

Respect, Protect, and Fulfill Sexual Health and Rights

Facts, Solutions, Case Studies, and Calls to Action

OVERVIEW

When girls and women have the right to control their own bodies, sexuality, and fertility, it transforms gender relations and increases their ability to live happier, healthier, and more fulfilling lives. A world without fear, stigma, or discrimination is a prerequisite for gender equality, as is girls' and women's ability to live according to their sexual health and rights. In order to realize these rights, governments and civil society partners need to adopt comprehensive approaches to protect and uphold them while empowering individuals to claim their rights, including: strong legal and policy frameworks; access to information and comprehensive sexuality education; protecting the rights of marginalized groups; ensuring accountability; and involving men and boys in national efforts to respect, protect, and fulfill sexual rights.

SECTION 1: FRAMING THE ISSUE

Sexual and reproductive health and rights is more than anatomy. It's about identity, pleasure, bodily integrity, and a person's ability to choose if, when, and how many children to have. To uphold these rights, girls and women need access to accurate information and comprehensive health services including contraception, counseling, testing/treatment, and safe abortion care.

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.¹

The concept of sexuality refers to sex, gender identities, orientation, pleasure, intimacy, and reproduction, and is inextricably linked to sexual health.² Sexuality can be expressed through various means, including thoughts, fantasies, relationships, roles, pleasure, and intimacy.³ Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.⁴ Sexuality is also an essential, lifelong aspect of being human, and that it is celebrated with respect and openness is integral for the health, rights, and wellbeing of all.⁵

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.⁶ Sexual rights are grounded in human rights principles that are recognized across international and regional conventions and national constitutions.⁷ Sexual rights include the right to live a sexual life free of inequality and discrimination.⁸ This includes the right to personal autonomy and bodily integrity with respect to sexuality, the right to privacy, and the right to sexual health.⁹

While sexual health and rights are often linked to reproductive health, a clear understanding of sexual health and rights, independent of reproductive health, is critical to informing effective and inclusive policy and advocacy strategies.¹⁰

The Sustainable Development Goals (SDGs) affirm that protection from violence, coercion, or discrimination of any kind is a universal right. Everyone is entitled to a life free from harm and the ability to exercise the most intimate of rights. While the SDGs do not mention sexual rights per se, the topic is reflected in certain goals and targets, such as access to sexual and reproductive health (SRH) services, comprehensive sexuality education, and the ability to make decisions about one's own health,¹¹ void of stigma and discrimination.

Yet many obstacles continue to impede girls' and women's access to and use of sexual health services, including fear, stigma, discrimination, abuse, and geographic location.¹² Sexual health and rights violations can include: 1) restricted access to essential and quality healthcare, modern contraception, and maternal and newborn health services;¹³ 2) a lack of protection from gender-based violence and sexually transmitted infections (STIs);^{14,15} 3) restricted freedom to choose a sexual identity and orientation;¹⁶ 4) a lack of protection from harmful practices, such as forced virginity examinations, forced marriage, and female genital mutilation and/or cutting;¹⁷ and 5) restrictions on safe and legal abortion.¹⁸ Cultural values are also often used to "justify" violating the sexual rights of girls and women — such as patriarchal attitudes and norms regarding women's roles within larger family structures.¹⁹ For example, a 2017 study of 45 countries, primarily in sub-Saharan Africa, found that only half of married or partnered women make their own informed decisions about sexual relations and contraception.^{20,21}

The protection of sexual health and rights is vital to Universal Health Coverage (UHC) and to the well-being of individuals, couples, and families. This protection is particularly critical in addressing the following central issue areas:

Violence: Sexual health and rights demand an environment free from sexual violence that threatens the overall wellbeing of girls and women, including their physical, sexual, reproductive, emotional, mental,

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Meeting the demand to respect, protect, and fulfill sexual health and rights is linked to the achievement of several SDGs and targets, including:

