

A TOOLKIT ON
**BODILY
AUTONOMY**

ACCORDING TO
YOUNG PEOPLE



youth coalition



Contents

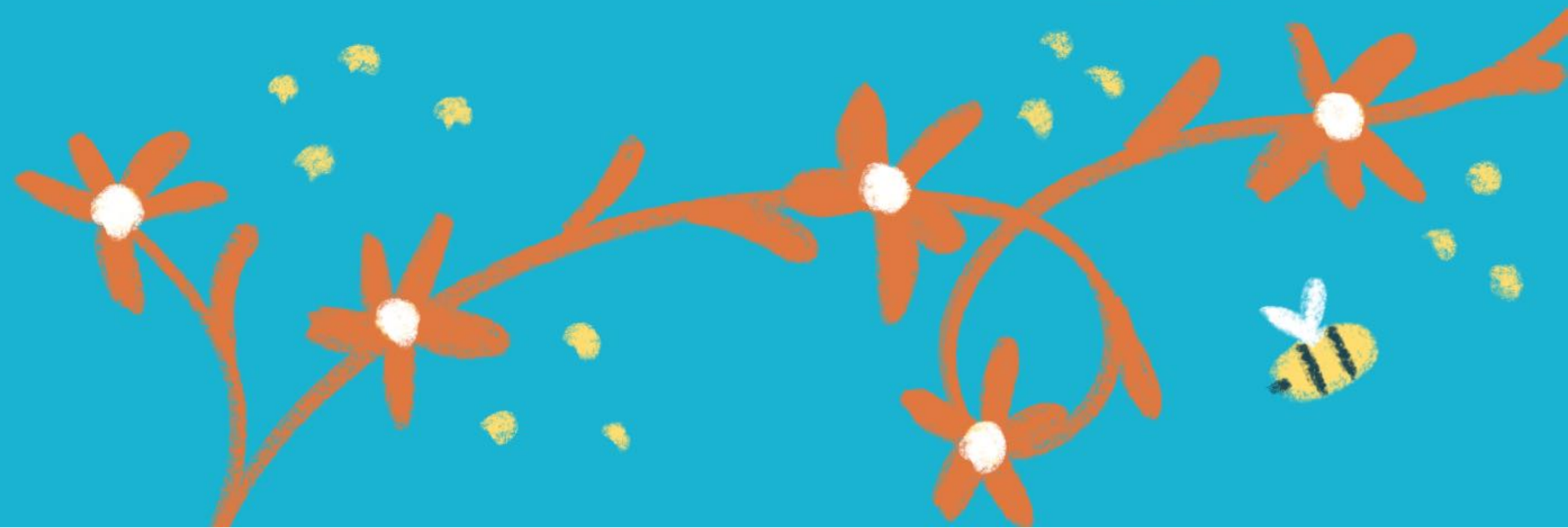
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We want to thank UNFPA for building a meaningful partnership with us, and for trusting us with supporting the Global Network of Youth with Disabilities in their advocacy efforts on SRHR and meaningful youth engagement.



What is this document about?

As young people, we believe in our right to self-determination and to decide what makes us happy, who to love, how to build our identity, and how to exercise our sexual and reproductive rights on our own terms. Because of this, we see the need to frame our Sexual and Reproductive Health and Rights (SRHR) advocacy from a bodily autonomy perspective. Our right to make decisions about our bodies and lives should be the guiding approach to SRHR policy and programming from a youth-responsive and human rights perspective. This approach is particularly relevant in the current context of anti-rights attacks against our SRHR, such as the limits imposed on LGBTQI+ rights, the overturning of Roe v. Wade, and the pushback against Comprehensive Sexuality Education (CSE). So, bodily autonomy is more relevant than ever!

This document also responds to the commitments that we made to the Generation Equality Forum (GEF) to advance Bodily Autonomy for young people. The YCSRR is a youth leader of the [GEF's Action Coalition on Bodily Autonomy and SRHR](#). In 2021, the YCSRR conducted a youth-led participatory consultation with historically marginalized groups of young people¹, to center their voices in the design of the AC blueprint. These consultations focused on understanding how barriers to comprehensive sexuality education, bodily autonomy, and access to SRHR services manifest to different groups of youth, according to their own context and identities, as well as their priorities on the SRHR agenda. Across all consultations, there were two key common findings that youth mentioned as pressing to be able to exercise their SRHR.

1.- The lack of respect and recognition of their identities.

This is specifically true for youth who are part of a marginalized group: queer, indigenous, sex workers, LGBTQI+, youth with disabilities, racialized youth, and more. The lack of recognition for their identities invisibilizes them; as a consequence, there is no information, policies, programs or health services to fit their needs. Moreover, diverse youth experience discrimination based on their identities, and this discrimination is directly linked to systems of oppression such as racism, ableism, transphobia, homophobia, etc. Lack of access to information and services that are respectful of youth's needs and identities put them at risk and enables harmful practices. It's also important to note that young people who belong to multiple marginalized groups often face additional difficulty in securing their bodily autonomy, because of compound discrimination.

2.- Colonialism and its consequences, including the modern context.

Colonialism has an impact on current discriminatory policies, which reproduce racism and other forms of oppression. These translate into harmful practices, such as natal-ity control of racialized communities through forced sterilization, the criminalization of LGBTQI folx, and the non-consensual sexualization and exoticization of black and racialized women, amongst others. But also, in the current context, the global SRHR agenda continues to be dominated by Global North. These white narratives and practices simply don't address the needs of youth in all their diversity, and continue to reproduce power dynamics that affect our rights and self-determination. At the Youth Coalition, we believe that young people's and adolescents' SRHR won't be guaranteed as long as we are thought of as a homogenous group. Not all of us have the same needs, and our contexts can rarely be adapted to the international development agenda, mainly dominated by Global North countries and white dynamics. Also, not all of us have the same life project, and that's ok! Empowerment and happiness look different for everyone - embracing the diversity of youth and adolescents is key to building enabling environments for us to exercise our SRHR.

¹ Youth with disabilities, indigenous youth, black and afro-descendent youth, LGBTQI+ youth, adolescents, young sex workers (18-29).

