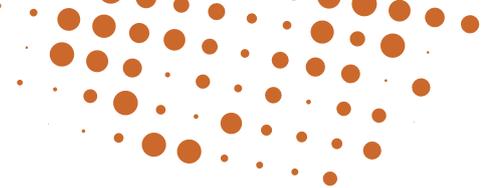


BODILY AUTONOMY, BODILY INTEGRITY AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



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Introduction to unit

Human rights are universal (exist everywhere in the world), fundamental, inalienable (cannot be given away) rights that all human beings are entitled to simply by being born human. They are based on the idea that every person is equal and entitled to be treated with dignity and respect regardless of their race, gender, age, disability, sexual orientation or any other human characteristic.

Human rights essentially derive from the inherent dignity of the human person, which is built on the premise that all humans have intrinsic worth and, in turn, are entitled to certain fundamental rights. Human dignity is based on the understanding that people are capable of making decisions and choices about their lives, including what they do with their bodies. Central to human dignity is thus the concept of “bodily autonomy.”

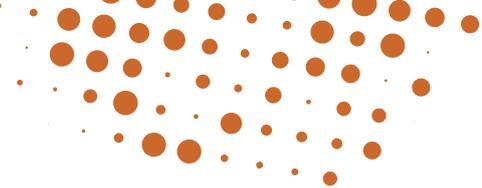
“Bodily autonomy” and “bodily integrity” are often used interchangeably. They are however distinct concepts. This unit explores the concepts of “bodily autonomy” and “bodily integrity”, the difference between them and their relationship to the realisation of sexual and reproductive health and rights and the full range of human rights. It outlines the way in which our civil, political, economic, social and cultural rights are violated when bodily autonomy and bodily integrity are compromised and correspondingly how violations of our rights to, for example, equality and non-discrimination impact on bodily autonomy and bodily integrity.



Unit outcomes

At the end of this unit, you should be able to:

- Understand and describe bodily autonomy
- Understand and describe bodily integrity
- Understand and articulate the relationship between bodily autonomy, bodily integrity and sexual and reproductive health and rights
- Describe how bodily autonomy and bodily integrity are central to the realisation of all human rights, including sexual and reproductive health and rights, and vice versa.



What is bodily autonomy?

Bodily autonomy is essentially the freedom to make your own decisions in relation to your body. It is the ability to exercise complete agency over your body, free from external interference, social or legal sanctions, coercion, violence, and discrimination. Key to this is the notion of choice. In the context of sexual and reproductive health and rights it includes the freedom to make autonomous decisions about your gender expression and identities, and about your sexuality – including when, whether, with whom and how to have sex and to feel pleasure. It includes the freedom to decide whether to have children, with whom and how many children to have. It is the freedom to make decisions about your sexual and reproductive health.



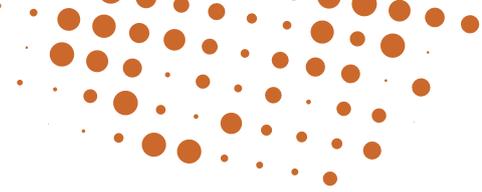
What is bodily integrity?

Bodily integrity is a closely related concept to bodily autonomy and is the right not to have your body touched or physically interfered with without your consent. It refers to one's physical inviolability¹. This includes the right to be free from physical assaults, rape, violence, torture, medical or other experimentation, and compelled eugenic or social sterilization, and cruel or degrading treatment or punishment. Violations of bodily integrity stand at the centre of violations of sexual and reproductive rights, such as female genital mutilation, forced sterilization, forced HIV testing and sex-assigning surgery for intersex children. It also necessitates "positive duties on the state to protect people against inference by others"². This means that the state is obliged not only to refrain from action which could cause bodily harm or threaten human life but is also obliged to take action in support of the protection of a thrivingly healthy life for all its citizens. Bodily integrity requires the whole of one's personhood, including one's personal identity, to be considered in all decisions made about you. Bodily integrity underlies many of the prohibitions and freedoms found in human rights law. Bodily integrity is fundamental to the rights to security of the person, freedom from torture and cruel, inhuman and degrading treatment, privacy, the highest attainable standard of health and decent work, among others. Freedoms from scientific experimentation without consent and non-therapeutic medical interventions are grounded in bodily integrity³. Bodily integrity is at the heart of reproductive rights as defined in the International Conference on Population and Development Plan of Action⁴.

