INTERNATIONAL GENDER POLICY

family planning australia
Reproductive & Sexual Health

POLICY STATEMENT

Family Planning Australia recognises that all people are born free and equal in dignity and rights. We are committed to supporting the fulfillment of human rights of all people, including the right to gender equity and equality. We work to improve access to comprehensive sexual and reproductive health and rights (SRHR) in the Pacific region, supported primarily by funding from the Australian Government.

As a leading provider of sexual and reproductive health services, we are committed to promoting and protecting the right of people to make informed choices about their sexual and reproductive health. We believe that all people have the right to choose when, if and how many children they have. However, we acknowledge that patriarchal power structures which uphold gender stereotypes and gender-based discrimination may prevent some people from making this choice freely.

We support principles of bodily autonomy, nondiscrimination, and a rights-based approach that caters to the distinct needs of all people, including needs predicated by sex or gender. We believe that gender roles and expectations can limit the potential of all people, including women and girls, men and boys, and people of diverse gender identities.

We recognise that gender equality and gender equity are inextricably linked to good health outcomes, as is addressing gender-based violence (GBV). GBV is a fundamental violation of human rights, and a result of gender inequality, power imbalances and abuses of power. GBV disproportionately affects women and girls, people of diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC), and people with disability. We are committed to advancing gender equity and equality and the rights of women, girls and people of diverse SOGIESC.

Our approach is to develop collaborative, long-term partnerships with government and non-government organisations in the Pacific, to address the SRHR needs of the community, with a focus on supporting in-country partners in a locally led approach.

Our goal is to help ensure people in the Pacific have access to the widest range of sexual and reproductive health services available, and to choose contraceptive solutions that suit them. We achieve this by supporting initiatives led by our partners, including providing technical assistance for health promotion and education initiatives, and building on the knowledge and skills of service providers through training delivery. We also support partners to deliver inclusive, youth friendly health services, comprehensive sexuality education (CSE), and contribute to the body of knowledge about SRHR through research.

We affirm that human rights apply equally to all people, regardless of race, religion, ethnicity, indigeneity, disability, age, displacement, caste, gender, gender identity, sexuality, sexual orientation, class or socio-economic status. We support using an intersectional and gender-transformative approach to ensure the inclusion of diverse and marginalised people and communities within the Pacific region.

LINKS TO THE SDGs

This policy statement promotes achievement of several Sustainable Development Goals (SDGs)[27] including:

SDG 3 – Good health and well-being

SDG 4 – Quality education

SDG 5 – Gender equality

SDG 10 – Reduced inequalities

This policy statement supports our organisational commitment to gender equity and gender equality.

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SCOPE

Family Planning Australia International Program.

DEFINITIONS

An adult is defined as any person over the age of 18. Family Planning Australia defines "women" as adults who identify as women, including transgender women. Likewise, Family Planning Australia defines "men" as adults who identify as men, including transgender men. We affirm and celebrate the diverse definitions and understandings of women, men and people of other gender identities within Pacific cultures.

The United Nations defines "adolescents" as young people between 10 and 19 years old and "youth" including everybody between 15 and 24 years old[26]. However, many Pacific governments have their own definitions and age limits for adolescents and young people. Family Planning Australia's understanding of youth and adolescents is guided by specific in-country definitions and clinical guidelines.

Through consultations with Pacific partners, Family Planning Australia has observed that the term LGBT+ (lesbian, gay, bisexual and transgender) can be considered sensitive in some Pacific settings. Alternative terms include people of diverse SOGIESC (Sexual Orientation, Gender Identity and Expression and Sex Characteristics) which is used primarily in this document, and PIDSOGIESC+ (Pacific Islanders of Diverse Sexual Orientation, Gender Identity and Expression and Sex Characteristics).