Young people have also identified the following barriers to their ability to make decisions over their lives and bodies:

- Lack of access to CSE that is youth friendly (peer-to-peer, age-appropriate, pleasure-based, inclusive of dissident gender identities). A lot of information acquired in school and through families is fear-based, abstinence-focused, shrouded in stigma, or just plain inaccurate;
- Lack of safe spaces, free of judgment and violence, to learn about sexuality;
- Sexual health services aren't context-sensitive and don't respond to the needs of the groups they serve. Providers don't respect the agency and bodily autonomy of young people and are not mindful of their identities.
- Opposition to CSE, abortion, provision of sexual health services, and SRHR initiatives by adult stakeholders: parents, religious leaders, cultural leaders, and government officials.
- Stigmatizing narratives and religious beliefs held by adult gatekeepers limit access to CSE, SRHR, and bodily autonomy for most groups of young people.
- Legal limitations to bodily autonomy (criminalization of abortion, access to contraceptives, age of consent, persecution of homosexuality, criminalization of sex work, and limits to legal capacity, among others)
- Difficulty in accessing services and information because of inaccessible formats or high costs.
- Power relations such as class, gender, disability, and ethno-racial issues are determinants of decision-making power and the full exercise of bodily autonomy.
- Lack of involvement of youth voices in policies and programs that are designed with young people in mind, which in turn end up being unhelpful or address issues in the wrong way.

This document is an effort to share our collective global south and youth-led vision of what bodily autonomy means to us, from a human-rights perspective, that centers on the right of young people to make decisions over their bodies. We believe that the SRHR discussion should be centered on the right of young people to make informed decisions without coercion and discrimination, based on who they are, who they love, their identities, their needs, and their context. We hope that this document benefits and empowers other youth to defend their right to be themselves and to be able to make informed decisions over their bodies, lives, and health free from discrimination, violence, and coercion.



What is Bodily Autonomy?



In general terms, bodily autonomy means having the power and capacity to freely make decisions about one's own body and, therefore, about different crucial aspects of life, without facing discrimination, coercion, and violence.

There is no bodily autonomy when the scope of decision-making is limited by the lack of access to the conditions that enable substantive choice, such as resources, infrastructure, services, and information. As pointed out by Sistersong, the organization that carries on the legacy of [reproductive justice](#), "There is no choice where there is no access." Thus, the right to bodily autonomy cannot be devoid of an intersectional analysis that unveils how different systems of oppression, such as patriarchy, racism, ableism, classism, ageism, colonialism, and capitalism affect people's ability to exercise their rights. As a result, the frameworks of the right to bodily autonomy, intersectionality, and reproductive justice are intimately intertwined.

The right to bodily autonomy is broad, and it's as multifaceted as the different contexts and systems a person can inhabit. The right to live independently and to be included in the community (article 19 of the Convention of the Rights of Persons with Disabilities CRPD) is a perfect example of how the provision of the necessary conditions, in this case, the provision of support, enables decisions such as where to live and who to live with. For instance, CRPD article 19 includes the right of persons with disabilities, in particular women, to choose who supports them as their assistant, in a one-to-one relationship². As said by the CRPD Committee in its General Comment No. 5 on article 19, it "recognizes the equal right of all persons with disabilities to live independently and be included in the community, with the freedom to choose and control their lives."³ In this case, providing adequate support enables youth with disabilities to live independently - but there are many other cases where we need to guarantee adequate conditions before achieving bodily autonomy.

¹ <https://www.sistersong.net/reproductive-justice>

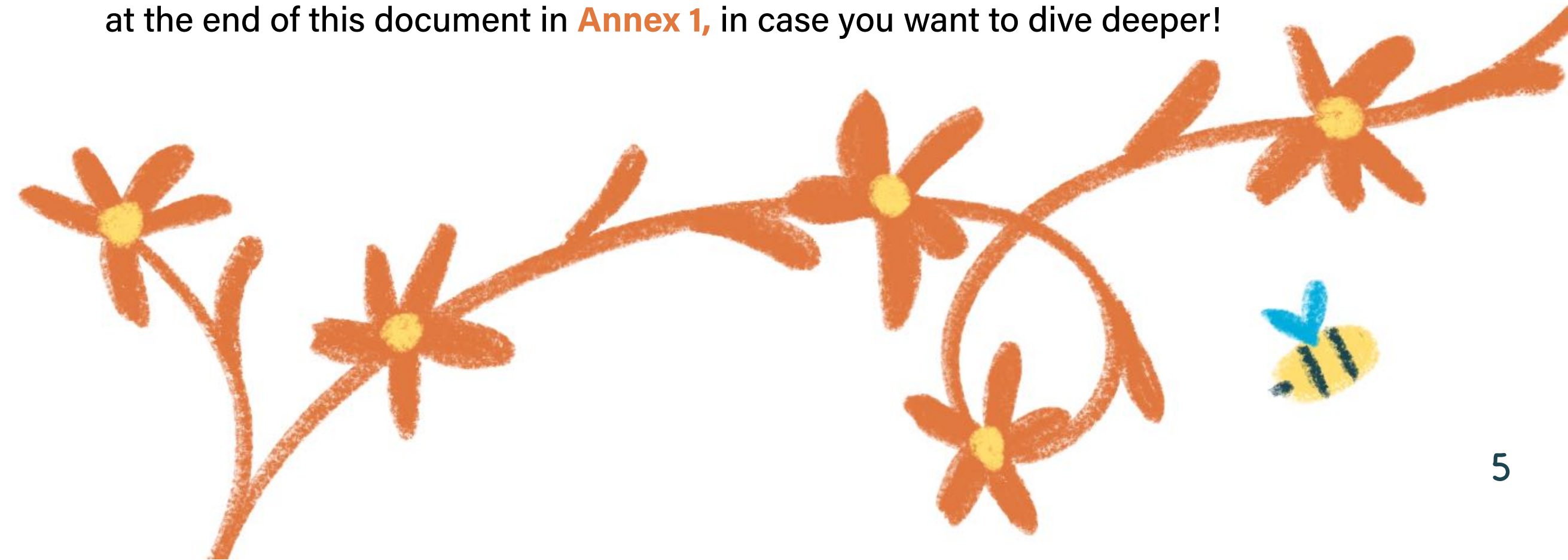
² "Personal assistance is a one-to-one relationship. Personal assistants must be recruited, trained and supervised by the person granted personal assistance. Personal assistants should not be "shared" without the full and free consent of the person granted personal assistance. Sharing of personal assistants will potentially limit and hinder the self-determined and spontaneous participation in the community." Committee on the Rights of Persons with Disabilities (CRPD Committee), General comment No. 5 (2017) on living independently and being included in the community. CRPD/C/GC/5.