Case Study: Forced Sterilisation

In Namibia, the International Community of Women Living with HIV, the Namibia Women's Health Network and the Legal Assistance Centre found a number of cases of women living with HIV who were sterilised without their knowledge or informed consent. In many cases, the women received limited or inaccurate information about sterilisation, why it was important and what their alternatives were – if they received information at all. Some were told it was standard practice for women with HIV. They were not counselled and were rushed to sign documents they did not read or understand, often while they were in labour. Forced sterilisation is an example of a violation of both bodily autonomy and bodily integrity as it both negates women's ability to make decisions about their own bodies and also constitutes a physical interference with their bodies without their consent.

Source: International HIV/AIDS Alliance & ARASA (2013) HIV and Human Rights Good Practice Guide



What is the difference between bodily autonomy and bodily integrity?

The terms bodily autonomy and bodily integrity are often used interchangeably or are conflated. Although they are linked, they are distinctly different concepts. An illustration of the difference between these two concepts is to be found in the example of forced marriage. Forcing a person to marry another is a gross interference with his or her bodily autonomy as this takes away that person's ability to make their own decisions in relation to their body and their ability to exercise complete agency over their body, free from external interference, social or legal sanctions, coercion, violence, and discrimination. Sexual relations that follow from a forced marriage and pursuant pregnancy are on the other hand not only a breach of autonomy but also of bodily integrity as this violates your right not to have your body touched or physically interfered with without your consent⁶.

Violations of bodily autonomy	Violations of bodily integrity
Denial of access to contraception	Female genital mutilation
Denial of access to safe abortion	Forced sterilisation
Laws that criminalise same sex sex	Sex assigning surgery for intersex infants
Laws that restrict the number of children that one can have	Medical experimentation

At the crux of the difference between bodily autonomy and bodily integrity is the fact that the former relates to autonomous decision making about what happens to your body and the ability to carry out the decisions you have made, whereas the latter relates to actual physical interference with your body.

1. Herring & Wall, *The Nature and Significance of the Right to Bodily Integrity*, *Cambridge Law Journal*, 76(3), November 2017, Pp. 566–588

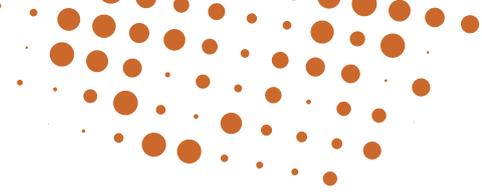
2. *Ibid.*

3. *General comment No. 36 (2018) on article 6 of ICCPR, on the right to life, para 9 and article 9 of ICCPR*

4. *ICPD Plan of Action, Article 7*

5. Herring & Wall *op cit.*

6. *XCC v AA [2012] EWHC 2183 (COP)*, at [72].



What is the relationship between bodily autonomy and bodily integrity and the multiple human rights recognised in international and regional human rights instruments?

The enjoyment of “bodily autonomy” and “bodily integrity” are critical to the realization of the full range of human rights because our bodies are the primary means through which we experience and participate in society, be it socially, economically, politically or otherwise. Without full autonomy and control over our bodies, the full range of human rights of women, and young women, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) persons, sex workers, people who use drugs, people living with disabilities, and other marginalised and vulnerable groups, cannot be enjoyed.

Although bodily autonomy and bodily integrity are not stand-alone human rights, they are at the core of many of the human rights set out in the various international and regional human rights instruments. These include the rights to life, privacy, dignity, expression, health, security of the person, freedom from torture and other cruel, inhuman, or degrading treatment and freedom from discrimination. Bodily autonomy and bodily integrity are at the very core of rights and freedoms that rely on, or relate to, the public sphere, public space or public services. Violations of these human rights limit bodily autonomy and bodily integrity. Similarly, limitations on bodily autonomy and bodily integrity may result in violations of these human rights. An inability, due to limits placed on bodily autonomy and bodily integrity, to safely access and navigate public space, and therefore access public services, necessarily hampers the ability of women, adolescents and young people, LGBTI people, sex workers, and other marginalised groups to fully enjoy their rights to health and participate in public life, and their enjoyment of freedoms of expression, of association, and assembly, among others.

