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Sexual and reproductive health is a security issue for Southeast Asia

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Promoting health and well-being among young women and girls is a security issue for Southeast Asia due to the immediate need to bridge health inequalities in the region, especially among populations trapped in cycles of poverty and gender discrimination, and internally displaced populations. The often-deliberate neglect of sexual and reproductive health constitutes significant human rights violations in both crisis situations (disaster and conflict) and the everyday (Tanyag 2018). For young women and girls, sexual and reproductive health is a building block for further developing their human capabilities such as in accessing education and livelihood.

By focusing on access to sexual and reproductive health services and information, I highlight the security dimensions to addressing sexual and reproductive health especially among adolescents as both a pre-condition for truly inclusive leadership necessary to address multiple security threats in Southeast Asia, and an outcome of genuine resilience-building with gender equality at its core.

The overall demographic trend in Asia particularly within East Asian countries is an aging population. Southeast Asia, however, bucks this trend with young people comprising a significant proportion of the population. Most notably, in Cambodia, approximately 60% of the population is under the age of 30 (UNFPA Cambodia 2016). In the Philippines and Indonesia, two of the most populous countries in the region, 17% of the population is young – an estimated 60 million youth from these two countries alone (see Wagle 2018). Young people will take the helm of leadership and participation across all sectors of society. Cultivating opportunities for young people's participation and leadership is crucial in the face of future predictions of overlapping severe and rapid onset disasters, protracted internal conflicts, and ongoing political repression (IDMC 2018, UN Security Council 2015).

Young people are prevented from fully pursuing their human capabilities when they face barriers to basic self-governance such as in matters of sexual and reproductive health. Official data from UNFPA (2018) indicate that though globally adolescent birth rates are on the decline, this is not the case in Southeast Asia. High adolescent birth rates are found in Cambodia, Indonesia and the Philippines. When young people have children this typically involves early marriages which also remain prevalent and are even on the rise especially in the region where tradition and religion place great importance on the family. As UNFPA points out, addressing these issues is 'a matter of urgency' because they 'represent significant challenges to young persons' rights and

sustainable development that governments and civil society organisations are seeking to urgently address in partnership with UN agencies’.

A matter of urgency

In the region, early marriages and adolescent pregnancies continue to arise specifically out of crisis situations and of broader structural violence in a specific context (Tanyag 2018). For example, through my research on internal displacements caused by armed conflicts and natural disasters, a female informant in the Philippines argued that the

[P]revalence of unsafe sex in crisis situations is rooted in the lack of sex education in the country. It is the confluence of lack of knowledge or awareness on safe sex practices and restrictions to the accessibility of contraceptive supplies.¹

In the Philippines, the situation of women and girls in internal displacement camps starkly reveals the persistent lack of emergency assistance to respond to the daily realities of sexual practices and sexual violence that in turn leads to heightened maternal mortality and unplanned pregnancies in these camps (see also Center for Reproductive Rights 2017). Without the availability of emergency contraception and abortion-related services, women are forced to bear pregnancies typically resulting from rape. The roots of their distinct vulnerability, however, stems from pre-existing sexual myths and cultural norms that prevent young, unmarried women from seeking help or assistance in relation to their sexual and reproductive health by virtue of their marital status, age and religion (see Plan International 2018).

In my fieldwork research on internal displacements due to armed conflicts in Mindanao, the ‘crisis settings’ mode led to a tendency to prioritise the restoration of political order and physical rebuilding over the timely and reliable delivery of sexual and reproductive health assistance. This neglect is evident in the distribution of economic funding. For example, sexual and reproductive health services constitute a meager 2.4% of official development assistance to conflict-affected countries and this is linked to the political economy of crisis governance (Tanyag 2018, 2). And yet,

[S]exual and reproductive freedom rests upon the attainment of social and economic equality and vice versa. The solution is not to choose among which rights get ‘funded’ but rather to challenge and reform the system that among others drives some governments to associate ‘development’ only with visible structural projects such as ‘building roads and digging wells’. Promoting sexual and reproductive freedom is intricately linked with addressing the prevalence of unequal patterns of resource distribution that underpin the myth of resource scarcity. (Tanyag 2015, 68)

In crisis-prone Southeast Asia, framing sexual and reproductive health as a matter of urgency must be matched by scrutinising where, to whom, and which resources are being mobilised.