³ Id., para. 2.

States have the obligation to respect, protect and fulfill the range of rights linked to the right to bodily autonomy. Obligations include creating the conditions for persons to make decisions about their bodies and lives, without discrimination or fear of consequences from the State, society, and families. Other obligations include not interfering with persons' decisions on their own bodies and their self-determination.

The framework of bodily autonomy and its scope is still in dispute, as it has appeared recently in international, regional, and national systems after years of work by social movements and activists. Consolidating a robust vision of bodily autonomy is crucial at this time when it has taken traction. As the right to bodily autonomy gains greater recognition in international law, it is likely to encounter greater resistance and opposition, as has been the case with other concepts, such as intersectionality. A narrow conception of bodily autonomy that is limited only to consent and self-determination is always more likely to be captured and misrepresented in the international arena.

We did an analysis of existing definitions of bodily autonomy, bodily autonomy in international human rights law, and some progressive court decisions. With that, we developed our own framework, centering the voices of young people from the Global South that face intersecting forms of oppression. You can look at the full legal analysis at the end of this document in [Annex 1](#), in case you want to dive deeper!



Our Definition of Bodily Autonomy

When thinking about bodily autonomy in the context of SRHR, we need to understand sexuality holistically and remember it goes way beyond sexual relations. As defined by the WHO: "Sexuality encompasses sex, gender identities and roles, sexual orientation, erotism, pleasure, intimacy and reproduction, and it's experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships".

As young people, we believe that there are several dimensions of bodily autonomy that go beyond the medical and biological aspects, and that are relevant to achieving our SRHR:

- The freedom to exist in all of our diversity and to express our identity, without invalidation, invisibilization, discrimination, and/or violence, in the public and private spheres.
- The freedom to build our own project of life, considering our own contexts, realities, and preferences, without the imposition of colonial approaches.
- The ability to make informed and autonomous decisions about health services and medical procedures.
- The freedom to decide about our reproductive life, including the right to choose about contraception methods and abortion.
- The freedom to make autonomous decisions about our bodies, our sex-affective relationships, whether and on what terms to be sexually active, and the right to live free from gender-based violence.

As we have mentioned before, from a human rights perspective, with every right recognized in the international human rights law, comes a great responsibility for decision-makers: to respect, protect and fulfill every right linked to bodily autonomy. The latter includes the obligation of States to take action to create the necessary conditions for youth and adolescents to make informed decisions and to actively protect their right to bodily autonomy from human rights violations (this is known as positive obligations), but also to not interfere with persons' decisions on their own bodies and their self-determination (this is known as negative obligations).



Human rights analysis

From our own definition, we identified the following rights and State obligations as central to bodily autonomy. You can use this to build arguments that center a human rights / bodily autonomy framework in your advocacy work! In the next few pages, we'll be discussing the content of each right that makes up bodily autonomy and how states are bound by these rights.

Principle of Human Dignity

Recognized in the Universal Declaration of Human Rights (UDHR) the foundational document of human rights law, states in its preamble that "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." All human beings are born with equal dignity, and this dignity is the foundation of all other human rights. This general principle is key to bodily autonomy! All of the rights which we describe below are framed by this principle.

The key rights associated to bodily autonomy are:

1. The right to autonomy and self-determination
2. The right to access information
3. The right to privacy
4. The right to equality before the law
5. The right to health
6. The right to liberty and security of the person (freedom from coercion and violence)
7. The right to live free from gender-based violence and discrimination



1. The right to autonomy and self-determination

Self-determination is enshrined in various international human rights instruments, including the Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR). Article 1 of both documents emphasizes the right of all peoples to self-determination, which encompasses both collective and individual aspects. It upholds the autonomy and agency of individuals in making choices about their own lives and determining their own destinies, without discrimination. People have the right to dictate what their own private lives look like, by choosing the life that they want to build. The right to autonomy and self-determination is particularly relevant for LGBTQI+ youth, young sex workers, indigenous youth, racialized youth, youth with disabilities, and other groups that face systemic violence because of their identities and realities. Applied to reproductive rights, in the case of women and people with the capacity to gestate, this means choosing whether or not to continue a pregnancy, as it is a life-altering decision that impacts their private life.

State obligations

States and decision-makers have the obligation to recognize that young people, adolescents, and children have the agency to make decisions and to observe the principle of progressive autonomy of the child (art. 2 and 5 of the Convention on the Rights of the Child). The principle of progressive autonomy necessarily imposes the State's obligation to recognize the evolution of consent and the capacity of children and adolescents to make choices about their identities and their own bodies. The right to autonomy and self-determination also looks different for different groups of youth, depending on their identities and the systems of oppression that affect their lives. States have the obligation to create the conditions to ensure that all those groups of diverse youth are recognized as valid and to be reflected in the policies and laws, to protect their rights through affirmative measures, and to recognize that they have the agency to make decisions over their lives and bodies.

For us, this includes:

- **The recognition of LGBTQI+ rights**, including trans and intersex children's rights;
- **The recognition of sex work as work**;
- **The recognition of indigenous youth's self-determination** under their own worldviews and traditions, and the preservation of their territories as crucial for their well-being, autonomy, and sexual and reproductive rights;
- **The recognition of youth with disabilities' legal capacity, agency, and autonomy**;
- **The recognition of racialized youth as able to make decisions over their bodies and reproduction, free from coercion and violence.** Racialized youth face particular forms of racist violence that include forced sterilization and the perception that people living in poverty should not reproduce as a way of ensuring economic development (a prevalent eugenic discourse). The latter is particularly violent, as it is the State's obligation to ensure that parents have the support that they need to procure their children's well-being. Targeting people living in poverty and racialized youth, and stigmatizing their reproduction is deeply racist and colonial;
- **The recognition of adolescent mothers' rights and agency to exercise motherhood free from institutional violence and discrimination**, by adopting positive measures that allow them to access services such as economic support, education, social services, and health services without discrimination or stigma. When we portray adolescent mothers only as a harmful practice, we ignore the realities they face and perpetuate a harmful white savior mentality. It's important to acknowledge that while adolescent pregnancy can have negative consequences, the context and aspirations of each person are different. Narratives that only approach teenage pregnancy as a harmful practice are deeply rooted in colonial beliefs that reproduce the imposition of capitalist ideals and the racist belief that everyone knows what's best for racialized adolescents living in poverty. The international development agenda should not be seen as the ultimate truth.



