

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 one'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 (CSE); protecting the rights of marginalized groups; ensuring accountability; and involving boys and men 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, sexually transmitted infection testing and treatment, and safe abortion care.

According to the World Health Organization (WHO), 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 celebrating it with respect and openness is integral to the health, rights, and wellbeing of all.⁵

Sexual rights are grounded in human rights principles, and are recognized in core international human rights conventions.⁶ Sexual rights include the right to live a sexual life free of inequality and discrimination.⁷ This includes the right to personal autonomy and bodily integrity with respect to sexuality, the right to privacy, and the right to sexual health.⁸

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.⁹

The Sustainable Development Goals (SDGs) affirm that protection from violence, coercion, and 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 without stigma and discrimination.¹⁰

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.¹¹ Sexual health and rights violations can include: 1) restricted access to essential and quality healthcare, modern contraception, and maternal and newborn health services;¹² 2) a lack of protection from gender-based violence (GBV) and sexually transmitted infections (STIs);^{13,14} 3) restrictions on sexual identity and orientation;¹⁵ 4) a lack of protection from harmful practices, such as forced virginity examinations, forced marriage, and female genital mutilation/cutting;¹⁶ and 5) restrictions on safe and legal abortion.¹⁷ 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.¹⁸ 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.^{19,20}

The protection of sexual health and rights is vital to universal health coverage (UHC) and to the wellbeing 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,



Meeting the demand to respect, protect, and fulfill sexual health and rights is linked to the achievement of the Sustainable Development Goals (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 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

Disclaimer: The views and opinions expressed in this technical paper are those of the authors and do not necessarily reflect the official policy or position of all partnering organizations.



mental, and social health and safety.²¹ Sexual violence can result in unwanted pregnancy, gynecological complications, sexually transmitted infections, and mental health conditions like post-traumatic stress disorder and depression.²² On average, 30% of women worldwide who have been in a relationship have experienced physical or sexual violence at the hands of their partner.²³ In conflict and post-conflict settings, the threat of sexual violence is further exacerbated.²⁴ 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.^{25,26} These forms of discrimination restrict choices and sexual rights, making it harder to obtain justice, which is already difficult for girls and women to achieve.^{27,28} 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} Humanitarian emergencies and displacement can also exacerbate barriers to justice.³⁴

HIV/AIDS and Sexually Transmitted Infections: Access to gender-sensitive information on and services for HIV/AIDS and sexually transmitted infections is vital to ensuring that girls and women are educated and supported when obtaining prevention, treatment, and care services. Each year, approximately 204 million women in the developing world have one of the four major, curable STIs (chlamydia, gonorrhea, syphilis, and trichomoniasis), but 82% do not receive needed health services.³⁵ 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.^{36,37} 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—including modern contraception—is essential. The goal of such services is to guarantee all people the right to control their sexual health, sexual rights, and ability to have a satisfying sexual life. There is a staggering unmet need for contraception, which is most commonly 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. Of the 206 million pregnancies that occurred in the developing world in 2017, 43% were unintended.⁴¹ However, contraceptive use for overall sexual wellbeing needs better methods of measurement that supplement the commonly used “unmet need” indicator. Access to and use of modern contraception can yield benefits in addition to family planning, such as protection from sexually transmitted infections and heightened sexual pleasure and enjoyment.^{42,43} Furthermore, the ability of women to make decisions about their sexuality and fertility through modern contraception is the cornerstone to ensure other aspects of women’s rights and human rights.⁴⁴ Attitudes, laws, and social norms can discourage public discussion of sexuality and sexual behavior and perpetuate harmful conditions that restrict access to modern contraception.⁴⁵

Maternal and Newborn Health: All girls and women have the right to life, health, and the freedom to access the 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 postpartum 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 or girl’s choice to determine the outcome of an unintended 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 An estimated 25.1 million unsafe abortions⁵² take place each year.⁵³ Every year, approximately, 6.9 million women in developing countries are treated for complications from unsafe abortions, and complications from unsafe abortions cause at least 22,800 deaths each year.⁵⁴ In emergency settings, access to safe abortion services is even more challenging, and data and evaluation metrics rarely investigate the unmet need for safe abortions. 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.⁵⁵

Sexual Orientation: All individuals, regardless of their sexual orientation, have the right to live free of violence, coercion, and stigma.⁵⁶ 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.⁵⁷ For example, in 70 countries around the world, same-sex sexual acts are illegal and punished with prison or, in some cases, death.⁵⁸ When laws discriminate on the basis of sexual orientation, individuals from marginalized groups can be deterred from seeking preventive or curative health services due to fear, which hinders their ability to freely and comfortably access quality sexual health services and realize their rights.⁵⁹

