaccinated or immunized. This is backed by the World Health Organisation 2021 report, where it was found that an estimated amount of 23 million children under the age of 1, did not receive basic vaccines in 2020.¹⁶⁹ This could lead to adverse health consequences in children. Likewise, despite the benefits of the genetic diagnostic technologies such as the detection of health complications like sickle cell, and cerebral palsy, there have been controversies, thus the question of what to do when a fetus is detected to be at risk of having a disability raises a challenge. Due to the illegality of abortion in some countries and the moral debate it poses, there is a challenge of utilizing these technologies to develop an efficient and more acceptable solution.¹⁷⁰

With respect to the therapeutic role, it refers to the measures resulting from technological advancements that provide children with disabilities with the tools needed to meet their needs. This has been implemented through assistive technological devices that provide mobility, hearing, vision and communication aids. It has long standing benefits such as improved academic performance, active participation in their social lives and self-confidence.¹⁷¹ However, it is not without its barriers, as issues of lack of awareness, affordability, and capacity gaps in assistive technology personnels, limits the fulfillment of these benefits.¹⁷²

In a nutshell, emerging technologies are the emergence of new technology that has the potential to create innovation in new industries or transform existing ones. For a better

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¹⁶⁸ Paul H.Wise "Emerging Technologies and Their Impact on Disability

¹⁶⁹ World Health Organization "Immunization Coverage"

¹⁷⁰ Paul H.Wise "Emerging Technologies and Their Impact on Disability

¹⁷¹ Cerebral Palsy Guidance "Assistive Technology and Adaptive Equipment for Children with Cerebral Palsy"

¹⁷² WHO, UNICEF "Global report on assistive technology"

understanding, a few examples of various categories of Emerging Technologies will be studied.

Artificial intelligence is known to have improved the lives of children diagnosed with this disability (especially children with dyslexia, where early detection allows for better management of this condition) by providing accessibility and improving health, as well as helping doctors improve the accuracy of their diagnoses. 173A good example is the launch of a new tool called "Automatic Alternative Test" on social media sites like Facebook that can be useful to those who are blind or have low vision. Basically, when an individual who uploads or shared the image didn't include alt text, Facebook's automatic alt text (AAT) technology combines computer vision and artificial intelligence to generate a description of the image automatically. Although the automatic alt text for uploaded images may not always be complete, users can edit the alt text for uploaded images to assist students with autism and dyslexia, and make such content accessible to persons with visual and hearing impairments. The use of audiovisuals in the classroom also allows for a more accessible education system for children with impairments and has impacted the lives of children living with disabilities, It has proven to be an efficient method to help accommodate children into the mainstream and provide an inclusive classroom setting. As seen in a 2021 report on The Impact of AV in the Education Sector where it it was found that the use of audio-visual technology in a classroom setting increased student engagement by 60%.¹⁷⁴

Google is creating a world where people with disabilities can thrive, a number of accessibility tools are featured on google products. Some of Google's online tools are screen readers that transmits texts displayed on the computer screen into a form that a visually impaired user can process. Screen Magnifiers is also a free google feature that enables PwDs to magnify a portion of a webpage with the click of a button. Toogle's Hardware accessibility features are Live Transcribe, an accessibility tool that allows persons get instant speech to text captions in over 70 languages and dialects, Voice Access, an

¹⁷³ Emerging Disability Forum "PLUG AND PRAY? A disability perspective on artificial intelligence, automated decision-making and emerging technologies"

¹⁷⁴ The Impact of AV in the Education Sector

¹⁷⁵ Goggle About: "Belonging Disability Inclusion"

app that allows us control devices with spoken commands and use our voice, navigate, and edit text hands-free.¹⁷⁶

Emerging technologies continue to have an impact on how we live, work, and interact in a world dominated by digital solutions. Many of these technological advancements are beneficial: they boost our productivity, make services more accessible, and make our lives easier in general. As rightly said by Jacob Roski, "We don't need specially built solutions. We need solutions, which are accessible to everybody." Emerging technologies have far-reaching impacts that cannot be overstated. Accessibility and use, indiscriminate inclusion across all sectors, economic benefits, and advances in a state's GDPs are only a few examples.