2. The right to access information

The right to access information is a pre-condition to the right to health.

According to the Committee on Economic, Social and Cultural Rights (CESCR Committee)¹, the right to health is closely related to and dependent upon the realization of other human rights, including access to information. Young people, adolescents, and children have the right to access information and to receive comprehensive sexuality education, free from stigma and discrimination, that addresses their needs, and that is age-appropriate. The right to access information also includes the right to access one's medical information and to be duly informed of medical procedures and their consequences.

People can't make autonomous decisions over their bodies if they don't have the appropriate information to do so. Without appropriate information, there's no substantive choice. Not receiving comprehensive sexuality education directly violates the bodily autonomy of young people, adolescents, and children.

State obligations

The States have the obligation to provide comprehensive sexuality education and information that is inclusive, non-discriminatory, free from stigma, and that centers on gender perspective. This obligation can be found in General Comment No. 14 of the CESCR. According to the CESCR Committee, States have the obligation to ensure that sexual and reproductive health services are accessible, which includes providing accessible information: "accessibility includes the right to seek, receive and impart information and ideas concerning health issues"².

¹ CESCR General comment No. 14: The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)

² ESCR General comment No. 14: The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

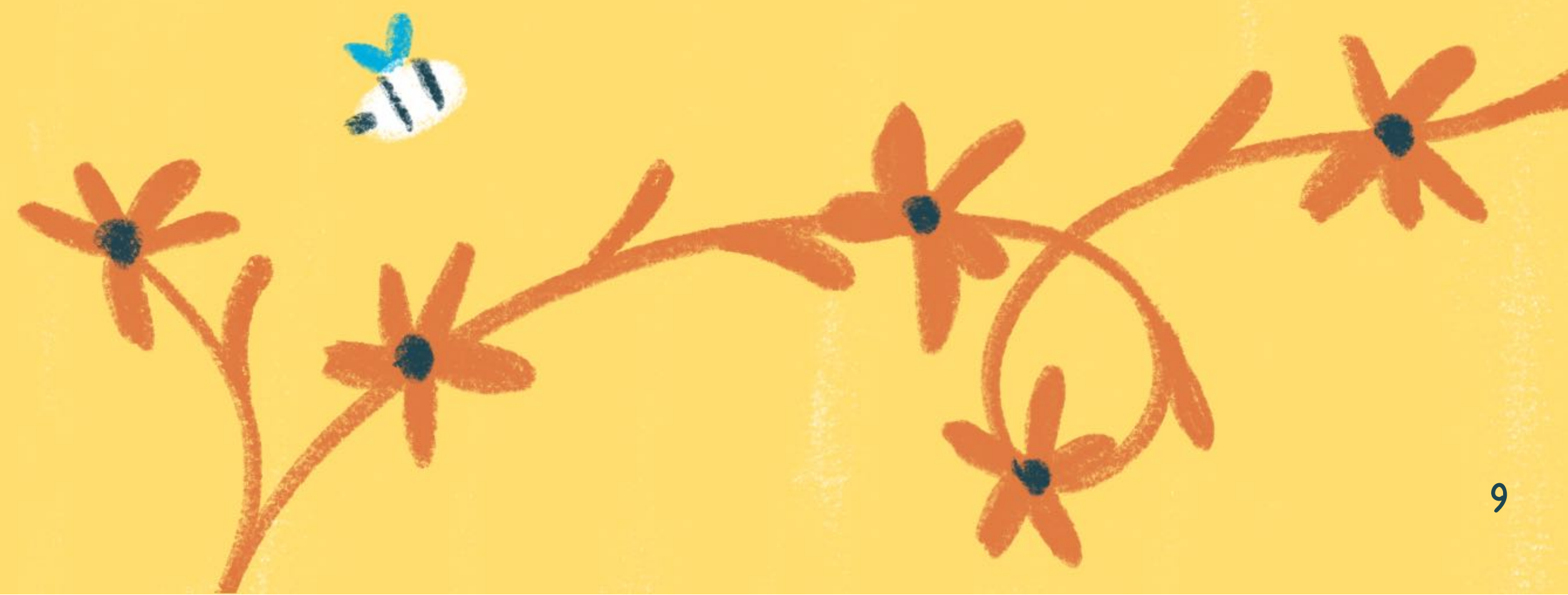
3. The right to privacy

The right to privacy is also a precondition to the right to health. The right to privacy is particularly relevant in contexts where different aspects of bodily autonomy are criminalized (criminalization of abortion, consensual sex between adolescents, consensual sex between LGBTQI+ folks, sex work, etc.). The right to privacy is also important to protect the right of women to make autonomous decisions over their bodies and reproduction without the interference of their partners and/or family members in those contexts where women are forced to have the consent of male members of their families to undergo medical procedures.

State obligations

States have the obligation to respect and protect the right to have personal health data treated with confidentiality. The realization of the right to health of adolescents depends on the State's obligation "to develop youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services"³.

³ ESCR General comment No. 14: The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).





4. The right to equality before the law

The right to equality before the law can be found in practically every human rights treaty. To be on equal footing to exercise their bodily autonomy, young people and adolescents need to be granted the right to choose over their own bodies and lives.

State obligations

In order to guarantee and protect the right to equality before the law, States must recognize youth and adolescents as the holders of the right to decide over their own lives and bodies, including the recognition of women persons with gestational capacity as the holders of the right to decide whether to continue or terminate their pregnancies.

States must adopt measures that protect the right to bodily autonomy with a gender perspective and an anti-oppressive approach that understands that the law is built on patriarchal, ableist, and colonial principles. This perspective should seek to amend these biases in the law.

Our bodies are ours! Our bodies don't belong to the State, to our families, to society, to the schools, or to the healthcare system.

5. The right to health

Article 12 of the International Covenant on Economic, Social and Cultural Rights recognizes "the right to everyone to the enjoyment of the highest attainable standard of physical and mental health". The right to health includes sexual and reproductive health, which means that all rights and obligations derived from the right to health must be applied equally to sexual and reproductive health.

As said by the Committee on Economic, Social and Cultural Rights, "the right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment, and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health."