SDG 1: End poverty in all its forms everywhere

- **1.b** Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

SDG 3: Ensure healthy lives and promote well-being for all at all ages

- **3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- **3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

SDG Goal 5: Achieve gender equality and empower all girls and women

- **5.1** End all forms of discrimination against all women and girls everywhere
- **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- **5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- **5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the



and social health.²² Sexual violence can result in unwanted pregnancy, gynecological complications, sexually transmitted infections, and mental health conditions like post-traumatic stress disorder and depression.²³ On average, 30% of women worldwide who have been in a relationship have experienced physical or sexual violence at the hands of their partner.²⁴ In conflict and post-conflict settings, the threat of sexual violence is further exacerbated.²⁵ Around the world, violence against girls and women is linked to intersectional, institutionalized discrimination on the grounds of race, ethnicity, gender identity, sexual orientation, social status, class, disability status, migrant status, and age.^{26,27} These forms of discrimination restrict girls and women's choices and sexual rights, making it harder for them to obtain justice, which is already difficult for women to achieve.²⁸ In most countries, fewer than 40% of the women who experience violence seek help or support.²⁹ Among those who do, most look to family and friends; fewer than 10% go to the police due to stigma and fear.³⁰ In many countries there are structural, legal, and social barriers that, along with damaging gender norms and patriarchy, contribute to institutionalized impunity for perpetrators of gender-based violence.^{31,32,33,34}

HIV/STIs: Access to gender-sensitive HIV/AIDS and STI information and services is vital to ensuring that girls and women are educated and supported when obtaining prevention, treatment, and care. Each year, approximately 204 million women in the developing world have one of the four major, curable STIs (chlamydia, gonorrhea, syphilis and trichomoniasis),³⁵ but 82% do not receive needed health services.³⁶ Key populations, including transgender people, men who have sex with men (MSM), sex workers, and people living with HIV/AIDS (PLWHA) have the right to healthy, satisfying sex lives, and need laws to protect this right and provide appropriate services to ensure their sexual health.³⁷ Pervasive stigma, discrimination, homophobia, transphobia, as well as the criminalization of sex work and HIV transmission often deter these key populations from seeking necessary services.³⁸

Contraception: Providing stigma-free and youth-friendly access to comprehensive sexual and reproductive health services is essential. The goal of such services is to guarantee all people the right to control their sexual health, sexual rights, and their ability to have a satisfying sexual life. There is a staggering unmet need for contraception, which is defined as women of reproductive age who want to stop or delay childbearing, but are not using any method of contraception.^{39,40} Approximately 214 million women of reproductive age in the developing world would like to avoid pregnancy, but are not using modern contraception.⁴¹ Of the 206 million pregnancies that occurred in the developing world in 2017, 43% were unintended.⁴² During humanitarian crises, women face heightened barriers to accessing contraception, including long-acting reversible contraception (LARCs) and emergency contraception, which are important given women's higher risk of gender-based violence in such settings.^{43,44} If all unmet need for modern contraception was satisfied and pregnant women and newborns received essential care in developing regions, there would be an estimated 75% decline in unintended pregnancies, a 76% decline in unplanned births, and a 74% decline in induced abortions.⁴⁵

Maternal/Newborn Health: All girls and women have the right to life, health, and the freedom to access services and care needed to survive pregnancy and childbirth without coercion or discrimination.⁴⁶ Sexuality and sexual rights, in relation to maternal health, includes freedom from forced pregnancy,⁴⁷ support and treatment for post-partum depression,⁴⁸ and the ability to access fertility treatments and services, especially for same-sex couples.⁴⁹ Ensuring the right and access to respectful, quality care free of abuse, discrimination, and stigma for expectant women creates an environment where they are free to make autonomous decisions.⁵⁰