POLICY DETAILS

Family Planning Australia recognises that:

- Fulfilling SRHR is fundamental for an individual's full participation in society. Vulnerable populations, including young people, people with disability, people with diverse SOGIESC, women and girls, and people from racial or ethnic minorities, experience greater challenges in having their rights fully realised.
- A gender transformative and feminist approach is considered best practice for programmatic design in international development[41].
- Programmes targeting young people and communities which challenge harmful social attitudes to gender and support the rights of women and children are required to advance gender equality and end GBV.
- Cervical cancer is a disease of inequity, with women in the Pacific experiencing the burden of disease and mortality at far higher rates than the rest of the world.
- There is significant unmet need for family planning across the Pacific, with limited use of modern methods of contraception and women commencing childbearing at earlier ages (including adolescent pregnancy between 15-19 years old) compared to neighbouring higher-income countries.
- Access to modern contraception is crucial for a person's ability to make autonomous decisions about their health, body and future, and evidence demonstrates sexual partners have an important role in supporting this.
- Many of these priorities are reflected in the Pacific Platform for Action on Gender Equality and Women's Human Rights 2018–2030, emphasizing the issue as a locally led priority. Most Pacific countries (except Tonga, Niue and Palau) have also ratified the International Convention on the Elimination of All Forms of Discrimination against Women[43].
- The Beijing Declaration and Platform for Action[28], affirms the human rights of all people to decide freely in all matters related to their sexuality, including sexual and reproductive health, without coercion, discrimination and violence, and with respect for others. This encompasses people's right to explore their own sexuality free from shame, fear and guilt.

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- Pacific governments have also made commitments to gender equality and adopted regional frameworks which support the rights and participation of women and girls and improved access to sexual and reproductive health services and information. These include the Moana Declaration (2013)[39] and the Pacific Platform for Action for Gender Equality and Women's Human Rights 2018-2030[40].
- There is a lack of legal protection for people of diverse SOGIESC, with no global or regional legal frameworks to ensure the rights of this population. Many country-level policies fail to acknowledge or address their vulnerability.

Family Planning Australia believes that:

- Sexual and reproductive health is characterised not merely by the absence of disease and illness. It can be enhanced by encouraging the development of sexual relationships and practices that are informed by an understanding of sexuality, gender, mutual rights, responsibilities and pleasures[37].
- Inclusive CSE provides an opportunity to address drivers of gender inequality and promotes healthy attitudes towards SRHR[29].
- SRHR programming must be understood and tailored to the local context of Pacific cultures to be appropriate and effective.
- Everyone has the right to access and choose family planning options suitable to them.
- Everyone has the right to define their own gender identity and live without fear of harm or discrimination.
- As a fundamental driver and consequence of gender inequality, GBV must be addressed throughout our programming.
- Despite growing momentum for gender equality in the Pacific, disparities in the rights and protection of all people persist due to gender discrimination and systemic barriers.
- Our gender policy approach must be progressive and informed by the most current evidence.

Family Planning Australia is committed to:

Programming

- Delivering CSE interventions which engage men and boys in education and community outreach to prevent violence across various realms.
- Providing certified clinical training for service providers to develop their capacity to assist all clients to enhance their sexual and reproductive health.
- Using gender transformative and feminist approaches in our programming, considering intersectionality.
- Providing inclusive CSE and resources which empower individuals and communities to make informed choices regarding their own SRHR.
- Including people marginalised due to their gender or gender identity in programme consultation and design.
- Analysing gender-specific barriers to programme participation and identifying opportunities to overcome them.
- Providing training to local health professionals to support them to increase access to modern methods of contraception and address misinformation and concerns among community members.
- Supporting Pacific partners to develop approaches to achieving the World Health Organisation 90:70:90 targets to eliminate cervical cancer.
- Challenging harmful norms that perpetuate GBV across our programming.

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- Using gender audit tools and appraisal processes to identify and address contextual barriers in our programme design.
- Working with Pacific partners to strengthen the evidence base to identify strategies which contribute to effective program implementation in Pacific contexts, through embedding monitoring and evaluation strategies in program delivery models and engaging in research processes and publication.

Partnerships

- Strengthening partnerships with locally-led organisations such as IPPF Member Associations.
- Developing collaborative partnerships with organisations which spearhead gender inclusivity, such as women's organisations or diverse SOGIESC organisations.
- Leveraging longstanding local, regional and international partnerships to accelerate the elimination of cervical cancer in the Indo-Pacific region.

Advocacy

- Advancing the SRHR of all people by recognising the specific needs of priority population groups, such as people with disability or diverse SOGIESC.
- Engaging in advocacy to improve gender equity. Supporting improved strategies for collecting and using disaggregated data to support planning and evaluation of effective programmes/initiatives.
- Engaging in research to contribute to the SRHR evidence base including on underrepresented population groups such as unmarried women, people with disability, and people with diverse SOGIESC.