State obligations

The right to health imposes the obligation to the States to provide not only medical services that enable young people and adolescents to make decisions over their own bodies, but to guarantee their availability, accessibility, non-discrimination, acceptability, and quality of services. As the right to health is interconnected with the right to self-determination, health services must be also available to address the needs of diverse youth without discrimination. Non-discrimination includes the obligation to protect youth and adolescents from violence by healthcare providers.

Under the right to health, States have the obligation to provide medical and social services that enable women and people who gestate to decide over their own bodies, which includes public healthcare services to support mental health, abortion, and post-abortion well-being, such as post-abortion care. This entails that medical personnel and equipment should be appropriate for the procedure, but also that the service be provided by professionals trained to deliver it with dignity, confidentiality, non-discrimination, and at an appropriate time.

¹ CESCR General comment No. 14: The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

6. The right to liberty and security of the person (freedom from coercion and violence)

The right to liberty and security of the person can be found in the International Covenant on Civil and Political Rights (ICCPR) in articles 7 and 9, and in other relevant instruments such as article 14 of the CRPD.

The right to liberty refers to the right to physical liberty (to not be subjected to arbitrary arrest or detention). No one shall be deprived of their liberty, except in those cases previously established by law. However, it is also important to recognize, once more, that the law can also reproduce patriarchal, colonial, and racist violence when it comes to deprivation of liberty, even when legally allowed.

The right to security refers to the right to mental and physical personal integrity. The right to security of the person is the right to not be subjected to cruel, inhuman, or degrading treatment. This includes the right to not be subjected to without consent to any medical procedures - especially those that affect youth and adolescent sexual and reproductive rights.

State obligations

In order to guarantee and protect the right of youth and adolescents to bodily autonomy, the States must derogate all those norms that criminalize their right to make decisions over their own bodies and lives.

States have the obligation to adopt a gender perspective (beyond the binary understanding of gender) to ensure that laws and policies protect bodily autonomy. States also have the obligation to protect youth, adolescents, and children from harmful practices that affect their SRHR and basic freedoms. For example, there are jurisdictions where consensual sex between adolescents is criminalized and adolescents are prosecuted and imprisoned. There are also jurisdictions where abortion is criminalized. There are jurisdictions where LGBTQIA+ communities are criminalized. Young sex workers also face criminalization in different places. States have the obligation to protect young people from criminalization when exercising their right to bodily autonomy, without discrimination. Criminalization that targets the exercise of sexual and reproductive rights constitutes a form of coercion that prevents youth and adolescents from making autonomous decisions over their bodies and lives.

States also have the obligation to protect children, adolescents, and youth from medical procedures that affect their sexual and reproductive autonomy. Forced sterilization, forced abortion, forced contraception, nonconsensual medically unnecessary surgeries on Intersex children, conversion therapy for LGBTQI+ folx, as well as forced institutionalization and treatment of folx with disabilities are all harmful practices that originate in the violation of bodily autonomy and represent a violation to the right to security of the person and to sexual and reproductive rights.





7. The right to live free from gender-based violence and discrimination

Gender-based violence has been understood from a binary perspective as violence against women in most international human rights instruments. However, gender-based violence is violence directed against a person because of that person's gender¹. It includes violence that affects persons of a particular gender disproportionately, such as violence against women, but also against people with dissident gender identities. Therefore, it constitutes a form of discrimination.

Young people, children, adolescents, and adolescents have the right to live free from gender-based violence and discrimination, including sexual violence. Sexual violence constitutes a form of GBV and violates the right to bodily autonomy.

State obligations

States have the obligation to eliminate gender-based violence in public and private life. General Recommendation No.19 of the CEDAW elaborates on the obligation of the States to eliminate GBV. They do that from a binary approach, but we are interpreting it to include gender-diverse people and gender non-conforming youth, integrating an intersectional approach.

States have the obligation to recognize that women and LGBTQI+ folx are not exposed to violence by accident, or because of an in-born vulnerability. "Instead, violence is the result of structural, deep-rooted discrimination, which the state has an obligation to address. Preventing and addressing gender-based violence ... requires legislative, administrative, and institutional measures and reforms, including the eradication of gender stereotypes." For us as youth advocates, "the eradication of gender stereotypes" begins by recognizing that gender is not binary and the diversity of sexual orientations.

Different harmful practices that violate bodily autonomy and constitute GBV have their roots in the discrimination of women and the LGBTQI+ community on the basis of their gender. Examples of these practices include sexual violence against girls and women; sexual exploitation of children and adolescents; child, forced, and early marriages; sexual violence against lesbians, trans women, trans men, and queer folx (correction rape); conversion therapy; nonconsensual medically unnecessary surgeries on Intersex babies and children; sexual harassment against women and LGBTQI+ folx; amongst others.

States have the obligation to take positive action to prevent and protect women and gender-diverse people from Gender-Based Violence, punish perpetrators of violent acts, and repair victims of violence. This is known as the principle of due diligence. The principle of due diligence is the link between the right to live free from GBV and the obligations of the States to protect that right².

¹ https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en#:~:text=Gender%2Dbased%20violence%20is%20violence,of%20a%20particular%20gender%20disproportionately.

² Declaration on the Elimination of Violence against women and the CEDAW Committee's General Recommendation No. 35

Harmful practices and bodily autonomy

Harmful practices are persistent practices and behaviors that are grounded on discrimination on the basis of sex, gender, sexual orientation, age, disability, race, socio-economic conditions, and other grounds, as well as multiple and intersecting forms of discrimination. Harmful practices involve violence and cause physical and/or psychological harm or suffering¹ and constitute a violation of youth, adolescent, and child sexual and reproductive health and rights.

Harmful practices are varied, and they include female genital mutilation (FGM); child and forced marriage; conversion therapy of LGBTQI+ folx; nonconsensual medically unnecessary surgeries on Intersex babies and children; criminalization of consensual sex between adolescents, criminalization of sex between same-sex folx; criminalization of sex work; forced sterilization, forced abortion and forced contraception; transphobia, homophobia, biphobia, and lesbophobia; virginity testing and related practices; extreme dietary restrictions, including during pregnancy (force-feeding, food taboos); binding, scarring, branding/ infliction of tribal marks; corporal punishment, stoning, violent initiation rites; widowhood practices; accusations of witchcraft; infanticide; incest; and body modifications that are performed for the purpose of beauty or marriageability of girls and women.