Gender Identity and Expression: Gender identity is an individual’s perception of gender, which may or may not correspond with the sex assigned at birth.⁶⁰ Gender expression includes an individual’s



- **5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the 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



personal sense of self, and/or outward expressions such as speech, mannerisms, dress, and physical presentation.⁶¹ 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.⁶² Globally, at least 2,982 transgender people were murdered between January 2008 and September 2018.⁶³ In the United States, an estimated 128 transgender people—at least 110 of whom were people of color—were murdered between 2013 and 2018.⁶⁴ Transgender people around the world are frequently denied legal recognition of their gender, face abusive requirements such as forced sterilization and medical treatment, and are sometimes denied freedom of movement.⁶⁵ Protecting the right to gender expression and identity is critical in relation to upholding and respecting sexual rights.⁶⁶

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.⁶⁷ One aspect of this discrimination is harmful attitudes about their sexuality, which range from falsely conceptualizing them as non-sexual beings to hypersexualizing them.⁶⁸ Girls and women with disabilities are more likely to suffer gender-based violence, sexual abuse, neglect, or mistreatment.⁶⁹ Among girls and young women, those with disabilities are almost 10 times more likely to face gender-based violence.⁷⁰ Discriminatory attitudes toward disability often create barriers to preventing, responding to, and ensuring justice in cases of gender-based violence for girls and women living with disabilities.⁷¹ This is particularly true of refugee and displaced girls and women with disabilities, who are at increased risk of gender-based violence.⁷² Discrimination, stigma, and misconceptions can also negatively affect their access to information, education, and services. For example, testing for HIV is found to be lower among young people living with disabilities, despite the fact that their risk of contracting STIs or HIV is the same or higher as young people not living with disabilities.⁷³ Girls and women 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: In many places around the world, indigenous girls and women face increased barriers to health services—including sexual health services—such as geographic, financial, policy, socio-cultural, linguistic, and other barriers.^{74,75,76} Indigenous girls and women 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.^{77,78} In Canada, the homicide rate for indigenous women is nearly six times greater than the homicide rate for non-indigenous women.⁷⁹ 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.⁸⁰ 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.⁸¹ 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.

Conflict and Fragile Settings: During humanitarian crises, girls, women, and sexual minorities face greater barriers to accessing sexual health services. Though girls and women in fragile settings are at a higher risk of STI (including HIV) transmission, stigma, limited mobility, costly services, lack of information, and fear of repercussions often discourage them from seeking services. A 2014 evaluation conducted by the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) found that provision of key sexual and reproductive health prevention activities and services remains weak in humanitarian contexts, especially for marginalized groups such as those living with disabilities; lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) populations; sex workers; and adolescents.⁸²

An estimated 1.7 million people living with HIV were affected by humanitarian emergencies in 2013, the most recent year for which data are available, including 174,000 children (ages 0-14), 81,000 pregnant women, and 193,000 adolescents.⁸³ In addition, girls and women in crisis settings face heightened barriers to accessing contraception, including long-acting reversible contraception (LARCs) and emergency contraception, which are important given girls' and women's higher risk of gender-based violence in such settings.^{84,85} Girls and women affected by crisis often have a higher unmet need for contraception than those living in non-humanitarian contexts.⁸⁶

SECTION 2: SOLUTIONS AND INTERVENTIONS

Investing in solutions to better respect, protect, and fulfill girls' and 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.⁸⁷ A comprehensive, contextualized approach is necessary to protect and uphold sexual health and rights across the world.⁸⁸ Such an approach would include provisions to:

- Ensure strong legal and policy frameworks are implemented to protect sexual health and rights.
- Provide access to sexual health and rights information and comprehensive sexuality education.
- Protect the sexual rights of marginalized groups.



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

- United Nations Charter (1945)
- Universal Declaration of Human Rights (1948)
- International Convention on the Elimination of All Forms of Racial Discrimination (1965)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Convention for the Elimination of all Forms of Discrimination Against Women (1979)
- Convention on the Rights of the Child (1989)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)
- International Conference on Population and Development Programme of Action (1994)
- Convention on the Rights of Persons with Disabilities (2006)
- 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)
- Minimum Initial Service Package (2018)
- UN Political Declaration on Universal Health Coverage (2019)



- Build and strengthen movements that demand accountability and allow girls and women to claim sexual rights.
- Engage boys and men to respect, protect, and fulfill sexual rights.