Abortion: A woman's and girl's choice to determine the outcome of an unwanted pregnancy is often restricted by legal, social, or financial barriers, which forces many girls and women to seek unsafe methods. Unsafe abortion can lead to serious medical complications, including hemorrhage, sepsis, and damage to the cervix, vagina, uterus, and abdominal organs.⁵¹ Due to restrictions on access and stigma, an estimated 25 million unsafe abortions⁵² take place each year.⁵³ In 2012, 6.9 million women in developing countries were treated for complications from unsafe abortions,⁵⁴ and a report published in 2018 estimates that unsafe abortion causes at least 22,800 deaths each year.^{55,56,57} In emergency settings, access to safe abortion services is even more challenging, and data and evaluation metrics rarely investigate the unmet need for safe abortion. Despite fears that abortion is too complicated to provide in emergency or fragile environments, safe abortion has a well-established protocol and remains among the safest medical procedures.⁵⁸

Sexual Orientation: All individuals, regardless of their sexual orientation, have the right to live free of violence, coercion, and stigma.⁵⁹ Respecting, protecting, and fulfilling this right is crucial to healthy development and fulfilling sexual lives. Yet people who do not comply with the strict norms around sexuality are often punished through violent attacks, discriminatory laws, and inhibited free speech.⁶⁰ For example, in 72 countries around the world, same-sex sexual acts are illegal and punished with prison and in some cases, death.⁶¹ When laws discriminate on the basis of sexual orientation, marginalized groups are stigmatized, hindering their ability to freely and comfortably access quality sexual health services and realize their rights.⁶²

Gender Identity and Expression: Gender identity is an individual's perception of self, whether that be male, female, neither, or a combination.⁶³ Gender expression, or an individual's outward appearance, is usually expressed through behavior, clothing, haircut, or voice.⁶⁴ When someone's gender identity and expression does not align with socially prescribed norms, the person is often at higher risk for violence and discrimination.⁶⁵ Globally, at least 2,115 transgender people were murdered between January 2008 and April 2016.⁶⁶ In the United States, an estimated 145 transgender people were murdered from January 2015 to July 2018, with trans women of color making up a disproportionate number of the victims.⁶⁷ Transgender people around the world are frequently denied legal recognition of their



International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

- **5.c** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

SDG 10: Reduce inequity within and among countries

- **10.2** By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
- **10.3** Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
- **10.4** Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

SDG 16: Promote just, peaceful and inclusive societies

- **16.3** Promote the rule of law at the national and international levels and ensure equal access to justice for all
- **16.10** Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
- **16.b** Promote and enforce non-discriminatory laws and policies for sustainable development



preferred gender, face abusive requirements such as forced sterilization and medical treatment, and are sometimes denied freedom of movement.^{68,69} Protecting the right to gender expression and identity is critical in relation to upholding and respecting sexual rights.⁷⁰

Disability: Girls and women living with disabilities often experience “double discrimination,” which can be further exacerbated when they are also part of marginalized social, ethnic, or racial groups.⁷¹ Girls and women with disabilities are twice as likely to suffer gender-based violence, sexual abuse, neglect, or mistreatment — all of which lead to poor sexual health and sexual rights violations.⁷² This is particularly true of refugee and displaced girls and women with disabilities, who are at increased risk of gender-based violence.⁷³ Women and girls with disabilities have the right to enjoy a pleasurable sexual life free from coercion and violence. Protecting the sexual health and rights of people living with disabilities is vital to the protection of their overall human rights, health, and wellbeing.

Indigenous Status: Indigenous women and girls face increased violence and sexual rights violations due to discrimination related to gender and historic marginalization. They experience disproportionately high rates of gender-based violence, homicide, and disappearances around the world, and they often lack access to legal and social services due to their marginalized status.^{74,75,76,77} In Canada, the homicide rate for indigenous women is nearly six times greater than the homicide rate for non-indigenous women.⁷⁸ In the United States, 84% of Alaska Native and American Indian women have experienced some form of violence in their lifetimes, yet 38% of these female victims were unable to access legal, medical, and other services.⁷⁹ In military, conflict, and fragile settings, indigenous women are also victimized and abused: The United Nations Special Rapporteur on the rights of indigenous peoples found that in Myanmar, for example, rape of indigenous women was both a form of “entertainment” for Burmese soldiers and part of a strategy to demoralize and weaken the indigenous communities.⁸⁰ Specific and purposeful attention to the disproportionate risks and violence faced by indigenous women around the world is critical to ensuring full sexual and reproductive health and rights for all.