SUMMARY OF EVIDENCE

Gender in the Pacific

In the Pacific region, there are multiple definitions of gender, with understandings of gender often differing across societies[1]. Diverse and transgender identities which capture spirituality and culture have traditionally been part of many Pasifika societies[2]. The concept of 'Gender' is socially constructed and refers to the different recognised genders across the world. This includes male and female, non-binary, gender-fluid and transgender individuals. Differences between genders manifest through roles, behaviours, attributes, and opportunities, which are learnt through the socialisation processes.[3]

Gender politics can be a divisive issue in the Pacific, where it may be seen to clash with traditional societal norms. For example, Tonga has declined on three occasions to ratify the 1979 treaty Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Legislative Assembly declined to ratify the treaty most recently in 2009, stating that ratifying the CEDAW "...would cut across our cultural and social heritage that makes up the Tongan way of life. It would require the creation of fundamental changes for every Tongan citizen to a way of life and social organisation that has sustained Tonga to date"[42].

Some Pacific activists have developed alternate terminology to the lesbian, gay, bisexual, transgender, queer+ (LGBTQ+) label, and refer instead to Pacific Islanders of Diverse Sexual Orientation and Gender Identity and Sex Characteristics (PIDSOGIESC+)[4]. This label recognises the range of cultures and gender diverse communities within the Pacific region. Promoting gender equality, including for marginalised groups, is highlighted as an urgent issue in the 2050 Blue Pacific Strategy[5].

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There is increasing emphasis on using a feminist approach when considering gender in international development and humanitarian activities. This approach ensures activities are rights-based, transformative of gender norms, inclusive, comprehensive, non-violent and accountable[6].

Gender inequality

Gender inequality is the result of unequal power relationships and gender norms that disproportionately harm women and girls[9]. Gender inequality can be reinforced by interrelated power structures. This includes visible power (assigned/explicit authority), hidden power ("behind the scenes" influence) and invisible power (driven by social norms which may be internalised)[1]. Achieving gender equality does not mean all genders are the same, rather all people's rights, responsibilities and opportunities will not depend on gender [8].

Intersectionality acknowledges that factors such as gender, sexual orientation, race, age, class, physical ability and more can shape people's identities. Taking an intersectional approach to international development considers how social factors such as patriarchy, colonialism and homophobia affect individuals and ensures equality for everyon[6].

A key principle to reducing gender inequality is to use a gender-transformative approach to programming. International Planned Parenthood Federation[1] uses the gender integration continuum to reflect the degree to which an intervention facilitates gender transformation. Initiatives may be either gender blind or gender aware, and range from exploitative, accommodating, to transformative. A gender-transformative approach seeks to actively challenge and transform limiting and/or harmful gender norms and power imbalances.

Cervical cancer

The Pacific experiences inequitably high rates of cervical cancer incidence and deaths, bearing a quarter of the global cervical cancer burden. In 2020, an estimated 145,700 women in the region were diagnosed with cervical cancer. In the same year 74,900 women died due to cervical cancer, with mortality rates in the region significantly higher than neighbouring high-income countries[10][11].

Table 1.1 Comparative cervical cancer rates between the Pacific and Australia

	Pacific region	Australia
Percentage of women aged 30-49 screened for cervical cancer in the last 5 years	19.3	84.0
Average age-standardised cervical cancer incidence rate per 100,000	22.78	7.3
Average cervical cancer mortality-to-incidence ratio	0.67	0.36

In May 2018, the World Health Organisation Director-General announced a global call for action to eliminate cervical cancer. To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below 4 per 100,000 women. Achieving that goal rests on three key pillars and corresponding "90:70:90" targets:

- vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15
- screening: 70% of women screened using a high-performance test by the age of 35 and again by the age of 45
- treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed[12].