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

Governments must work in partnership with a multitude of stakeholders—girls, women, gender-nonconforming people, sexual minorities, young people, communities, non-governmental organizations (NGOs), health workers, 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.⁸⁹ 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.⁹⁰ 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 and sexual violence; face risks due to lack of shelter; lack access to water, sanitation, and hygiene 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 infections, and limited access to justice.⁹¹

Policies that address the often tenuous legal positions of sex workers should ensure that they are not further victimized by laws that could potentially lead to incarceration.⁹² A legal survey found that sex work is illegal or limitedly legal in 47 of the 100 countries surveyed,⁹³ meaning that sex workers in those countries struggle with constant fears of criminal prosecution and retaliation as they work.⁹⁴ 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 if they experience any kind of GBV.⁹⁵ Strong legal and policy frameworks must include provisions that reflect the complete and diverse experiences and challenges 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, with 33 members from 19 countries in Central-Eastern Europe and Central Asia.⁹⁶ Recognizing the right of sex workers to take agency in their lives, health, and decision-making, 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'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, acts as a watchdog for service delivery, mobilizes communities in places without formal groups, and holds meetings on combating violence. SWAN also held trainings for transgender sex workers and MSM sex workers in Albania, where sex work is fully criminalized. These trainings confronted the issues facing marginalized sex workers and provided strategies for self-organizing, legal support, STI testing and prevention, and sensitization trainings with police.⁹⁷

Provide Access to Sexual Health and Rights Information and Comprehensive Sexuality Education

Comprehensive sexuality education aims to provide young people with the knowledge necessary to engage in safe, healthy, and consensual sexual behavior. In 2018, UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and the WHO published new international technical guidance on CSE 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 also are inclusive of all gender identities and sexual orientations and work to normalize sexuality and reduce stigma.⁹⁸

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 in informal educational channels, that focus on the key sexual health needs of all.^{99,100} These include STI prevention, contraception use, and how to access legal support and health services, including safe abortion.^{101,102} Comprehensive sexuality education curricula are most effective when young people are engaged in the planning and design processes, and when they include strong community linkages,¹⁰³ as well as reference and potential referral to youth-friendly services.¹⁰⁴ 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.¹⁰⁵

Comprehensive sexuality education 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.^{106,107} Studies have shown that CSE programs that integrate considerations of gender norms and power dynamics are up to five times as effective as those that do not, and they ultimately lead to better SRH outcomes.^{108,109} Comprehensive sexuality education establishes healthy life skills based on human rights principles that help advance gender equality and the empowerment of young people.¹¹⁰

It is 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 are widely disseminated according to human rights standards.¹¹¹ 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.¹¹²

Case Study: Delivering Age-Appropriate Comprehensive Sexuality Education in Uganda and Ethiopia^{113, 114}

From 2013 to 2015, Save the Children Netherlands implemented the Keep It Real program in Ethiopia and Uganda. Funded by the Netherlands Ministry of Foreign Affairs and working with the Save the Children International offices in each country, Keep It Real targeted young people between the ages of 10 and 24 with age-appropriate comprehensive sexuality education in both school and out-of-school settings. The program took a multi-sector approach, engaging civil society organizations alongside decentralized health and education government offices. Key elements of Keep It Real included supportive supervision and training of both schoolteachers and after-school club staff to deliver curricula, as well as training of peer educators in appropriate age groups. The health and education ministries approved program materials. By the end of 2015, 49,000 young people were reached with programming—45,000 students in schools and 4,000 out-of-school young people. Program participants reported increased levels of age-appropriate life skills, knowledge of sexuality, and value placed on gender equality.

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.¹¹⁵ LGBTQIA+ people across many countries live under pervasive discrimination



and are often denied access to sexual rights and necessary sexual healthcare services.¹¹⁶ Even in the absence of legal discrimination, healthcare providers who lack knowledge about LGBTQIA+ issues often provide sexual health counseling that is focused solely on heterosexual behavior and thus not inclusive of LGBTQIA+ people's needs.¹¹⁷ People living with disabilities also face reduced access to sexual health services.

