

# HOW CAN WE INTEGRATE FEMINIST APPROACHES IN OUR COMMITMENT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?

MAIN CONCLUSIONS OF THE SYMPOSIUM  
« A SPACE OF OUR OWN,  
BETWEEN ACTIVISM AND RESEARCH:  
LET'S TALK ABOUT A FEMINIST APPROACH TO SRHR! »



This document is intended for stakeholders involved in human rights, gender equality and health issues, activists and researchers, as well as public and private donors, in particular governments involved in bilateral or multilateral cooperation, and UN agencies. This document is inspired by rich discussions held in Cotonou during the symposium on SRHR organized by Equipop. It summarizes the thoughts shared by experts, as well as the cross-cutting action points which have emerged from five panel discussions.

Please note, the original version of the document is in French.



*Our warmest thanks go to the participants who took part in the symposium, the partners who helped organize it, as well as the project's financial partners, notably Global Affairs Canada and Agence Française de Développement.*

**This summary is based on the full report written by Mounia El Kotni and available on Equipop's official website.**

## THE KEY ISSUE : WHO OWNS WOMEN'S BODIES ?

From March 4 to 6, 2024, 40 researchers and activists from 14 countries in West and North Africa and the diaspora<sup>1</sup> gathered in Cotonou to create a space for political and feminist reflection, to establish a dialogue between different environments (activist and academic), geographical spaces and generations, with the aim of crossing experiential and scientific knowledge and contributing to the construction of a feminist agenda for sexual and reproductive health and rights (SRHR) at an international level.<sup>2</sup>

SRHR are based on long-established human rights: the right to life, liberty and security of person, equality and non-discrimination, privacy, education and development, gender equality, and the highest possible standards of physical and mental health. The issues that these rights aim to address are wide-ranging, from maternal mortality and STIs to unwanted pregnancies, menstrual dignity and gender-based, sexual and medical violence. In fact, it was the International Conference on Population and Development (ICPD), held in Cairo in 1994, that placed the issue of women's rights and reproductive health at the heart of international action programs.

In a feminist approach to SRHR, as advocated by Equipop, power and wealth relations, as well as their deployment and prioritization by policymakers, are highlighted. A feminist approach to SRHR also questions the place given to women and people discriminated against because of their gender identity (transgender, non-binary people) and/or sexual orientation (lesbians, gays, bisexuals, etc.) in decisions affecting their bodies, health and fundamental rights.

Despite legislative advances on access to contraception, abortion and the criminalization of sexist and sexual violence, SRHR are not fully guaranteed in any territory. In fact, they are regularly questioned and attacked. Yet too often, SRHR are rooted in a biomedical approach and are sometimes even instrumentalized in the service of "patriarchal capitalism"<sup>3</sup>. Faced with these numerous challenges, five panels have highlighted the ways in which a feminist approach can contribute to guarantee full access to sexual and reproductive health and rights. The following section summarizes and presents main avenues for reflection and action.

<sup>1</sup> Belgium, Benin, Burkina Faso, Canada, France, Italy, Ivory Coast, Mali, Mauritania, Morocco, Netherlands, Niger, Senegal and Tunisia.

<sup>2</sup> This symposium places itself in continuity with other activities organized by Equipop (Sororités francophones, Feminism and health, the side-event "Our bodies, our rights, our voices : a feminist approach to SRHR" held during Women Deliver 2023, etc.).

<sup>3</sup> Maria Mies and Vandana Shiva, *Ecofeminism*, Second Edition., London, Zed Books, 2014, 336p.

## PANEL 1

# KNOWLEDGE FOR ACTION:

## COMPREHENSIVE SEXUALITY EDUCATION FROM A LIFE-CYCLE PERSPECTIVE

Knowing that “patriarchal domination is exercised particularly through the control of sexuality, thus making sexuality a key political issue”<sup>4</sup>, how can we better equip individuals with knowledge and skills throughout their whole lives, enabling them to make informed decisions, respect others and live a fulfilling sexuality?