SECTION 2: SOLUTIONS AND INTERVENTIONS

Investing in solutions to better respect, protect, and fulfill girls’ & women’s sexual health and rights creates a ripple effect benefiting families and communities. However, every year, violations of sexual health and rights result in the death or injury of millions of girls and women.⁸¹ A comprehensive, contextualized approach is necessary to protect and uphold sexual health and rights across the world.⁸² Such an approach would include provisions to:

- Ensure strong legal and policy frameworks to protect sexual health and rights
- Provide access to information and comprehensive sexuality education
- Protect the sexual rights of marginalized groups
- Build and strengthen movements to ensure accountability and allow girls and women to claim sexual rights
- Involve boys and men to respect, protect, and fulfill sexual rights

Ensure Strong Legal and Policy Frameworks to Protect Sexual Health and Rights

It is important that governments work in partnership with a multitude of stakeholders – girls, women, young people, communities, NGOs, and the private sector – to build collaborative networks that work to integrate sexual health and rights within national agendas and ensure these policies are enforced and implemented.⁸³ States have the obligation to prevent and protect women against gender-based violence, as well as to punish perpetrators; they have a responsibility to uphold standards of due diligence and protect individuals from human rights abuses.⁸⁴ Policies and frameworks to protect sexual health and rights are especially important in humanitarian settings, where women are at a significantly increased risk of gender-based violence (GBV) and sexual violence, face risks due to lack of shelter, lack access to water, sanitation, and hygiene (WASH) facilities, and face a breakdown of law and order. These conditions contribute to increased risk of unwanted pregnancies, unsafe abortions, transmission of HIV, and other sexually transmitted diseases, and limited access to justice.^{85,86} In addition, policies that address the often tenuous legal positions of sex workers should ensure that women are not further victimized by laws that could potentially lead to incarceration.⁸⁷ A legal survey found that sex work is illegal or limitedly legal in 47 of the 100 countries surveyed,⁸⁸ meaning that sex workers in those countries struggle with constant fears of criminal prosecution and retaliation as they go about their work.⁸⁹ Sex workers are often forced to live and work on the margins of society due to the criminalization and stigmatization of their work; this provides them with little possibility for legal recourse should they experience any kind of GBV.⁹⁰ Strong legal and policy frameworks must include provisions that reflect the complete and diverse experiences and challenges that women face in order to truly provide comprehensive protection of women’s sexual health and rights.

Case Study: Advocating for Sex Workers’ Rights in Europe and Asia

The Sex Workers’ Rights Advocacy Network (SWAN) is a network of sex worker-led organizations and civil society organizations engaged in advocating for the rights of sex workers in Central-Eastern Europe and Central Asia. SWAN seeks to unite sex workers with advocates and strengthen advocacy for a safer legal environment that upholds the human rights of sex workers. SWAN recognizing the right of sex workers to take agency in their lives, health, and decision-making, and currently unites 33 members in 19 countries. SWAN’s activities help sex workers mobilize, realize, and demand their rights. In 2017, SWAN built capacity for a consortium of sex worker networks that helps sex workers with self-advocacy, provides watchdogging of



Numerous international norms, standards and agreements reference the right to health including:

- United Nations Charter (1945)
- Universal Declaration of Human Rights (1948)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Convention for the Elimination of all Forms of Discrimination Against Women (1979)
- International Conference on Population and Development Programme of Action (2014)
- Sustainable Development Goals (2015-2030)
- The Global Strategy for Women’s and Children’s Health (2016-2030)
- New York Declaration for Refugees and Migrants (2016)
- Minimal Initial Service Package (2018)



service delivery, mobilizes communities in places without formal groups, and holds meetings on combating violence. SWAN also held trainings for sex workers in Albania, which has full criminalization of sex work and where sex workers often live on the streets or in shelters. These trainings confronted the issues facing marginalized sex workers and provided strategies for self-organizing, legal support, sexually transmitted infections (STI) testing and prevention, and sensitization trainings with police.⁹¹