The educational system has been transformed by emerging technology, which has changed the means and methods of studying, the modalities of school operations, and the way people think about what education may and should be. Learning resources can be accessed anywhere, quickly and easily, thanks to the internet. This digital connection aids in the integration of individuals into a good learning system.¹⁷⁸ As of October 2011, Malaysia has been working towards raising educational standards through the integration of ICT in classrooms. The government developed a blueprint for this purpose, the latest document is the Education Blueprint 2013-2025. This document includes the plan to raise the role of ICT, provide internet access and enable a virtual learning environment.¹⁷⁹In a 2018 survey published by the International Journal of Special Education, it was found that of the 28 people who participated in the survey, 96% recognised the difference assistive technology makes in a students performance as it helps them easily carry out tasks that they would ordinarily find challenging. ¹⁸⁰

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¹⁷⁶ Google About: "Belonging Disability Inclusion"

¹⁷⁷ Emerging Disability Forum "PLUG AND PRAY? A disability perspective on artificial intelligence, automated decision-making and emerging technologies"

 $^{^{178}}$ KPMG: Emerging technologies and the impact of technology on society

¹⁷⁹ Teaching and Learning with Technology: Effectiveness of ICT Integration in Schools

¹⁸⁰ Areej Ahmed "Perceptions of Using Assistive Technology for Students with Disabilities in the Classroom" International Journal of Special Education" 2018

Medical healthcare has rapidly improved as a result of emerging technologies, affecting virtually every aspect of our lives to the point of creating dependency. These technologies would allow medical practice from anywhere, at any time, and on any device. ¹⁸¹It has the potential to help turn unsustainable healthcare systems into sustainable ones, equalize the relationship between doctors and patients, and give disease solutions that are cheaper, faster, and more effective. Historically, mental illness has been shrouded in secrecy and viewed as a taboo subject. The discussion of depression, anxiety, and mental illness is becoming more open. Technology has played a significant role in this mental ailment, as there are mobile apps that assist persons suffering from anxiety with guided meditation, breathing programs, and mindfulness approaches. ¹⁸² Emerging technologies now exist to change life into an all-inclusive experience; this should be a rallying cry for nation governments all around the world to embrace these technologies, particularly for children with disabilities.

Role and importance of Rehabilitative and Assistive technology for people living with disabilities

Rehabilitation can be defined as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment." Rehabilitative and Assistive technology refers to equipment or products that promotes the integration of PWDs into mainstream society inorder to help them reach their full potential. The use of rehabilitative technologies can be traced to the SDG 3 on global health and well-being, also SDG 8, target 8.2 which jointly aim to achieve increased economic productivity through a diversity and technology advancements with focus on high value and labour intensive sectors.

Unfortunately, the impacts of a hostile health-care system continues to be a major issue for people with disabilities. The unmet rehabilitative needs are alarming. Of the 1 billion

¹⁸² Digital Health Today: Ways Technology is helping Mental Health

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¹⁸¹ Emerging 21st Century Medical Technologies

¹⁸³ World Health Organization. World Report on Disability - Rehabilitation. Geneva: World Health Organization, 2011.

¹⁸⁴ Charlie Hart, "How tech can empower a more inclusive workspace"

people in the world that experience some form of disability,¹⁸⁵ more than half of those who require rehabilitation cannot or do not know how to obtain the treatments they seek.¹⁸⁶ Only 3-5 percent of PwDs in several low and middle-income nations have access to the rehabilitative services they require.¹⁸⁷ According to a report by WHO, millions of people with low vision who do not have access to assistive products for low-vision as 75 million people need a wheelchair, and only 5% to 15% of those in need have access to one.