International institutions have promoted the life-cycle approach since the Cairo conference in 1994.<sup>5</sup> This approach allows us to understand sexuality, menstruation and menopause on a continuum and to develop multi-generational analyses of the patriarchal oppressions that continually limit people’s choices. Consequently, a cross-cutting approach to sexuality must include the fields of education and health services, as well as water, hygiene and sanitation infrastructures.<sup>6</sup> Whereas comprehensive sexuality education (CSE) is constantly being improved, for example through the inclusion of new technologies such as phone lines<sup>7</sup> addressing the topics of sexuality, abortion, menstrual rights and health, issues related to menopause and the health of older women remain insufficiently addressed. Yet, women beyond a certain age may face serious illnesses or disorders related to their productive and reproductive work during this period of their lives.<sup>8</sup>



→ **Mobilize the notion of a continuum** to comprehend a lifelong sex education (before menarche and after menopause), that no longer limits women’s value to their reproductive abilities, but rather allows us to understand the interweaving of all SRH-related experiences.

→ **Rethink the notion of consent and** through an inclusive and positive approach, **fully integrate it** in optimized CSE programs which are adapted to the different stages of life, from adolescence to old age. For example, the notion of **enthusiastic consent** allows to consider girls’ and women’s agency and to comprehend sexual violence committed in the context of marriage or cohabitation.

→ **Remedy the mismatch between community needs and proposed projects** by adopting an intersectional and inclusive approach, and by promoting sorority and collective mobilization in the fight for bodily autonomy.

<sup>4</sup> Participant quote

<sup>5</sup> UNFPA 2021 [https://arabstates.unfpa.org/sites/default/files/pub-pdf/life\\_cycle\\_2021-11-30.pdf](https://arabstates.unfpa.org/sites/default/files/pub-pdf/life_cycle_2021-11-30.pdf)

<sup>6</sup> Equipop, Muskoka Fund and UNFPA, *Droits et santé menstruels. Un enjeu d'égalité en Afrique de l'Ouest et du Centre*, s.l., 2022.

<sup>7</sup> Nicole B. Ippoliti and Kelly L'Engle, « Meet us on the phone: mobile phone programs for adolescent sexual and reproductive health in low-to-middle income countries », *Reproductive Health*, 17 January 2017, vol. 14, no 1, p.11.

<sup>8</sup> Fatou Sow and Codou Bop (eds.), *Notre corps, notre santé. La santé et la sexualité des femmes en Afrique subsaharienne.*, Paris, L'Harmattan, 2004, 364 p.

## PANEL 2

# FROM TALKING CIRCLES TO THE WOMEN'S LIBERATION HANDBOOK :

## CROSS-PERSPECTIVES ON THE VALORIZATION OF EXPERIENTIAL KNOWLEDGE

People sharing the same experiences or living similar oppressions (sexism, racism, lesbophobia, etc.) come together in many, more or less institutionalized, formats and venues. These spaces are powerful levers for individual emancipation and collective action, as they deconstruct persistent taboos with the help of widely accessible content (documentaries, podcasts, booklets, etc.).

Turning to this alternative knowledge is a form of self-care and helps build both, individual and collective bodily and sexual autonomy in the face of persistent taboo surrounding issues related to women's bodies. Talking circles become most relevant considering the discrimination in access to care, the medical violence and the difficulty of raising certain issues, even with health professionals.

The discussions have emphasized the importance of recognizing, valuing and integrating the experiential knowledge of those most concerned by the dispossession of their bodies, notably women and gender minorities. Recognizing, valuing and integrating their experiential knowledge in health policies, whilst recalling the obstacles and challenges to be overcome, would enable the medical system to take real responsibility for their health and well-being.

→ **Recognize and deconstruct the role of medical patriarchy** : for access to SRHR to be fully guaranteed, it is essential to put an end to patriarchal norms in healthcare, such as the denial of women's lived experiences, the trivialization of certain health problems and the interpersonal violence of healthcare staff. The latter may relay oppressive laws and norms and become perpetrators of racist and sexist violence, for example, in the case of LGBTQIA+ people seeking care. Reporting abusive behavior and organizing as a collective and/or community are powerful tools to denounce the patriarchal power of medicine and to imagine a different system of care.