Provide Access to Information and Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) aims to provide young people with the knowledge necessary to engage in safe, healthy, and consensual sexual behavior. In 2018, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and the World Health Organization (WHO) published new international technical guidance on sexuality education that is grounded in evidence on what tools and approaches are effective, and is holistic and inclusive in its approach. The topics, structures, and approaches outlined in this guidance not only cover all aspects of reproductive and sexual health, but are also inclusive of all gender identities and sexual orientations and work to normalize sexuality and reduce stigma.⁹²

Widespread adoption of holistic and inclusive comprehensive sexuality education is critical to upholding sexual and reproductive rights for all. Governments must work to incorporate comprehensive sexuality education in curricula, and train teachers to use age- and context-appropriate methods both in schools and other less formal educational channels that focus on key sexual health needs of young women, girls, and boys.^{93,94} These include preventing STIs, contraception use, and how to access legal support and health services, including safe abortion.^{95,96} In humanitarian settings, or other situations where there is an interruption in formal education, it is critical to ensure comprehensive sexuality education is still provided in the appropriate languages.⁹⁷

CSE also contributes to gender equality by increasing awareness of the diversity and impact of gender in people's lives, and by providing an opportunity for gender norms and relations to be discussed, evaluated, and reinterpreted.^{98,99} By providing adolescents and youth with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights, and gender equality, they will be empowered to make more informed choices.¹⁰⁰ Through the introduction of comprehensive sexuality education, healthy life skills are established. Because these life skills are based on human-rights principles, they also help to further advance human rights, gender equality, and the empowerment of young people.¹⁰¹

It is also the responsibility of governments to ensure that all information, including information related to sexual rights and health, is easily accessible to the public and that legislative policies and information on violence and harmful practices are widely disseminated according to human rights standards.¹⁰² Any obstruction or attempt to impede the sharing of information focused on sexuality or sexual rights can create increased obstacles to needed care and justice, especially for youth and adolescents.¹⁰³

Case Study: Culturally Specific Sexuality Education in Pakistan

Two organizations, Aahung and Rutgers Pakistan, successfully implemented sexuality education programs throughout Pakistan, reaching a total of half a million students. Aahung is a Pakistani organization that works to support girls' and boys' sexual and reproductive health and rights in the Sindh province, and Rutgers Pakistan is a Dutch organization that operates internationally with expertise on sexual and reproductive health and rights. The success of these programs was due to their effort to understand the specific context of the communities and collaborate closely with stakeholders, including families, school officials, religious leaders, media, and the students themselves. Strategies included working with communities to select content, tactfully framing issues with consideration of cultural sensitivities, engaging adolescents' influencers, strengthening media presence, showcasing school programs for transparency, and deploying strategic timing to introduce messages.¹⁰⁴

Protect the Sexual Rights of Marginalized Groups

Health policies and programs must take into account the needs of marginalized groups to ensure affordability, quality of care, the protection of privacy, and freedom from discrimination.¹⁰⁵ Lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) people across many countries live under pervasive discrimination and are often denied access to sexual rights and necessary sexual healthcare services.¹⁰⁶ Women with disabilities also face reduced access to sexual and reproductive health services. Service delivery models must be contextualized to serve marginalized groups in a manner that is free of stigma and discrimination.¹⁰⁷ Sexual and reproductive health services are often overlooked in humanitarian emergencies, and when they are available, migrant, refugee, and displaced girls and women often face social and legal barriers to accessing them.^{108,109,110} The absence of identification papers or unrecognized legal refugee status, for example, can bar girls and women from accessing publicly available health services.¹¹¹

