SDG 3

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Sustainable Development Goals seen from a feminist approach

Health means a way of life that is autonomous, supportive and joyful. Health must be understood from a global perspective associated with welfare and quality of human life, not just the absence of disease, and where sexuality is part of our life cycle, something that belongs to us and includes the desires, welfare and pleasure of each person.

Human Rights are inalienable to all people and constitute the basic framework for wellbeing, quality of life and therefore health. **Sexual and reproductive rights**, as Human Rights, are essential for development. Societies cannot be fair and equitable without the recognition and full exercise of women´s sexual and reproductive rights. The violation of sexual and reproductive rights constitute a violation of Human Rights.

Adopting a sexual and reproductive rights approach means that these rights not only guarantee access to sexual and reproductive healthcare, but also ensure the **empowerment of women**, **without discrimination, to make their own decisions in regards to their sexuality, including reproduction**, which requires education and honest, timely, scientific and unprejudiced information **(Comprehensive Education based on scientific evidence)**

These three formulations, recognised in various international Human Rights instruments, taken from a feminist approach, involve the recognition and full exercise of sexual and reproductive rights for women.

How does the patriarchal system determine women´s health?

Understanding that, in the **patriarchal system**, women hold positions of **subordination**, **submission** and **oppression** in relation to men and men occupy a position of power and domination over women. Women are constructed by a patriarchal system which restricts their choices about their own health and starts with the denial of **control over their sexuality and their own body**. It is essential to understand how the processes of socialization that make us women affect our health when it comes to preventing disease or looking after ourselves. HIV/AIDS, for example, affects men and women unequally to the extent that gender differences determine the following: **access to information, social health resources, risk perception and prevention against infection options**.

Destroying the paradigm of romantic love

Has androcentric medicine rendered women invisible?

Androcentric medicine has rendered women invisible, their bodies, their cycles and diseases that they may suffer and has not developed adequate prevention strategies nor appropriate care for women.

Androcentric medicine is based on scientific evidence conditioned by gender stereotypes: what is biological or social is diagnosed as psychological and women are not included in an equal measure to men in medical investigation. Right now, for example, 70% of cardiovas-

cular disease studies include only men; there is a bias in the selection of patients that makes women invisible and affects teaching and therefore medical science itself because it leads to etiologic reductionism.

Androcentric medicine tends to homogenise people. It ignores the various forms of discrimination resulting from multiple identities: gender, but also class, age, race and ethnic group, sexual orientation and functional diversity that every woman experiences and which influences and determines their health.

In addition, the knowledge and practices of indigenous peoples have also been made invisible in the practice of clinical medicine, imposing medicine which is ethnocentric. At the same time, medicine which is technology-centred and highly medicalised with a gender bias is promoted.

Is violence against women a public health matter?

There is also a strong relationship between **violence against women** and women´s health. Women living with some form or manifestation of gender violence are more exposed to unwanted pregnancies, infection by HIV and other sexually transmitted infections. However, it is necessary to mention that **all women experience some kind of gender violence to a greater or lesser degree and that this determines the lack of power we have over our health.**

Gender violence is one of the **biggest causes of mortality in women aged 15-49** in the world and is recognised by the WHO itself as a public health problem.

Understanding the recognition of sexual and reproductive rights from the premise that women have the **right to control and enjoy their own sexuality and their own body**. Women should be in charge of their sexuality. The informed access to legal and free abortion is a fundamental human right and is necessary for **women's body sovereignty** and **self-determination**.

To exercise their sexual and reproductive rights, the patriarchy should be abolished and the **heterosexist gaze** of health services must be deconstructed so that everyone can enjoy equitable health services that respond to the complexity of the human condition. Furthermore we must identify and work against **institutional violence** which is produced through health structures and institutions.

To achieve Goal 3 the recognition and full exercise of women´s sexual and reproductive rights is essential. When women do not have control over their bodies and their sexuality is denied their human rights are violated, meaning they cannot enjoy a healthy life and wellbeing as advocated in the SDG3.

Legislation in Catalonia

- Statute of Autonomy of Catalonia, June 2006.
- Law 17/2015, of 21 July, regarding *effective equality of women and men.*
- Law 11/2014, of October 10, to guarantee the rights of lesbian, gay, transgender and intersex people and to eradicate homophobia, biphobia and transphobia.
- Law on the rights and opportunities in childhood and adolescence, May 2010.
- Public Health Law, October 2009.
- Law 5/2008, in April 2008 on the right of women to eradicate gender violence.
- Systematic Vaccinations Decree, November 2008.
- Decree Care Program Sexual and Reproductive Health (PASSIR), May 2004.
- National Agreement to address the HIV epidemic in Catalonia and against the related stigma, March 6, 2014.
- Declaration of the Catalan Parliament in favour of sexual and reproductive rights in the 2015 development framework.
- Instruction 03/2013, of 5 April, access to public health care coverage (*CatSalut*) for foreign citizens registered in Catalonia that are not insured or beneficiaries of the National Health System.

Legislation in Mozambique

- Constitution of Mozambique, 2004.
- Law of the Family, 2004.
- Law on Domestic Violence committed against women, 2009.
- Decriminalisation of abortion, article 168 of the Penal Code.
- Decriminalisation of homosexuality, July 2015.
- National Gender Policy 2006.
- Policy on Sexual and Reproductive Rights, 2007.
- National Strategic Plans to combat HIV.
- National Youth Policy, 1996 (Revised 2006).
- National Policy on adolescent Reproductive Health.
- Strategy on Family Planning and Contraception.

In **Mozambique** there have been major legislative advances in sexual and reproductive health, evident in various laws that recognise rights as important as the right to abortion or the decriminalisation of homosexuality. However, an important gap between the recognition of rights and their access and exercise persists. There are still many factors that limit the exercise of women´s rights:

- The age of marriage for women: more than 50% are married before age 18, and in rural areas, 2 out of 10 girls are married before they reach 15.
- The high maternal mortality rate in childbirth due to, whether they are teenagers or very young women, lack of access to health professionals, etc.
- Consequently there are more serious health problems such as obstetric fistula, HIV infection, for which they lack specific resources for prevention and care.
- Very high fertility rates due to poor access to contraception, lack of knowledge around contraception and difficulties in understanding their use.

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