First and last frontier in promoting gender equality

Struggling for bodily autonomy is a foundational step in transforming patriarchal cultures and structures. Young women in Southeast Asia are already at the frontline of this gender equality struggle at great personal cost. A young woman in Cambodia, Catherine Harry, has

been tackling the root causes of women's oppression in Cambodian society through her social media account called, 'A Dose of Cath' (Promchertchoo 2018). Through this platform, Catherine provokes important discussions on women's rights issues including safe sex practices and combatting rape culture. This is radical in a society where cultural norms and beliefs remain deeply embedded for instance the notion that when it comes to sexuality, 'men are gold, women are white linen' to imply that a woman's chastity can easily be tarnished. Even more radical is the fact that she is defying a political culture that silences and suppresses dissent especially when it is done by a woman. Consequently, Catherine has received backlash from both men and women intent on protecting traditions and the 'ideal woman' in Cambodian society. To which she defiantly responds, '[Y]ou cannot make waves without ripples. I feel like it's a positive sign' (Promchertchoo 2018).

Another example is an Indonesian woman, Kartika Jahja who through her band 'Tika and the Dissidents' is fighting gender inequality by harnessing the power of music (BBC News 2016). Tika wrote the song 'My Body, My Authority' which then provoked a strong backlash from conservative Muslims in her country. She argues that 'inequality for me, it is like pollution in Jakarta, we don't realise we inhale it every day ... but it enters and affects our body' (BBC News 2016). Tika's work forms part of a long, historical and transnational advocacy on sexual and reproductive health and rights that name bodily autonomy as the first and last frontier for gender equality. Women and girls in many parts of the world are still denied the fundamental ability to make decisions over their own bodies despite advances in other areas such as education. Ultimately, women's progress in these societies is stunted by barriers to sexual and reproductive health including the perpetration of sexual violence and everyday harmful cultural practices. Moreover, as Tika's music implies, restrictions to bodily autonomy is symptomatic of inequalities in society particularly the predominance of male leaders who monopolise political, economic, cultural and religious authority in a given society. The pervasive reach of male dominance enters and affects women's bodies through restrictions on sexual and reproductive health, and this is how they preserve the status quo.

The democratic link

Women activists such as Kartika and Catherine stand in strong contrast to the current domination of strongman leaders in Southeast Asia. The 'time is up' on strongman rule in Southeast Asia and the need to usher in fresh and new leadership – beyond traditional political and elite families – cannot come sooner. Across the region, we are seeing similarities as well as differences in how authoritarian leaders from Hun Sen to Duterte are progressively constraining democratic spaces that will distinctly impact long-term prospects for young people's political participation. Australian feminist Jan Pettman (1993, 50) reminds us,

Asking where the women are reveals that women are there, often even where we least expect them, keeping a military base going for example. But revealing women also usually reveals them as positioned in rather different ways from 'their' men.

In Southeast Asia, there is a continuity between barriers to bodily autonomy among young people, and the potentials for deepening democracy and transforming leadership beyond the 'strongman' in Southeast Asia. By deliberately paying attention to what prevents broader groups of women and men from participating in formal politics, we return

again to the daily pressures and barriers they still face in the area of sexual and reproductive health which intensify in crisis situations. There are clear recommendations when we listen to young women activists such as Catherine Harry. Those who benefit from the continued denial of sexual and reproductive health among young people, especially girls, are also those intent on perpetuating hypermasculine, ideologically conservative and elite-driven governance in the region. Young women and men require that their agency is recognised and respected. A serious start in affording the political agency that young people in Southeast Asia are entitled to, is in promoting their bodily autonomy. Sexual and reproductive health among young people can also improve their pathways for continuing education which in turn, contributes to the development of active citizenry among young people especially in situations of crisis and emergencies.

International organisations and donor countries such as Australia have a role in making the democratic links between sexual and reproductive health among young people and developing inclusive leadership as part of a comprehensive security agenda in Southeast Asia. An example is through sustained humanitarian and development support to finance local groups seeking to promote sexual and reproductive health information campaigns, especially young people's activism on this topic in the region (See for example Plan International Australia 2018). Another is by means of ensuring that sexual and reproductive health is not left out, but rather serves as a cornerstone for how the Women, Peace and Security (WPS) agenda is promoted as foreign policy in the region. To this end, part of a long-term security strategy is to progressively lobby the reform of restrictive legislations in Southeast Asia around unequal family laws, sexuality and the criminalisation of abortion. Finally, especially in crisis situations such as internal displacement sites, the delivery of sexual and reproductive health must be available and responsive to the distinct needs of young women and men as a way of directly tackling taboos around sex and sexuality in Southeast Asia.

Note

1. Personal interview, 15 April 2016, Quezon City, Philippines.

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Notes on contributor

Maria Tanyag is a Postdoctoral Research Fellow at the Monash University Centre for Gender, Peace and Security. Her research examines the global politics of sexual and reproductive health in crisis settings. In 2018, she was awarded the Australian Institute of International Affairs (AIIA) Early Career Research Impact Award.

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