The use of rehabilitative technology is recognised as an essential human right, specifically in the Article 26(3) of the Convention on the Rights Of Persons With Disabilities which provides that state parties are to promote accessibility by providing access to resources and technological devices that will aid persons with disabilities in habilitation and rehabilitation.¹⁸⁸However, the above data reveals rehabilitation is not yet effectively integrated into many health systems globally and a lot more work needs to be done. Regardless, some countries have taken impressive strides to foster inclusion through rehabilitative technology. Rwanda, for instance, has included specific increased access to health and financial coverage thus providing a solid legal framework for disability.¹⁸⁹ These include the 2003 National Policy on Disability, and laws relating to the protection of persons with disabilities and injured war combatants. The ratification of the UNCRPD in 2008 and the establishment of the National Council of Persons with Disabilities aimed at building capacity, and the National Union of Disability Organizations in Rwanda points out that while 85% of persons with disabilities have some form of health insurance, this insurance doesn't cover some assistive and rehabilitative tools¹⁹⁰ It is one of the countries to have achieved the Abuja Declaration target of 15% of annual budgets allocated to the health sector and currently also covers the costs of prosthetics and orthotics for people whose degree of disability is between 70% and 100%.¹⁹¹

¹⁸⁵ World Bank, "Disability Inclusion"

¹⁸⁶ Cieza A, Causey K, Kamenov K, Hanson SW, Chatterji S, Vos T. "Global estimates of the need for rehabilitation based on the Global Burden of Disease study a systematic analysis for the Global Burden of Disease Study" 2019. ¹⁸⁷ Humanity and Inclusion and Global Rehabilitation Alliance. Rehabilitation for the realisation of human rights and inclusive development.

¹⁸⁸ Convention On The Rights Of Persons With Disability

¹⁸⁹ Global Rehabilitative Alliance: Rehabilitation for the realization of human rights And development

¹⁹⁰ National Union of Disability Organizations in Rwanda, 'Rwanda Alternative Report on the implementation of the Convention on the Rights of Persons with Disabilities', 2018.

¹⁹¹ Initial report of Rwanda on the implementation of the Convention on the rights of persons with disabilities', 2015.

In recognizing the value of rehabilitation and its positive impact on individuals, families, and communities, the allocation of resources to rehabilitation services should be seen as an investment, rather than a cost. ¹⁹²The basic role of rehabilitation and assistive technology is to enable people with disabilities to enjoy life on an equal footing by increasing their independence, capability, and productivity, depending on the severity of the disability. For physical disabilities, the use of robotics devices to regain strength and ease mobility. And with cognitive disabilities, the use of computers to improve memory and cognitive function. Speech-language recovery can be aided by using pictorial images or audio e-books. ¹⁹³

Rehabilitative and assistive technology could have a fine effect at the fitness and wellness of disbled persons and their family, in addition to broader socioeconomic benefits. Unfortunately, despite the global need for assistive products and their well-known benefits, access to these products is still limited. Today, one billion individuals require assistive devices, and by 2030, more than two billion people will require at least one assistive product. While anybody may require an assistive product at some point in their lives, adults and children with disabilities, the elderly, and persons with chronic health issues such as diabetes and dementia are the most common users.

Assistive tools include hearing aids, which can help improve language skills, and mobility aids, such as manual wheelchairs, which can help people get involved in education or employment opportunities. Also, spectacles, prosthetics, and memory aids are only a few examples. These products can help avoid or lessen the impact of secondary health issues, such as lower limb amputation in people with diabetes, while also promoting independence and well-being. They can also help caretakers by reducing the need for and impact of formal health and support services. Furthermore, having access to the right

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¹⁹² Rehabilitation for the realisation of human rights and inclusive development

¹⁹³ Nabil Eid, "Innovation and technologies for person with disabilities"

¹⁹⁴ World Health Organization, "Assistive Technology"

¹⁹⁵ World Health Organization, "Assistive Technology"

¹⁹⁶ Rehabilitation and Assistive Technology in Health Care

assistive technology can have a huge impact on community development and economic prosperity.¹⁹⁷

In light of this, people with disabilities benefit from rehabilitative and assistive technology in the areas of education, rehabilitation, work, transportation, living at home, and recreation. devices, aides, and upgrades utilized in rehabilitation technology are referred to as assistive technology (AT). People with severe mobility, learning, emotional, visual, hearing, neurological, neuromuscular, and other disabilities may benefit from rehabilitation technology to increase function by removing barriers in the home and workplace. With the state government's recognition of the importance of these tools in place, they will be implemented immediately in accordance with international instruments, and there will be no limits to what PWDs can accomplish.¹⁹⁸