One risk-reduction intervention that health sector actors can implement at the onset of every emergency is the Minimum Initial Service Package (MISP) for reproductive health. This package ensures that basic health needs are met and mitigates long-term effects of violence. The MISP is a series of priority actions that includes: preventing and managing the consequences of sexual violence; preventing maternal and newborn morbidity and mortality; reducing the transmission of HIV; and planning for comprehensive reproductive health services in the early phase of emergencies.¹¹²

Sexual and reproductive health services for LGBTQIA+ communities need to be geographically proximate, youth-friendly, affordable, available in appropriate languages, and respectful of patient privacy and confidentiality.¹¹³ The right to protection and the freedom to live a safe and fulfilling sexual life cannot be denied due to an individual's gender identity, sexual orientation, ethnicity, migrant status, disability status, indigenous background, age, or class.¹¹⁴

Case Study: Advocating for LGBTQIA Rights Through Tergo in Ukraine

As part of its LGBTQIA+ outreach in Ukraine, the non-governmental organization (NGO) Fulcrum has established a support group called Tergo for parents of gay, lesbian, bisexual, and transgender people.¹¹⁵ The organization strives for parents to be advocates, both socially and politically, and works to combat attitudes of pervasive homophobia and transphobia within the country.¹¹⁶ Tergo recently organized an international networking conference, bringing together peer groups from Poland, Malta, Russia, Moldova, and beyond.¹¹⁷ Following the 2013 wave of human rights protests and civil unrest in Ukraine, the group became established civil society activists, providing political advocacy and individual support.¹¹⁸



Build and Strengthen Movements to Ensure Accountability and Allow Girls and Women to Claim Sexual Rights

All stakeholders, including girls, women, young people, marginalized communities, and the community at large, must work together to build strategic partnerships, alliances, and broader movements that work to protect the sexual health and rights of girls, women, and marginalized communities, and to hold governments to account. Collaborative movements can be especially powerful in equipping girls and women to understand and claim their sexual and reproductive rights — and provide the room and freedom for them to assert their right to physical autonomy, protection from abuse, and a safe and satisfying sex life. By combining resources and extending the reach of any one organization, such collaboration has exponential benefits.¹¹⁹

Sexuality is integral to girls' and women's political and economic empowerment. Norms and structures that regulate sexuality can prevent women from leading fulfilled lives; the regulation of women's sexuality affects their ability to organize and engage politically, access social services, earn a living, enjoy the personal life that they desire, and maintain bodily integrity. It is important for governments and organizations to support women and girls who are marginalized because of their sexuality and to see their political struggles as legitimate sites of resistance to injustice and inequality. This could mean challenging the ways in which women who do not conform to sexual norms are isolated, while pushing for policy and law reform to create an enabling environment for the positive enjoyment of women's and girls' sexual rights.¹²⁰

Case Study: The Sonagachi Project in Kolkata

The Sonagachi Project in Kolkata, India, was an intervention that sought to empower and protect sex workers and reduce their vulnerability to contracting HIV by creating social spaces for participation, community-led projects and outreach, and organizing rallies and protests for rights and healthy behaviors.¹²¹ Interviews and focus groups with study participants revealed that a lack of control over material resources, exclusion from social participation, and a lack of control over their lives were key inhibitors to empowerment.¹²² The study surfaced strategies to reduce vulnerability of sex workers, including promoting the right to self-determination.¹²³ The project has helped sex workers substantially increase control over their sexual health, improved their living conditions and working environment, and placed sex work issues on state and national policy agendas.¹²⁴