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Gender-based violence

GBV is any harmful act perpetrated against a person based on their socially ascribed gender. It includes acts of causing physical, sexual, psychological/emotional harm or abuse, or threats of such acts, and other deprivations of liberty. GBV stems from unequal power and control dynamics between men and women and the resulting discrimination based on gender. While GBV can affect both females and males, women and girls are disproportionately more affected. This stems from the patriarchal underpinnings of society, pertaining to stereotypical gender roles, institutional and government systems and work structures. These constructs support the ongoing use of gender-based violence, through the use of power and control dynamics including acts of causing physical, sexual, psychological and/or emotional harm or abuse, or threats of such acts, and other deprivations of liberty. Some women and girls are at especially high risk of GBV, such as those with disabilities and those of diverse SOGIESC[35].

Intimate partner violence includes any abuse, including physical and sexual abuse, that is perpetrated by a current or former partner. This can be within the context of marriage, cohabitation or any other intimate relationship. Intimate partner violence is the most common form of violence that women and girls face globally. Given social norms and gender roles that allow male dominance over women, violence between intimate partners is often perceived as an ordinary element of relationships[34]. Pacific women face some of the highest levels of intimate partner and non-partner violence in the world; it is estimated that 60% of Pacific women and girls have experienced either type of violence[13].

Intimate partner violence is currently measured by the Sustainable Development Goals indicator 5.2.1, under Goal 5 and Target 5.2[34].

Table 2. Percentage of ever-partnered women aged 15-49 who had experienced physical or sexual violence by a current or former partner in the 12 months prior to data collection[38]

Country	Percentage of ever-partnered women reporting physical or sexual violence by a current of former partner
Papua New Guinea	30.6
Vanuatu	29.4
Solomon Islands	28.1
Kiribati	25.2
Fiji	23.2
Nauru	20
Tuvalu	19.8
Marshall Islands	19.3
Samoa	17.8
Tonga	16.9
Australia	2.9

Reproductive coercion

Reproductive coercion is a form of abuse perpetrated by an individual to exert power and control over another's reproductive health and choices, predominantly by men against women. Forms of reproductive coercion include pregnancy coercion (pressure to become pregnant), contraceptive sabotage (direct interference with contraception), forced sterilisation, and control of pregnancy outcomes (forcing the pregnant person to have an abortion or to continue with a pregnancy that they do not want)[33].

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There is some evidence that suggests that some socio-economic, cultural and societal factors may influence a woman's risk of experiencing reproductive coercion. This includes being socially or economically marginalised, being pregnant, being young, having disability or living in a society with rigid gender roles. Research also indicates that women who have experienced intimate partner violence are more likely to report reproductive coercion[31]. This is supported by research conducted in the Pacific with women in Kiribati, Fiji, Vanuatu, and the Solomon Islands[32].

Evidence on the incidence and type of reproductive coercion experienced by women in the Pacific is limited, especially among young, sexually active, unmarried women and women with disability.

Comprehensive Sexuality Education

CSE is a rights-based and gender equality-focused approach to sexuality education that is delivered in both in and out of school settings. CSE addresses sexuality, relationships, sexual and reproductive health and gender. CSE leads to lower rates of earlier pregnancy, lower HIV and STI transmission rates, healthier relationships, better understandings of consent and higher rates of gender equality[23]. It is important that CSE includes a strong focus on gender, power, and rights to have a positive effect on SRHR outcomes[7]. Adolescent girls, women and girls with a disability typically have less access to SRHR information and services due to discriminatory policies, poor access to services, and prevailing attitudes about what is acceptable for girls.[25] It is therefore important that all initiatives for gender equality work to engage and empower all people across the gender spectrum and intersecting characteristics.

Contraception

Equitable access to effective contraception, is a public health priority and essential human right[33]. Contraceptives are widely accepted to improve health and well-being and reduce global maternal mortality. Additionally, contraceptives have health benefits associated with pregnancy spacing on maternal and child health, female engagement in the work force, and economic self-sufficiency for women. Many lower and middle income countries have an "unmet need" for family planning, referring to the number of fecund women in a population who do not want to get pregnant or wish to space their pregnancies, and are not using an effective method of contraception. Universal access to contraceptives is considered by the WHO to be a basic human right. Effective contraception is cost effective and reduces unintended pregnancy and abortion rates. Additionally, non-contraceptive benefits of contraception may provide other health advantages for women. These include decreased bleeding and pain with menstrual periods, and a reduced risk of gynaecological disorders, including a decreased risk of endometrial and ovarian cancer.

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