Case study: marital rape

The somewhat complicated nature of the relationship between bodily autonomy and bodily integrity and the multiple human rights recognised in international and regional human rights instruments is illustrated by the example of marital rape. The extent to which bodily integrity and bodily autonomy are enjoyed has been historically, and is in the current day, based on the power and privilege of the person in question. The issue of whose bodies count as inviolable and self-determined was/is applied in accordance with societal assumptions about gender and sexuality and recognition of the right to bodily integrity is made contingent upon one’s conformity to social norms, particularly with regards to gender. Whilst all human rights are supposed to be equal in ranking, in practice they are not. The fact that marital rape was until not that long ago not considered to be a crime was based in the prevailing societal belief that home and family are a private sphere in which men can act free of constraint⁷. This tension between the rights of privacy and bodily integrity, illustrated by the example of marital rape, shows how historically, power structures have determined whose rights get priority and how women’s human rights are often deprioritised. Individuals are not however gender-neutral and gender is central to discussions of rights and their application. Whilst changing society norms allowed for the recognition that women’s bodily integrity should not be trumped by men’s right to privacy, the issue of whose bodies count as inviolable and self-determined will continue to be applied in practice in accordance with societal assumptions about gender and sexuality and recognition of the right to bodily integrity will continue to be made contingent upon one’s conformity to social norms. This is particularly true in the case of sex workers, LGBTI people, people who use drugs and other ‘non-conforming’ marginalised populations⁸.

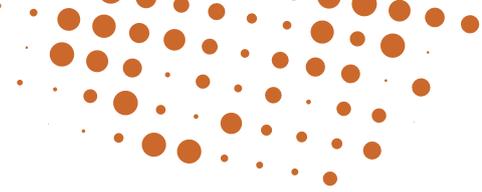
7. A note from the Harvard Law Review (1986) observes that ‘in the context of marital rape . . . a woman’s right to bodily integrity (individual security) confronts a man’s right to marital privacy (freedom from state intrusion).’

8. PJ Patella-Rey (2018) *Beyond privacy: bodily integrity as an alternative framework for understanding non-consensual pornography*, *Information, Communication & Society*, 21:5, 786-791, DOI: 10.1080/1369118X.2018.1428653: <https://doi.org/10.1080/1369118X.2018.1428653>

The table below sets out the different human rights that both protect and are founded in bodily autonomy and bodily integrity:

Table: Bodily autonomy and bodily integrity and central to and reliant on the realisation of a range of human rights

Human right	Source	Relevance to bodily autonomy and bodily integrity
Right to life	UDHR Art 3 ICCPR Art 6(1) CRC Art 6 ACHPR Art 4 Maputo Protocol Art 4	Ensures that individuals' bodies are not physically violated
Right to be free from torture or cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.	ICCPR Art 7 CRC Art 37 ACHPR Art 5 Maputo Protocol Art 4	Ensures that individuals' bodies are not physically violated including through medical or scientific experimentation without consent
Right to be equal and free from discrimination	UDHR Art 1,7 ICCPR Art 2,3 ICESCR Art 3 CRC Art 2 CEDAW Art 2 ACHPR Art 2,3 Maputo Protocol Art 2	Ensures that all people can make choices about and exercise control over their own bodies regardless of who they are
Right to freedom of expression	UDHR Art 19 ICCPR Art 19(2) CRC Art 13	Ensures that individuals can use their bodies to physically express views and identities without threat of state reprisal
Right to health	ICESCR Art 12 CEDAW Art 12 CRC Art 24 ACHPR Art 16 Maputo Protocol Art 14	Ensures that individuals can enjoy, without discrimination, the highest standard of physical and mental health and protect their bodies from illness
Right to access information	UDHR Art 19 ICCPR Art 19(2) CRC Art 13 ACHPR Art 9	Ensures that individuals can access the necessary information to make informed decisions about their bodies
Right to privacy	UDHR Art 12 ICCPR Art 17 CRC Art 16	Ensures that individuals can use and enjoy their bodies in their private lives without state interference



What is the relationship between bodily autonomy and bodily integrity and sexual and reproductive health and rights (SRHR)?

Bodily autonomy and bodily integrity are the cornerstone of sexual and reproductive health and rights.

The global health and human rights communities have worked for decades to define and advance SRHR and over the past 20–25 years, language around SRHR has evolved considerably.

May 2018 saw significant progress in the definition of SRHR with the publication of the report of the Guttmacher–Lancet Commission on sexual and reproductive health and rights entitled “Accelerate progress—sexual and reproductive health and rights for all”

This report clearly presents the components of SRHR, drawing from various UN and regionally negotiated documents, and WHO technical publications.