## PANEL 3

# OUR BODY, OUR CHOICE, OUR RIGHT :

## BODILY AUTONOMY AND REPRODUCTIVE JUSTICE

During this panel, discussions focused on bodily autonomy and highlighted persistent challenges. These include social, cultural and religious barriers to accessing services such as safe abortion (despite its legalization in some countries), sex education, contraception and respected childbirth. These barriers have been recognized as exacerbating health risks for women and gender minorities, and call for heightened awareness and appropriate solutions. Indeed, the normalization of sexual violence and practices such as incest, excision, and infanticide, testify to the way in which society exerts control over women's bodies and perpetuates violence.

The discussions also introduced the concept of reproductive justice (RJ), which emerged in the USA in the 1990s at the initiative of the SisterSong Collective, a group of black women committed to the fight for reproductive rights. It defends the fundamental human right of every person to maintain personal bodily autonomy and make their own decisions concerning : 1) the possibility to have children, 2) not to have children, 3) and to parent their children in safe and sustainable communities freed from violence and discrimination.<sup>9</sup> RJ activists have highlighted the fact that reproductive politics "is based on gendered, sexualized, and racialized acts of dominance that occur on a daily basis"<sup>10</sup> and that the access to reproductive rights is thus hindered by intersectional structures of domination, encompassing the dimensions of gender, race and class.<sup>11</sup> RJ goes beyond the right-based approach and works to understand and eradicate these systemic inequalities, emphasizing the access rather than the theoretical existence of these rights.

Of course, women and gender minorities are not passive in the face of these injunctions and develop strategies to navigate this oppressive environment. Faced with the control exercised over their bodies, the search for autonomy can take various forms: conformity to social expectations to avoid conflict, resilience in the face of stigmatization and exploitation, and the search for support within communities or peer groups.

The role of the state in guaranteeing the rights of all people has been questioned on several occasions. While feminist organizations are able to push for legislative changes and denounce shortcomings, they are not themselves decision-makers on the forefront of institutional change.

→ Mobilize the concept of reproductive justice to remove social, cultural and religious barriers in accessing reproductive and sexual health care.

→ As far as States are concerned, respect, guarantee and implement sexual and reproductive health rights, as recognized in international treaties. This involves recognizing that there are social and cultural barriers to these rights. States must analyze and adopt the necessary measures to remove these barriers. CSOs and citizens are fully entitled to hold governments accountable.



<sup>9</sup> Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction*, Oakland, CA, University of California Press, 2017, 360 p. // Also see <https://www.sistersong.net/reproductive-justice>

<sup>10</sup> SisterSong <https://www.sistersong.net/reproductive-justice>

## PANEL 4

# GYNECOLOGICAL AND OBSTETRICAL VIOLENCE AND HEALTH INEQUALITIES

Gynecological and obstetrical violence (GOV) lie at the intersection of institutional violence and gender-based violence. They are interwoven with other factors of discrimination such as the failure of healthcare systems, women's migratory and/or economic status, and they illustrate the process of appropriation of women's bodies by medicine. GOV take the form of physical, verbal and/or psychological violence, and are perpetrated by healthcare personnel during gynecological and/or obstetrical care (pregnancy monitoring, abortion, miscarriage, childbirth, postpartum). An intersectional approach to GOV highlights the way in which those forms of violence are part of a continuum of violence and injustice that can occur throughout a woman's life.<sup>11</sup>



→ **Raise awareness, lead collective and concerted action and resistance**, in order to recognize, prevent and combat gender-based violence and to promote care that respects women's rights and needs, as it takes into account the intersectional and context-specific dimensions. Resistance strategies may include advocating for political and legal change, monitoring state compliance with commitments made, including at international level, and strengthening alliances with other existing feminist and women's movements, local NGOs and rights groups.

→ **Strengthen collective mobilization and solidarity**, in order to better confront online or in person attacks against feminist activists. **Find ways** to nurture these spaces of care and ensure their inclusivity.

→ **Improve both the funding and the sustainability of feminist projects and initiatives** : Associations and researchers are repeatedly confronted with challenges in regards to long-term funding and are often forced to find their own resources to be able to pursue projects related to their field of work (i.e. menopause and psychological care). The logic of task rationalization related to the short-middle-term modeling of projects often leaves little room for certain issues which require long-term feminist research.