Inclusion of Children living with Disabilities into the Educational System

Disability is recognised as one of the least visible yet most potent factors in educational marginalisation. Children with disabilities are often viewed as a problem to be 'fixed,' with the focus being placed on their disabilities, rather than their abilities and potential. Placed is primarily based on the precept that all children must learn and research together, regardless of **their** differences. Article 18 of the Convention on the Rights of the Child (CRC) recognises education as a legal right to every child on the basis of equal opportunity. Article 28 also guarantees free compulsory primary education for all; stating it should be available and accessible to all.

The right to an inclusive educational system is recognized by the *Convention on the Rights of Persons with Disabilities*, particularly in *Article 24* which recognizes the right of persons with disabilities to education., it recognizes the potential of every child to learn, their individual special strengths, and studying styles that are inclusive of children living with PWD. Inclusion takes an individualised technique with curricula, teaching and

¹⁹⁷ World Health Organization, "Assistive Technology"

¹⁹⁸ World Health Organization "assistive technology"

¹⁹⁹ UNICEF "Including children with disabilities"

²⁰⁰ Convention On The Rights Of The Child

studying strategies which might be flexible and adaptable promoting intolerance against discriminatory attitudes within the classroom and society.²⁰¹ In 2009, UNESCO provided a policy guideline for inclusion in education, some of the major policies are, the recognition of the right of children with disabilities to education, a common vision of education that caters to all children of the appropriate age range, a conviction that schools have a responsibility to meet the diversity of needs of all learners, and a recognition of the fact that all children can learn.²⁰²

The inclusion of children with disabilities covers all children. Children who are enrolled in school but are excluded from learning, children who are not enrolled in school but could participate if schools were more flexible in their response, and relatively small groups of children with severe disabilities who may require some form of additional support. Children with disabilities are often excluded from national statistics – another factor that contributes to their being 'invisible' to decision-makers, service providers and the public. Although actions have been made by The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and World Health Organization's (WHO) Training manual on disability statistics, Although not specifically about education, it provides implementation guidelines on disability data collection, dissemination, and analysis.

Governments and NGOs should work together to help improve the quality of teaching and learning for children with disabilities in their respective nations. And this can be done through collaboration between persons, NGOs and international organisations. To put in context, In Sri Lanka in 2009, international consultants worked with teachers to develop needs-based toolkits providing strategies for including children with disabilities in mainstream classrooms. This was seen as a stop-gap measure until teacher training can be reviewed and revised, to provide teachers with the right skill sets.²⁰⁵UNICEF has rapidly

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²⁰¹ UNESCO, "Persons With Disabilities."

²⁰² Department for International Development, "Education for children with disabilities - improving access and quality

²⁰³ Department for International Development, "Education for children with disabilities - improving access and quality

²⁰⁴ The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)

 $^{^{205}}$ Jonsson & Wiman "Education, Poverty and Disability in Developing Countries"

scaled up the provision of assistive devices and products, reaching hundreds of thousands of children with disabilities around the world. In 2020 UNICEF disability-inclusive development and humanitarian programs reached 2.2 million children with disabilities across 144 countries.²⁰⁶

Simpler ways can be identified and implemented to promote inclusivity. First, an inclusive national policy and legislation that focuses on the wellbeing of a child should be implemented. Using Rwanda as an example, apart from the ratification of international laws that advocates for these rights, they passed other laws and policies, the National policy on disabilities and internal communities that addresses the issues for people with disability.²⁰⁷

There should also be made available budget allocation aimed at providing classrooms with assistants and developing a system that identifies and support children with disabilities. Additionally, an enabling environment for the children to easily access a learning environment should be promoted, through ramps that allow wheelchair access, provision of text to speech software, coloring books and tablets with necessary information.²⁰⁸

Challenges of Providing Assistive Technology for women and children living with Disabilities