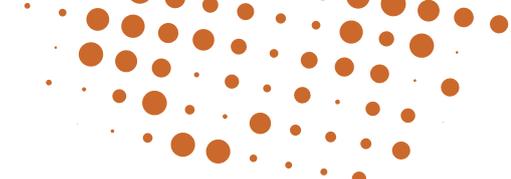
The right to sexual and reproductive health is an integral part of the “right to the highest attainable standard of physical and mental health,” enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights. As with the right to health, the right to sexual and reproductive health entails both freedoms and entitlements. The freedoms include the right of individuals to make free and responsible decisions and choices concerning their bodies and their sexual and reproductive health. The entitlements include unhindered access to a range of health facilities, goods, services, and information that enable people to fulfil the right to sexual and reproductive health. Freedom and bodily autonomy are civil rights that states are obligated to recognise and respect, whereas entitlements might require states to move towards full realisation of the right to health gradually (“progressive realization”) because of limited capacity and issues of affordability.

Sexual Health:

Sexual health is defined as “A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Sexual health implies that all people have access to:

- counselling and care related to sexuality
- sexual identity, and sexual relationships
- services for the prevention and management of sexually transmitted infections, including HIV/AIDS,20 and other diseases of the genitourinary system
- psychosexual counselling, and treatment for sexual dysfunction and disorders
- prevention and management of cancers of the reproductive system



Sexual Rights:

Sexual rights are human rights and include the right of all persons, free of discrimination, coercion, and violence, to:

- achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services
- seek, receive, and impart information related to sexuality
- receive comprehensive, evidence-based, sexuality education
- have their bodily integrity respected
- choose their sexual partner
- decide whether to be sexually active or not
- engage in consensual sexual relations
- choose whether, when, and whom to marry
- enter into marriage with free and full consent and with equality between spouses in and at the dissolution of marriage
- pursue a satisfying, safe, and pleasurable sexual life, free from stigma and discrimination
- make free, informed, and voluntary decisions on their sexuality, sexual orientation, and gender identity

Reproductive Health:

Reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that all people are able to:

- receive accurate information about the reproductive system and the services needed to maintain reproductive health
- manage menstruation in a hygienic way, in privacy, and with dignity
- access multisectoral services to prevent and respond to intimate partner violence and other forms of gender-based violence
- access safe, effective, affordable, and acceptable methods of contraception of their choice
- access appropriate health-care services to ensure safe and healthy pregnancy and childbirth, and healthy infants
- access safe abortion services, including post-abortion care
- access services for prevention, management, and treatment of infertility

Reproductive Rights:

Reproductive rights rest on the recognition of the human rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, to have the information and means to do so, and the right to attain the highest standard of reproductive health. They also include:

- the right to make decisions concerning reproduction free of discrimination, coercion, and violence
- the right to privacy, confidentiality, respect, and informed consent
- the right to mutually respectful and equitable gender relations

The report also proposes a new, comprehensive definition of SRHR that builds on various international and regional agreements:

A comprehensive definition of SRHR:

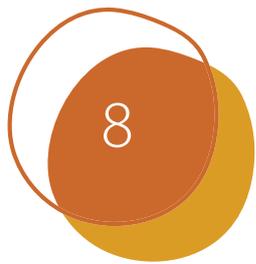
Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;

- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health. The services should include:

- accurate information and counselling on sexual and reproductive health, including evidence-based, comprehensive sexuality education;
- information, counselling, and care related to sexual function and satisfaction;
- prevention, detection, and management of sexual and gender-based violence and coercion;
- a choice of safe and effective contraceptive methods;
- safe and effective antenatal, childbirth, and postnatal care;
- safe and effective abortion services and care;
- prevention, management, and treatment of infertility;
- prevention, detection, and treatment of sexually transmitted infections, including HIV, and of reproductive tract infections; and
- prevention, detection, and treatment of reproductive cancers.



The impact of limitations on bodily autonomy and bodily integrity on sexual and reproductive rights

Limitations on bodily autonomy and bodily integrity can constitute infringements of an individual’s fundamental human rights – in particular, sexual and reproductive rights.

A good example of this is the impact of practices that limit and laws that criminalise various aspects of sexuality and reproduction, and thus limit bodily autonomy and bodily integrity, on other human rights, including the range of sexual and reproductive rights :

The Right to Privacy

Laws that criminalise same sex sexual conduct limit an individual’s bodily autonomy and bodily integrity as they prevent people from making their own choice as to with whom and how to have sex and to feel pleasure. If people are engaging in consensual sexual conduct and are not forcing others to do something they do not want to do, they have the right to make decisions about their sexualities and exercise their own sexual choices and preferences as a private matter, without state scrutiny or control. Laws that criminalise same sex sexual conduct thus violate an individual’s right to privacy, which is essential to an individual’s sense of dignity and self.