Harmful practices are directly rooted in the lack of recognition of youth, adolescents, and children as holders of the right to decide over their own bodies. They are imposed by family, community members, or society regardless of whether the victim provides, or is able to provide, full, free, and informed consent².

¹ <https://nationalfgmcentre.org.uk/harmful-practices/#:~:text=Harmful%20practices%20are%20persistent%20practices,or%20psychological%20harm%20or%20suffering.>

² https://eige.europa.eu/publications-resources/thesaurus/terms/1089?language_content_entity=en



As the YCSRR, we believe that centering the right to bodily autonomy of youth, adolescents, and children in SRHR policy and programming is key to eradicating harmful practices that affect their rights. Recognizing their agency is a precondition to empower them to make healthy decisions that can protect them from abuse, gender-based violence, and other harmful practices. We believe that centering bodily autonomy in SRHR policy and programming can be an effective way of ensuring harm reduction and preventing harmful practices.

A youth approach to harm reduction that centers bodily autonomy must:

1. Accept that consensual sex occurs between adolescents, and it is normal. Sex practices are as valid and diverse as young people and adolescents are, and everyone's experiences are valid.
2. Understand sexuality as something complex, beyond the biological approach.
3. Establish young people's ability to make informed decisions about their own bodies and lives as the criteria for successful programming and policies.
4. Call for non-judgmental, non-coercive provision of information, resources, and services to enable young people to make healthy decisions over their bodies.
5. Ensure that the voices of young people are centered in the design and implementation of programs, services, and policies on SRHR through a meaningful youth engagement strategy.
6. Affirm that youth have agency and can be the primary agents of reducing harmful practices if empowered to share information and support each other in strategies that meet actual needs.
7. Recognize that poverty, social isolation, past trauma, GBV, and, overall, systems of oppression -racism, ableism, classism, transphobia, homophobia, ageism, colonialism, and capitalism- have a direct impact on young people's capacity to make free decisions about their lives and bodies. As such, fighting systems of oppression is an essential step to guaranteeing bodily autonomy.
8. Does not minimize or ignore the risks that can be associated with engaging in sexual practices, but takes a sex-positive approach to destigmatize narratives and provides the tools for risk management.

Further reading materials

We are currently developing information on the rights and obligations that must be materialized to address those systems of oppression that present specific barriers to different groups of young people. The first one is **The ABC of Bodily Autonomy for youth with disabilities** (check it out here!).

We have also developed an at-length annex where you can consult all the legal information related to bodily autonomy in detail, in case you need to go more in-depth for your advocacy. Please go to **Annex 1** below!



ANNEX 1



Annex 1: The legal stuff on bodily autonomy

UNFPA on Bodily Autonomy

In the Status of the World Population report *My Body Is My Own* (Erken, 2021, p. 18) UNFPA outlines three dimensions of bodily autonomy, as it relates to sexual and reproductive rights:

- The ability to make autonomous decisions about health services and medical procedures;
- The freedom to decide about contraceptive methods;
- And the freedom to make decisions about whether and on what terms to be sexually active.

This report is the first of its kind on bodily autonomy and it's important because it marks the gradual consolidation of this framework in international law. However, the definition used by UNFPA closely follows the language of ICPD, in a clear setback in relation to the most recent advances on the right to bodily autonomy. A definition closer to the one proposed for the Generation Equality Forum, for example, would have done more justice to the hard advocacy work of civil society organizations.

Some of the materials¹ that accompany the report treat decisions as if they were made in a vacuum, with no reference to the social and economic conditions that enable them. These materials, and sections of the report, also offer a protectionist perspective that threatens to anchor much of the right to bodily autonomy in a restrictive agenda on violence that does not seek to address the different systems that determine the conditions for the enjoyment of rights².

¹ See, e.g., the video displayed on the reports' page <https://www.unfpa.org/sowp-2021/autonomy> and uploaded to <https://www.youtube.com/watch?v=TdFz6FiZ2bs>. Retrieved 3 June 2023

² For a review on the risks of the display of sexual harm to an individual body as a human rights argument, please see Alice Miller, *Sexuality, Violence Against Women, and Human Rights: Women Make Demands and Ladies Get Protection, Health and Human Rights* - January 2004.

Bodily Autonomy in International Human Rights Law

The right to bodily autonomy is not derived from international law and is not explicitly enshrined in international treaties or agreements (such as ICPD, CEDAW, etc., which only refer to the concept indirectly). As recognized by UNFPA, bodily autonomy is increasingly used by different social movements and activists as a cross-movement framework that can address the root causes of different struggles. In general, the right to bodily autonomy has been linked in international law to the following rights and principles¹:

- **Right to self-determination:** Self-determination is enshrined in various international human rights instruments, including the Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR). Article 1 of both documents emphasizes the right of all peoples to self-determination, which encompasses both collective and individual aspects. It upholds the autonomy and agency of individuals in making choices about their own lives and determining their own destiny.
- **Dignity:** The Universal Declaration of Human Rights (UDHR), the foundational document of human rights law, states in its preamble that "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." All human beings are born with equal dignity, and that this dignity is the foundation of all other human rights.
- **Right to health:** As said by the Committee on Economic, Social, and Cultural Rights (CESCR), "the right to health contains both freedoms and entitlements. The freedoms

¹ This is not an exhaustive list and more rights will come within the scope of the right to bodily autonomy in line with its advancement in international human rights law.

include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment, and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health."

- Sexual and reproductive health and rights: As said by CESCR, "[t]he right to sexual and reproductive health entails a set of freedoms and entitlements. The freedoms include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one's body and sexual and reproductive health. The entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health."
- Right to bodily integrity: The right to bodily integrity refers to the inherent right of individuals to have control over their own bodies and to be free from unwarranted interference, intrusion, or harm to their physical and mental well-being.
- Non-discrimination
- Freedom from coercion and violence

In recent years, the right to bodily autonomy, or its framework, has been used by different human rights bodies, including the UN Human Rights Council, Special Procedures, and Treaty Bodies. There is a myriad of indirect references to bodily autonomy in international human rights law. For the sake of brevity, only explicit references to the right to bodily autonomy are included.