Assistive technology is a human right. It is recognized by the *Convention on the Rights of Persons with Disabilities under Article 2* which requires Member states to provide necessary technology to help people with disabilities.²⁰⁹ Unfortunately, this important need is faced with barriers. According to WHO only 1 in 10 people in need of assistive technology have access to it.²¹⁰ In a survey conducted in 2021, it was reported that the global need for assistive technology including spectaclels is met only by 31.3% and the estimated prevalence of need for assistive products excluding spectacles in the global

²⁰⁶ UNICEF "How To help children with disability "

²⁰⁷ Rehabilitation for the realisation of human rights and inclusive development

²⁰⁸ Global Report on Assistive Technology

²⁰⁹ WHO" Global Report On Assistive Technology"

²¹⁰ WHO "Assistive Technology"

population is 11.3%. In conclusion, 2.5 billion people globally need at least one assistive product.²¹¹

The capacity, knowledge and skill gaps in the tools required for assistive technology is one of the principal factors hindering the widespread assistive technology. Teachers and trainers may be willing to implement these tools to help children and women with disabilities but lack the basic knowledge of usage. Take for instance, there are text-to-speech tools that help a child or a woman with reading or writing dificulties, however, in order to utilise tools, other equipments; phones and computers are needed and problems arise where these resources are unavailable in remote areas that have no electricity or internet connection to access these tools. 212213

A survey conducted on 70 member states that have policies or programmes to encourage access to assistive technologies reveals that the proportion of unmet needs is still very high.²¹⁴ Even in excess profit or high income countries, assistive technology is rationed and not provided for in health and welfare schemes. For example, according to a 2018 report by the WHO, it is customary in some European countries to offer older persons living with disabilities with one hearing aid, thus disregarding the fact that most of them require two hearing aids to function.²¹⁵ There is limited funding and user research on assistive technologies in low income markets and due to these constraints, access to assistive technology is often limited to the high income markets.

Literature on the use of assistive technology with children with disabilities is reviewed to identify current obstacles to its integration in schools, these obstacles have been observed to encompass loss of suitable personnel education and support, terrible personnel attitude, insufficient evaluation processes, inadequate funding, problems purchasing and dealing with equipment, and time constraints. A team model for evaluating assistive technology assessments is proposed to ensure that children with disabilities enjoy the full benefits of education by providing occupational therapy resources to schools and that

^{2]]} WHO" Global Report On Assistive Technology"

²¹² Barriers to the use of assistive technology

²¹³ UNESCO, "Technology for inclusion"

²¹⁴ WHO, "Global Report on Assistive Technology"

²¹⁵ WHO, "Global Report on Assistive Technology"

they achieve maximum results from the use of assistive technologies.²¹⁶ This model is one that involves a group of people with the required knowledge needed in determining what assistive technology addresses the needs of students and the demands of their school environment and other activities they are likely to engage in.²¹⁷ As found in a Swedish study on the student and teachers perception of assistive technology as a means for enhancing learning and motivation of students with disabilities, 90% of the skilled teachers affirmed that the use of assistive technology enhanced students learning opportunities, while 80% affirmed that it enhanced their comprehension ability and reading development, 70% stated that it improved students ability to write texts and 75% found it useful for their educational practice.²¹⁸

Most countries encounter challenges not due to the lack of resources but due to mismanagement of assistive technology. In third-world countries, the majority of the guidance or support ends up with people who don't need it and not the women and children with disabilities, who need financing.²¹⁹ Poor management has resulted in assistive technology and equipment not being maximized to their full potential. To this end, the government has to spearhead the marketing campaign for the effective implementation of assistive technology for PwDs in their daily activities.²²⁰

Conclusion

Technology has been recognized as an essential aspect of the broader strategy of including women and children with disabilities; making life possible for persons living with disabilities and integrating them into the society; the availability of technology for

²¹⁶ National Center for Biotechnology Information, "Barriers to the use of Assistive Technology for children with multiple disabilities"

 $^{^{\}rm 217}$ OCALI "The Assistive Technology Assessment Process in the School Environment"