Case Study: Improving Maternal Health Through Social Accountability

"Social accountability planning," which emphasizes community mobilization, empowers women to assert their entitlements to sexual health and rights and creates environments where policy-makers and service providers can recognize the importance of policy implementation, interventions, and services. Social accountability is seen as a tool for: 1) improving governance; 2) increasing development effectiveness; and 3) fostering empowerment.¹²⁵ Social accountability generates new norms around health-seeking behaviors by educating communities about their health rights and risks and mobilizing them to take action.¹²⁶ Indian groups such as SAHAYOG, CHETNA, and the Academy for Nursing Studies have sought to inform marginalized populations of their maternal health entitlements as a means of facilitating accountability. A social accountability initiative in the state of Orissa, India, used public hearings to provide new ways for women to collectively voice their reproductive and sexual health concerns and demands in a supported space. As a result, these demands are being reinforced and legitimized by local elected officials and the media, leading to greater receptivity to women's and girls' needs. These social accountability efforts are catalyzing new levels of understanding around the gaps in the system, opening up opportunities for improved service delivery.

Involve Boys and Men to Respect, Protect, and Fulfill Sexual Rights

Protecting the sexual health and rights of girls and women is not complete without the support and involvement of boys and men. Therefore, stakeholders need to review and update policies to ensure they fully engage boys and men in sexual rights and health initiatives. Male involvement is particularly important in initiatives to reduce gender-based violence and stigmatization because of the critical role men can play as agents of change and as partners with girls and women.¹²⁷ Boys and men can make a difference in socio-cultural norms through championing the importance of family planning, contraception use, gender equality, non-violence and the importance of sexual health and rights for girls and women.¹²⁸ To capitalize on this promise, governments and organizations must provide specific training for young men and boys that focuses on the importance of respecting and supporting the sexual health and rights of girls and women.¹²⁹ Engaging with men in the protection of women's sexual health and rights also aids in uprooting harmful notions of masculinity by challenging men to uproot conceptions of manhood that are based on violence, and has been shown to be a powerful tool in mobilizing men as powerful agents and advocates of change.¹³⁰ Educating boys and men about different types of masculinities allows them to embrace more equitable gender roles and reject harmful norms that contribute to the gender-power imbalance.¹³¹

Case Study: The 'Men are Changing' Study

The International Planned Parenthood Federation (IPPF) research report, "Men are Changing," focused on promoting gender equality and positive masculinities for boys and men in Kenya, Zambia, Tanzania, and Uganda, and demonstrated the importance of young men participating in the promotion of healthy sexual relationships, including safer sexual practices.¹³² The involvement of young men in sexual health and rights initiatives increased sexual and reproductive health promotion, use of sexual and reproductive health services, as well as use of HIV voluntary counseling and testing services.¹³³ Additionally, the demand for sexual and reproductive health education and services grew, communication between young men and women improved, and the prevalence of STIs and school pregnancies across project areas decreased.¹³⁴

Case Study: Engage Couples for Better Sexual and Reproductive Health

The Bandebereho, or "role model," couples' project in Rwanda engaged men and their partners in participatory, small group sessions of critical reflection and dialogue with the goal of transforming norms around masculinity and fatherhood. The Rwanda Men's Resource Center (RWAMREC), a local Rwanda non-governmental organization, implemented the intervention as part of MenCare+, a four-country initiative to engage men in sexual, reproductive, and maternal health. Men participating in the Bandebereho project were invited to 15 sessions and their partners to 8. Sessions addressed: gender and power; fatherhood; couple communication and decision-making; intimate partner violence; caregiving; child development; and male engagement in reproductive and maternal health. The sessions created space for the couples to critically reflect on gender norms and how these shape their lives; rehearse equitable and non-violent attitudes and behaviors; and apply these new behaviors in their own relationships. Results of a randomized controlled trial showed that participants experienced less past-year intimate partner violence, greater accompaniment of male partners to antenatal care, more contraceptive use, higher men's participation in household tasks, and less male-dominated decision-making.¹³⁵