Human Rights Council

Most references to bodily autonomy in the Human Rights Council have been in the context of the resolution on "Elimination of all forms of discrimination against women and girls". Once language is incorporated into a resolution, it is more likely to find it in its future iterations, as it has already happened from resolution 41/6 to resolution 50/18.

A separate notable reference is found in the resolution on "Elimination of discrimination against women and girls in sport"¹, as it was the first time that the right to bodily autonomy was implied:

- "Calls upon States to ensure that sporting associations and bodies implement policies and practices in accordance with international human rights norms and standards, and to refrain from developing and enforcing policies and practices that force, coerce or otherwise pressure women and girl athletes into undergoing unnecessary, humiliating and harmful medical procedures in order to participate in women's events in competitive sports, and to repeal rules, policies and practices that negate their rights to bodily integrity and autonomy." [A/HRC/RES/40/5, Elimination of discrimination against women and girls in sport \(2019\)](#)
- "Urges States to respect, protect and fulfil the right to sexual and reproductive health, free from discrimination, coercion and violence, including by addressing social and other determinants of health, the removal of legal barriers and the development and enforcement of policies, good practices and legal frameworks that respect dignity, integrity and the right to bodily autonomy and guarantee universal access to sexual and reproductive health services and evidence-based information and education, including for family planning;" [A/HRC/RES/44/17, Elimination of all forms of discrimination against women and girls \(2020\)](#)
- "Urges States to respect, protect and fulfil the right to sexual and reproductive health, including for adolescent girls and young women, free from discrimination, coercion and violence, including by addressing social and other determinants of health, the removal of legal barriers and the development and enforcement of policies, good practices and legal frameworks that respect dignity, integrity and the right to bodily autonomy and guarantee universal access to sexual and reproductive health services and evidence-based information and education, including for family planning; and to ensure timely access to maternal health services and emergency obstetric care, including treatment for pregnancy-related morbidities, respectful of individual privacy;" [A/HRC/RES/50/18: Elimination of all forms of discrimination against women and girls](#)

¹ For further references and updates, the Sexual Rights Initiative and Fòs Feminista host a tool tracking key concepts in UN intergovernmental processes, the UN advocacy tool, that has a tracks Bodily Autonomy as one of its key terms: <https://www.unadvocacy.org/#/en/term/43>.

Special Procedures

The Special Rapporteur on the right to health has the most references to the right to bodily autonomy and has provided additional content on bodily autonomy, linking the framework with the impact of racism and colonialism.

- “In reality, the ability to make a choice is not enough for many women and girls of African descent; their right to bodily autonomy and integrity and to make decisions about whether to have children, or whether a pregnancy is supportable and can be carried to term, depend on other factors, such as the possibility for them to secure their children’s right to a standard of living that is adequate for their physical, mental, spiritual, moral and social development.” [A/HRC/47/28](#), **Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**
- “Women, adolescents, girls and all persons capable of becoming pregnant have a right to make informed, free and responsible decisions concerning their reproduction, their body and sexual and reproductive health, free of discrimination, coercion and violence. This right, which is anchored on the rights to bodily autonomy and self-determination, guarantees all persons capable of becoming pregnant meaningful control over whether or not to reproduce.” [A/76/172](#), **Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**
- “Early surgery carried out on intersex children is a blatant and cruel effect of binary gender norms, and United Nations and regional human rights mechanisms have called on States to protect the right to bodily integrity and autonomy, and to self-determination of intersex children.” [A/HRC/47/27](#), **Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity.**
- “Because of decades of action by feminist defenders, women in many places now enjoy greater equality, including before the law, in politics, education, workplaces and marriage and at home. Because of feminist defenders, more women are able to enjoy the right to vote, the right to bodily autonomy, the right to privacy, the right to family life, sexual and reproductive rights and many other rights.” [A/HRC/40/60](#), **Report of the Special Rapporteur on the situation of human rights defenders**

Treaty Bodies

Although treaty bodies have extensive references to concepts related to bodily autonomy, it is one of the UN human rights mechanisms with the least references to the right to bodily autonomy. Some of the General Comments that more explicitly address people’s right to make decisions on their own bodies and lives are included below.

“Expand public education programmes on eliminating discriminatory norms and beliefs, with a focus on religious leaders, actors in the formal and informal/customary justice systems and service providers, as well as targeted programmes for girls and their families to raise awareness of the rights of women and girls to bodily autonomy and integrity.” [CCPR/C/EGY/CO/5](#) (**CCPR 2023**)

“Violations of the obligation to respect occur when the State, through laws, policies or actions, undermines the right to sexual and reproductive health. Such violations include State interference with an individual’s freedom to control his or her own body and ability to make free, informed and responsible decisions in this regard. They also occur when the State removes or suspends laws and policies that are necessary for the enjoyment of the right to sexual and reproductive health.” **CESCR, General comment No. 22 (2016) on the right to sexual and reproductive health**

“The right to health, which includes the right to bodily autonomy, and encompasses sexual and reproductive freedom, is often violated. Violence against women and girls (if not outright torture, or cruel and inhuman and degrading treatment) and the multiple and intersectional forms of discrimination based on sex and gender that they experience, impact heavily on their sexual and reproductive health and rights.” **Statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights: Beyond 2014 ICPD review.**

“Persons with disabilities have historically been denied their personal and individual choice and control across all areas of their lives. Many have been presumed to be unable to live independently in their self-chosen communities. Support is either unavailable or tied to particular living arrangements, and community infrastructure is not universally designed. Resources are invested in institutions instead of in developing possibilities for persons with disabilities to live independently in the community. This has led to abandonment, dependence on family, institutionalization, isolation and segregation.” **CRPD, General Comment No. 5 (2017) on living independently and being included in the community**

Universal Periodic Review

The universal periodic review provides an insightful perspective on the recognition of States of human rights language and recommendations, as States themselves suggest recommendations to their peers to accept or reject. There has been an increasing body of language related to bodily autonomy in the history of the UPR¹. However, explicit references to the concept are very recent (202, and 2023)²:

- 57.278 Guarantee transgender persons' right to health and bodily autonomy by allowing full access to medical treatment (**Iceland**). **A/HRC/52/7 (2023)**
- 138.209 Adopt measures to guarantee the physical integrity and bodily autonomy of intersex people, and prohibit unnecessary medical procedures without their free and informed consent (**Mexico**). **A/HRC/52/9 (2023)**
- 104.113 Take measures to ensure access to sexual and reproductive health care for all people, including the removal of legal obstacles and the development and implementation of policies, good practices and normative frameworks that respect a person's dignity, integrity and right to bodily autonomy (**Mexico**). **A/HRC/46/8 (2020)**

¹ For an analysis of the influence of bodily autonomy in the second cycle of the UPR, please see: https://www.sexualrightsinitiative.org/sites/default/files/resources/files/2019-11/SRI_Rituals%26ResistanceReport_UPR.pdf

² The referenced human rights recommendations were found using the Universal Human Rights Index of the UN. However, other available databases are more specialized. See, for example, UPR database of the Sexual Rights Initiative: <https://www.uprdatabase.org>

Bodily Autonomy in National Courts

Thanks to the efforts of social movements and feminist activists, the right to bodily autonomy is being addressed by national and regional bodies. A few examples will follow on how national courts have started to recognize the right to bodily autonomy.