Thomas Nordstrom "Assistive technology applications for students with reading difficulties: special education teachers' experiences and perceptions"

²¹⁹ WHO, "Global Report on Assistive Technology"

²²⁰ Jodie Copley , Jenny Ziviani "Barriers to the use of assistive technology for children with multiple disabilities"

women and children with disabilities enables them to build their capabilities and not be defined by their limits.²²¹

The use of technology will create feasible techniques to attain utmost and maximum benefits for women and children with disabilities gearing them to a more independent life. While transforming human capability and disability, technical innovation also constantly reshaped our collective commitment to equality and social justice²²²

Although the rights of persons living with disabilities have been recognized, there is a global ineffectiveness in the implementation of these rights that should be addressed. National and international governments and organizations are yet to understand the wonders of technology which is a pertinent part in the aid of PWDs. International and National governments should put efforts into linking technological innovations with rights and equitable provisions towards the PWDs.

Further Research

How has the ineffectiveness of international and national laws affected PWDs over the years, has the National and international protected the rights of persons living with disabilities, or is it a charade? What barriers exist between people that are disabled and enabling technology? How do we bridge these barriers? What resources have been put in place to enable access to education for children living with disabilities? What economic impacts does the exclusion of children from education have on the socioeconomic development of sub-Saharan Africa? How will emerging technologies impact the lives of persons living with disabilities? In what ways can the developed world assist developing countries in creating broader access to this type of technology?

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Dr. Aditya Pareek, Dr. Aditya Pareek, Dr. Bhawani Singh Rathore, Mr. Karamjeet Singh, Enabling Role of Technology for Women and Children with Special Needs. Available at

²²¹ Dr. Aditya Pareek,Dr. Aditya Pareek,Dr. Bhawani Singh Rathore,Mr. Karamjeet Singh "Enabling Role of Technology for Women and Children with Special Needs" (2019)

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²²² Priyinka Maurya "Technology Supported Education for People with Disabilities"

https://www.ijedr.org/papers/IJEDR1903121.pdf (accessed 23 February, 2022).

This article highlights the role of scientific innovations for women and children with disabilities to move and interact with the world, it also focuses on the disability of women and children in developing countries and the daily challenges faced with children and women living with disabilities. This article lays emphasis on how technology strengthens health care to persons living with disabilities and barriers to the implementation of these technologies.

Emerging Disability Forum "PLUG AND PRAY? A disability perspective on artificial intelligence, automated decision-making and emerging technologies", available at https://www.readkong.com/page/plug-and-pray-a-disability-perspective-on-artificial-81743 4 (accessed 12th of April 2022).

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Halfon N, Houtrow A, Larson K "The changing landscape of disability in childhood", available at

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This article focuses on the increase in childhood disability and how the emotional, behavioural, and neurological disabilities are now more prevalent than physical impairment. The article also highlights the relationship between health, functioning, and the environment; the gap in function between a child's abilities and the norm; and how that gap limits the child's ability to engage successfully and effectively with his or her world and recognizes the effective nature of disability and how the experience of disability can be improved by the child environment.

Nabil Eid 'Innovation and Technology For Persons Living With Disabilities available at https://www.un.org/esa/socdev/egms/docs/2013/ict/innovation-technology-disability (accessed 23 February, 2022).

People with disabilities should have the same rights to participate in the information society as other citizens. This article focuses on information and communication technology(ICT), it elaborates on the purpose of empowering persons with disabilities through technology and the benefits of technology in improving the capabilities of students with disabilities. This article also highlights the challenges and how assistive technology offers new opportunities for everyone.

Theo Lynn, Pierangelo Rosati, Edel Conway Declan Curran, Grace Fox, Colm O'Gorman, "Digital Towns Accelerating and Measuring the Digital Transformation of Rural Societies and Economies, available at https://www.researchgate.netpublication/358517218_Defining_Rationalising_and_Measuring_Digital_Towns (accessed 8th of April 2022).

This article explores the digital transformation of small and rural towns, in particular, how to measure the evolution and development of digital towns. In addition to access to resources, competition from urban and global markets, and population trends, rural communities present lesser access and use of digital technologies.

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