The Rights to Freedom of Expression and to Thought, Conscience and Religion

Laws that criminalise same sex sexual conduct also force people to hide their sexual orientation or gender identity to dress or express themselves in ways that do not reflect who they are, or to subject their sexual behaviour to laws that are based on moral or religious beliefs they do not share. Similarly, laws that criminalise abortion not only limit bodily autonomy but also force people to make reproductive decisions based on beliefs that they do not share. These laws also often prevent people from talking openly about their sexuality or gender identity, and from advocating for the removal of these laws. As a result, individuals' rights to freedom of expression and assembly and to thought, conscience and religion are compromised.

The Rights to Life and to Freedom from Torture and Other Ill-Treatment

Laws that make "adultery" punishable by flogging or stoning, or which provide for the death penalty for same-sex sexual conduct not only undermine bodily autonomy and bodily integrity but also violate the rights to life and to freedom from torture and other cruel, inhuman or degrading treatment or punishment, as do the use of anal examinations for proof that someone has engaged in same sex sexual conduct.

Laws that criminalise abortion not only violate the right to bodily autonomy but can also lead to violations because women are forced to resort to unsafe abortions, in some cases leading to preventable deaths. In certain circumstances, denials of abortion can cause severe physical or mental pain or suffering for the woman, adolescent or girl, which meet the threshold of torture or cruel, inhuman or degrading treatment. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health has observed that "[c]riminal laws penalizing and restricting induced abortion ... consistently generate poor physical health outcomes, resulting in deaths that could have been prevented, morbidity and ill-health."

The practice of performing medically unnecessary procedures on intersex infants also violates the right to be free from cruel, inhuman or degrading treatment. In a 2013 report, the UN Special Rapporteur on Torture noted: Children who are born with atypical sex characteristics are often subject to irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery, performed without their informed consent, or that of their parents, 'in an attempt to fix their sex,' leaving them with permanent, irreversible infertility and causing severe mental suffering.

The Right to Health

Every person has the right to the enjoyment of the highest attainable standard of physical and mental health, an integral part of which includes the right to sexual and reproductive health without discrimination .

Laws that criminalise same sex sexual conduct, sex work and abortion limit bodily autonomy and act as significant barriers to the realisation of the right to health. LGBTI people and sex workers, for example, are often deterred from seeking sexual health services because they fear being reported to the authorities or because of the discrimination that they experience at the hands of health care workers, which is fuelled by the fact that same sex sexual conduct is criminalised. Women and girls avoid seeking safe abortions or post abortion care in health facilities for fear of being reported to the authorities by health care workers who themselves fear being prosecuted if they do render these services.

Laws that criminalise same sex sexual conduct not only deter LGBTI people from accessing health services but also make it almost impossible for targeted HIV prevention and care services that cater, for example, for the specific needs of men who have sex with men to be provided at state health facilities and very difficult for peer led health services to be provided by civil society organisations. These laws also have the effect of denying men who have sex with men in prisons or other places of detention access to condoms and lubricants, as prison authorities in many countries in the region argue that to do so would be encouraging illegal behaviour. By actively stigmatizing groups who are most at risk of HIV, such as men who have sex with men, transgender people and sex workers, laws criminalizing sexuality make it more difficult for these groups to openly discuss their sexual lives and manage their risk of HIV.

Laws that criminalise HIV exposure, non-disclosure or transmission discourages people living with HIV from finding out about their HIV status, thereby limiting their bodily autonomy in terms of their ability to make the decision to take the first step to treatment and prevention of new infections – because they fear being investigated or prosecuted.

The Rights to Equality and Non-Discrimination

Many of the laws that criminalise aspects of sexuality or reproduction are discriminatory in their application, contrary to the principle of non-discrimination, which is fundamental to the realization of all human rights.

All of the core international human rights treaties emphasise the right to be equal and to be free from discrimination and to enjoy the full range of human rights without distinction, such as on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Although in Africa the African Charter on Human and People's Rights fails to specifically protect the right to non-discrimination on the basis of sexual orientation or gender identity, the rights contained in the Charter arguably belong to all Africans including LGBTI populations. The African Commission on Human and Peoples' Rights (ACHPR) has clearly established that the prohibition of discrimination on the basis of "other status", in Article 2 of the African Charter, can be broadly interpreted to include grounds other than those explicitly listed. In May 2014 the ACHPR called for the protection of human rights regardless of actual or perceived sexual orientation or gender identity in Resolution 275 .