<sup>11</sup> Louise Virole and Mounia El Kotni, « Justice reproductive » in *Dictionnaire du genre en traduction / Dictionary of Gender in Translation / Diccionario del género en traducción*, s.l., 2021, p.

## PANEL 5

# AT THE INTERSECTION OF OPPRESSIONS

## HOW TO DEFEND ACCESS TO SRHR FOR ALL, IN THE FACE OF ANTI-RIGHTS MOVEMENTS AND HOSTILE CONTEXTS?

Anti-rights movements “are often the fruit of heterogeneous alliances between states at opposite ends of the diplomatic spectrum, far-right political groups, fundamentalist religious movements and particularly conservative wealthy individuals.”<sup>13</sup> LGBTQIA+phobic policies play on the register of moral panic to prevent concerned people from full access to SRHR. State surveillance and/or repression targets single women, gender minorities and intersex people, seeing them as a threat to traditional values. For their part, activists are faced with the delicate issue of public exposure of their actions and demands, which might endanger the already vulnerable public they serve.<sup>14</sup>

As part of the “Feminisms and Health”<sup>15</sup> cycle, this last panel has highlighted the multiple social, political and economic barriers faced by women and LGBTQIA+ people in accessing health services in the face of anti-rights movements. Discussions have also opened up reflections on the need for more inclusive policies and the need for feminists to broaden their scope of struggle by including the demands of LGBTQIA+ people, making alliances with civil society organizations and women’s movements, in order to advance the health rights of all minorities. To ensure equitable access to healthcare for all, regardless of sexual orientation, gender identity, sexual characteristics or ethnicity, adopting an intersectional approach is most essential.



<sup>12</sup> Mounia El Kotni and Chiara Quagliariello, « L'injustice obstétricale. Une approche intersectionnelle des violences obstétricales », Cahiers du Genre, 2021, vol. 71, no 2, p. 107-128.

<sup>13</sup> Equipop, Fondation Jean Jaurès, Women's rights : fighting the backlash. What role for France ?, op. cit.

<sup>14</sup> Christophe Broqua and Gabrièle Laborde-Balen, « S'engager en contexte hostile. La visibilité homosexuelle entre choix et contraintes au Sénégal », Politique africaine, 2022, vol. 168, no 4, p. 135-155.

<sup>15</sup> See <https://equipop.org/cycle-feminismes-et-sante/>

→ **Recognize the importance of the intersectional approach**, in the struggle for bodily autonomy for women and LGBTQIA+ people, as it allows us to fully take into account the different dimensions of women's identity and experiences according to their social class, ethnicity, migratory status, etc. Adopting an intersectional approach allows for sexual and reproductive health policies and services to be adequate and thus to respond to the specific needs of each group of women and LGBTQIA+ people, especially the marginalized and vulnerable ones.

→ **Build broad multi-actor alliances** to monitor mobilizations by anti-rights movements, and defend the rights of women and the LGBTQIA+ community.

## 6. CROSS-CUTTING THEMES

Conversations around the **research-activism nexus** focused on three themes : 1) the efforts aiming at strengthening the links between research and activism, 2) the questions related to research ethics, and 3) the challenges related to funding research in both academic institutions and associative projects. The researchers and activists reiterated the importance of protecting the people with whom research is carried out and emphasized the necessity of moving away from extractivist logics found in certain university research. They also called for the valorization of research that has been carried out in Africa over the last few decades.

Finally, the two sessions on **art therapy** discussed its importance in the holistic and inclusive management of mental well-being, as well as its potential for strengthening feminist and activist struggles through creativity and artistic expression. Participants reiterated the importance of giving oneself the same quality of attention and care they give to others in their activist work. The symposium was an opportunity to implement moments of care, both in practical organization and through the creation of spaces for discussion.



## EQUIPOP

Equipop is a feminist international aid organization working to improve the rights and health of women and girls worldwide, focusing particularly on their sexual and reproductive health and rights.

Equipop champions feminist values and places the gender approach at the heart of its work.

Vision :

A world where all women and girls have their rights respected, including their sexual and reproductive rights, and have the opportunity to participate actively in human, just and sustainable development.

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