SECTION 3: THE BENEFITS OF INVESTMENT

According to the World Health Organization, developing laws and policies that protect individuals' sexuality, together with comprehensive sexuality education and stigma-free health services, greatly improves health and well-being, with a positive impact on HIV infection rates, mental health, and social equity.¹³⁶ Providing girls and women in developing regions with necessary sexual and reproductive healthcare would cost, on average, \$8.56 per person per year – and would result in the prevention of 67 million unintended pregnancies¹³⁷, 36 million abortions, 76,000 maternal deaths, and 2.1 million newborn deaths.¹³⁸ Every \$1 spent on investing in contraceptive services in the developing world would save \$2.20 in maternal and newborn healthcare due to a decline in unplanned pregnancies.¹³⁹ This would result in net savings of \$6.9 billion a year when compared with only investing in maternal and newborn care alone.¹⁴⁰ Investing in comprehensive sexuality education is linked to delaying first sexual intercourse, a decreased number of sexual partners, and an increase in safe sexual behavior, including condom and contraceptive use.¹⁴¹ Providing access to quality services and sexuality education, alongside legal protections, paves the way for healthier, happier, and more productive nations.

A human rights-based approach to sexual health and rights is necessary to ensure a shift in investments that supports underserved and marginalized groups.¹⁴² This approach could inform programming that has the potential to impact the protection of individual rights and access to stigma-free healthcare. Studies demonstrate that integrating rights into healthcare improves health services in terms of quality, accessibility, and accountability, and has a positive impact on overall health outcomes.¹⁴³ Investments in sexual health and rights reduce rates of HIV and STIs and reduce unwanted pregnancies, averting maternal injuries and deaths.¹⁴⁴ Such investments also contribute to more girls attending school for longer and allow women to more fully participate in economic opportunities.¹⁴⁵ Each of these are social and health determinants of respect for other human rights, as well as of national development, economic growth, and progress.¹⁴⁶

SECTION 4: CALLS TO ACTION

In order to respect, protect, and fulfill sexual health and rights for all, governments need to first recognize, in policy, practice, and resource allocation, the central role sexual health and rights play in health equity, human rights, and development. This means ensuring that adequate legal systems are in place upholding national policies focused on sexual health and rights, and establishing a high-level governmental department for monitoring and accountability. Within the national health sector, comprehensive sexuality programs must be introduced where they do not exist, and all sexuality education programs should follow the recent international technical guidance from UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and the WHO.¹⁴⁷

In order to power progress for all, many different constituents must work together – governments, civil society, academia, media, affected populations, the United Nations, and the private sector – to take the following actions for girls and women:

- Recognize – in policy, practice, and funding – the central role sexual health and rights play in health equity, human rights, and development, while ensuring the inclusion of these rights in all national and sub-national policies. (Most relevant for: governments)
- Establish universal access to sexual and reproductive health care services and rights. (Most relevant for: governments, civil society, and the private sector)
- Stop using criminal law to control people's sexual health and rights and adopt appropriate laws and policies that respect, protect, and fulfill sexual health and rights for all, including adolescents and youth. (Most relevant for: governments)
- Ensure that adequate legal systems upholding national policies focused on sexual health and rights are in place and establish a high-level governmental department for monitoring and accountability. (Most relevant for: governments)
- Fund and support civil society to educate girls, women, young people, and marginalized groups about their sexual rights and mobilize them to claim those rights. (Most relevant for: civil society, the United Nations, and governments)
- Establish comprehensive sexuality education in schools in accordance with recent international technical guidance from UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and the WHO. (Most relevant for: civil society and governments)
- Enforce the integration of sexual health and rights frameworks within all programs, emphasizing the importance of accessible, stigma free services for all, including marginalized groups, people living with disabilities, youth, and adolescents. (Most relevant for: governments, civil society, and the private sector)
- Ensure abortion is safe, legal, accessible, and affordable and that post-abortion care is available. (Most relevant for: governments)
- Ensure knowledge and implementation of the Minimal Initial Service Package (MISP) at the onset of every humanitarian emergency. (Most relevant for: the United Nations, and governments)
- Engage men and boys in sexual health and rights initiatives. (Most relevant for: governments, civil society, the United Nations, and the private sector)



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