Laws that criminalise aspects of sexuality or reproduction often, by their very design, target specific groups of people. For example, laws that criminalise abortion, by definition, only apply to women and girls. In addition, in their application these laws impact most on women and girls who are poor and cannot afford to travel to countries where abortion is legal and have to resort to unsafe back-street abortions. Likewise, laws that criminalise cross-dressing specifically target trans women, compromising their bodily autonomy and violating their rights to freedom of expression and non-discrimination. These laws are often applied disproportionately against transgender people involved in sex work, and gender non-conforming people more broadly, adding an additional layer of inequality and discrimination . Some of these laws also impact on more than one specific group of people and contribute to and reinforce intersectional discrimination. Although by definition laws that criminalise abortion apply only to women with vaginas, in practice their application impacts on different groups of people with vaginas, including sex workers, women who live in poverty and transgender and gender non-binary people, all of whom are already marginalised, some of whom are criminalised and all of whom face stigma and discrimination, which is exacerbated by being a member of some or all of these groups impacted by laws that criminalise abortion. For example, if it is difficult for a cisgender woman to access safe abortion services, particularly in countries where abortion is illegal, it is even more difficult for transgender and gender non-binary people to access these services, even where abortion is legal. Access to gender-inclusive and affirming reproductive health care is limited in many countries and, in addition, transgender and gender non-binary people may be criminalised on the basis of their sexual orientation or gender identity and face high levels of discrimination at the hands of health care providers.

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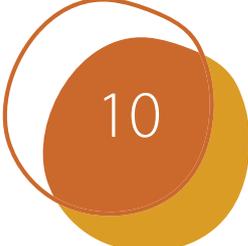
Societal prejudice, law and inequality

Underlying and deep-seated societal prejudices regarding sexuality, sexual orientation and gender identity are both responsible for and reinforced by laws that criminalise various aspects of sexuality and "immoral behaviour", and lead to inequality in the way that people are treated in the criminal justice system. For example, in countries where same sex sex is criminalised, people who are gender non-conforming are often arrested and harassed and subject to extortion even where there is no evidence that they have been engaged in an illegal activity. In addition, where aspects of sex work are criminalised, sex workers will likewise be arrested and forced to engage in non-consensual sex with police officers in order to secure their release, even where there is no evidence at all that they were engaging in a criminalised activity .



Bodily integrity has historically been selectively applied based on the power and privilege of the person in question. The issue of whose bodies count as inviolable and self-determined was/is applied in accordance with societal assumptions about gender and sexuality and recognition of the right to bodily integrity is made contingent upon one's conformity to social norms, particularly with regards to gender. In fact, bodily integrity has been foundational in overturning the legal precedent that home and family are a private sphere in which men can act free of constraint. This tension between the rights of privacy and bodily integrity, illustrated by the example of marital rape, shows how historically, power structures have determined whose rights get priority. Individuals are not however gender-neutral and gender is central to discussions of rights and their application. Gender is particularly salient for bodily integrity because the body itself is the primary site upon which gender is inscribed.

Bodily autonomy for adolescents and young people has historically been limited due to societal assumptions and prejudices about the age at which sex is "acceptable" and corresponding laws that govern the age at which sex is legal. These ignore the reality of the age at which young people actually do engage in sex and have had the effect of denying young people access to comprehensive SRHR information and services or effectively denying such access through the requirement of third party (parental) authorisation, thus limiting their bodily autonomy.



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Conclusion

Using the bodily autonomy and bodily integrity lens allows us to engage in a material, intersectional analysis of how we – and our bodies, experience oppressive norms and systems in our society. It enables us to counter single-axis thinking, and to instead engage in a connected and holistic political, legal, and power analysis of the social and structural determinants of health, including sexual and reproductive health and of inequality, particularly gender inequality, and engage in strategising to collectively advance social justice with other like minded progressive activists and advocates.



11

Additional resources

- Herring & Wall, The Nature and Significance of the Right to Bodily Integrity, Cambridge Law Journal, 76(3), November 2017, Pp. 566–588
- StarrsA, EzehAC, BarkerG, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher→ Lancet Commission. Lancet. 2018;391:2642–2692. doi: 10.1016/S0140-6736(18)30293-9
- Amnesty International, Body Politics Primer:
<https://www.amnesty.org/en/wp-content/uploads/2021/05/POL4077632018ENGLISH.pdf@62>
- ARASA Animation Resource – <https://www.youtube.com/watch?v=rqDUsWqwBcg&t=48s>