Supreme Court of MEXICO

In a ground-breaking feminist decision on the right to choose¹ Mexico's Supreme Court characterizes bodily autonomy as: "the freedom [of women and people with the capacity to gestate] of self-determination and to choose freely the options and circumstances that give meaning to their existence, in accordance with their own convictions."² This means that bodily autonomy comprises various rights which are interconnected, interdependent and inalienable. According to the decision, the right to bodily autonomy has two key components:

1. The right to choose
2. Freedom from coercion of violence

The right to choose

The decision goes on to outline the principles that sustain the right to choose. As we have explained, the right to choose is also composed of other rights, and can be broken down into the following specific rights:

¹ ACCIÓN DE INCONSTITUCIONALIDAD 148/2017
² Translated by YCSRR

- **Right to Human Dignity:** the intrinsic dignity of all human beings is behind the notion of human rights, and it entails freedom and conscience. For people with the ability to gestate, their human dignity responds to this reproductive circumstance, and choosing freely over their own bodies and lives.
- **Right to Autonomy and Self-determination:** this principle sustains that people have the right to dictate what their own private lives look like, through choosing the life that they want to build. In the case of women and people with the capacity to gestate, this means choosing whether or not to continue a pregnancy, as it is a life altering decision that impacts their private life.
- **Right to health (psychological and physical):** Health is defined as the right to hold an optimal psycho emotional well-being. This means that the state is bound to provide not only medical services that enable women and folks who gestate to decide over their own bodies, but to guarantee their availability, accessibility, non-discrimination, acceptability and quality of health services. This includes services to support mental health and post-abortion wellbeing, such as post-abortion care.
- **Right to equality before the law:** The analysis of the right to choose must be done with a gender perspective, that understands that the law is built on patriarchal principles and seeks to amend them. Therefore, true equality before the law means recognizing that, to be on equal footing to exercise their autonomy, women need to be granted the right to choose over their own bodies.
- **Right to Reproductive freedom:** This principle holds that it is not up to the State -or to anyone- to know or evaluate the reasons for continuing or terminating a pregnancy - or any other reproductive decisions, for that matter.

The above rights that make up bodily autonomy can help our advocacy, as we can locate them in international law or national law to defend our right to choose. In addition to these principles that back up the right to choose, **Mexico's Supreme Court also holds seven correlated state obligations:**

1. **Comprehensive sexuality education** must be at the center of reproductive health policy. This education should be inclusive of different groups, and non-discriminatory, as well as have a gender perspective.
2. **Access to information and counseling on family planning and birth control methods** is a responsibility of the state, so that people can freely choose contraceptive methods if they wish to do so.

3. **States need to recognize women and persons with gestational capacity** as holders of the right to decide whether to continue or terminate their pregnancies.
4. **The state must guarantee that the woman or pregnant person makes an informed decision** regarding the termination or continuation of their pregnancy. This should be provided with dignity, respect, and without delay.
5. **The state must guarantee the well-being of women and persons with the capacity to gestate no matter what they choose:** whether to continue or terminate their pregnancy, they need to receive adequate access to healthcare services that support their decision.
6. **The state should guarantee that people can access the services necessary to interrupt their pregnancy in the public healthcare system.** This entails that medical personnel and equipment should be appropriate for the procedure, but also that the service be provided by professionals trained to deliver it with dignity, confidentiality, non-discrimination and at an appropriate time.
7. **The right of the person to choose only protects pregnancy during a brief period, close to the moment of gestation.**

This decision outlines the rights and implications that uphold the right to choose applied specifically to abortion, but the necessary circumstances of the right to choose can expand to bodily autonomy applied to Sexual and Reproductive Health and Rights in general, and illuminate what the conducive circumstances to bodily autonomy really look like.

Supreme Court of India

The case of X vs. Principal Secretary, Health And Family Welfare Department, Govt. Of Nct Of Delhi & Anr. is a landmark decision that has far-reaching implications for the right to bodily autonomy in India. In this case, the Supreme Court of India held that unmarried women have the right to terminate their pregnancies under the Medical Termination of Pregnancy Act, 1971.

The case arose from a petition filed by a woman who was seeking to terminate her pregnancy after “her partner had refused to marry her at the last stage.” However, her request for abortion was refused, arguing that the MTP Act only applied to married women.

The Court reasoned that the MTP Act was intended to protect the health and well-being of women, and that this protection should not be denied to unmarried women. According to the decision “[t]reatment must not be denied on the basis of one’s caste or due to other social or economic factors. It is only when these recommendations become a reality that we can say that the right to bodily autonomy and the right to dignity are capable of being realized.”

Supreme Court of Colombia

Although the Colombian Constitutional Court has no jurisprudence on the right to bodily autonomy in particular, it has developed the right to one’s own body (el derecho al propio cuerpo). This jurisprudence has been applied in different cases, including in cases of abortion, access to medical procedures by intersex children, objection to blood transfusion, and forced sterilization, among others. The right to one’s own body involves the right to free development of personality (self-determination), the right to health, the right to autonomy, the right to privacy and the prohibition of torture and cruel, inhuman and degrading treatment.

Likewise, the Court has also developed the concept of progressive autonomy, which recognizes the evolution of consent and the capacity of trans and intersex children to make choices about their identities and their own bodies. This concept, together with the full recognition of the legal capacity of persons with disabilities, ensures that people’s decisions about their own bodies are respected without interference from the State, providing legal resources so that society, health professionals and families also respect them.