Sexual and reproductive health services are often overlooked in humanitarian emergencies, and when they are available, forcibly displaced girls and women often face social and legal barriers to accessing them.^{118,119,120} Not having identification papers or legal refugee status, for example, can bar girls and women from accessing publicly available health services.¹²¹

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 the long-term effects of violence. The MISP is a series of priority actions that help fulfill sexual and reproductive health needs. Those that help respect, protect, and fulfill sexual health and rights include preventing and managing the consequences of sexual violence; reducing the transmission of HIV and STIs; and planning for comprehensive sexual and reproductive health services in the early phase of emergencies.¹²²

Service delivery models must be contextualized to serve marginalized groups in a manner that is free of stigma and discrimination.¹²³ Sexual and reproductive health services need to be geographically proximate, youth-friendly, affordable, available in appropriate languages, and respectful of patient privacy and confidentiality.¹²⁴ 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.¹²⁵

Case Study: Advocating for LGBTI Rights Through Tergo in Ukraine

As part of its LGBTI outreach in Ukraine, the NGO Fulcrum has established a support group called Tergo for parents of lesbian, gay, bisexual, and transgender people.¹²⁶ 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.¹²⁷ Tergo recently organized an international networking conference, bringing together peer groups from Poland, Malta, Russia, Moldova, and beyond.¹²⁸ Following the 2013 wave of human rights protests and civil unrest in Ukraine, the group became an established civil society activist organization, providing political advocacy and individual support.¹²⁹

Build and Strengthen Movements That Demand 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 all, and hold governments to account. Collaborative movements can be especially powerful in equipping girls and women to understand and claim their sexual and reproductive rights, as well as 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.¹³⁰

Sexuality is integral to girls' and women's political and economic empowerment, and they must be able to assert their right to physical autonomy, protection from abuse, and a safe and satisfying sex life. Harmful gender or socio-cultural norms and structures that regulate sexuality can prevent girls and women from leading fulfilled lives. The regulation of sexuality affects one's 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 girls and women 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 girls and 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 girls' and women's sexual rights.^{131,132}

Case Study: Improving Sexual and Reproductive Health Through Social Accountability

Social accountability planning emphasizes community mobilization; empowers women to assert their entitlements to sexual health and rights; and creates environments where policymakers 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.¹³³ Social accountability generates new norms around health-seeking behaviors by educating communities about their health rights and risks and mobilizing them to take action.¹³⁴ 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.¹³⁵ 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.

Engage 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 engagement 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.¹³⁶ For example, parent training that includes fathers not only leads to men participating more in caregiving, but also has the effect of reducing levels of violence against women by men. Increased engagement of men in caregiving has also proven to lead to better sexual health outcomes for men themselves.¹³⁷ 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.¹³⁸ 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.¹³⁹ 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 agents and advocates of change.¹⁴⁰ 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.¹⁴¹



Case Study: Engage Couples for Better Sexual and Reproductive Health¹⁴²

The Bandedereho (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 Rwandan NGO, implemented the intervention as part of MenCare+, a four-country initiative to engage men in sexual, reproductive, and maternal health. Men participating in the Bandedereho project were invited to 15 sessions, and their partners were invited to eight. 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 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.

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 wellbeing, with a positive impact on HIV infection rates, mental health, and social equity.¹⁴³ Providing girls and women in developing regions with necessary sexual and reproductive healthcare and maternal and newborn healthcare would cost \$8.56 per person per year, on average, and would result in the prevention of 67 million unintended pregnancies, 36 million abortions, 224,000 maternal deaths, and 2.2 million newborn deaths.¹⁴⁴ 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.¹⁴⁵ This would result in net savings of \$6.9 billion a year when compared with only investing in maternal and newborn care alone.¹⁴⁶ Investing in comprehensive sexuality education is linked to outcomes such as delayed first sexual intercourse, a decreased number of sexual partners, and an increase in safe sexual behavior, including contraceptive use.¹⁴⁷ 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.¹⁴⁸ 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.¹⁴⁹ Investments in sexual health and rights reduce rates of HIV and STIs and reduce unwanted pregnancies, averting maternal injuries and deaths.¹⁵⁰ Such investments also contribute to more girls attending school for longer and allow women to more fully participate in economic opportunities.¹⁵¹ Each of these are social and health determinants of respect for other human rights, as well as of national development, economic growth, and progress.¹⁵²

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.¹⁵³

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)
- Provide universal access to sexual and reproductive healthcare 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 and informal learning environments in accordance with recent international technical guidance from UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and the WHO. (Most relevant for: governments and civil society)
- 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, LGBTQIA+ communities, youth, and adolescents. (Most relevant for: governments, civil society, and the private sector)
- Ensure abortion is safe, legal, accessible, and affordable and that postabortion care is available. (Most relevant for: governments)
- Ensure knowledge and implementation of the Minimum Initial Service Package 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)



Last reviewed and updated October 2019

Brief prepared by: Savannah Russo, Women Deliver

2019 version reviewed and updated by: Saeeda Rizvi, Women Deliver; Meagan Torello, Women Deliver; Hellen Malinga Apila, FEMNET; Jina Dhillon, Ipas; Courtney Carson, Women Deliver; Rita Nehme, Women Deliver; Dani Murphy, Women Deliver; Susan Papp, Women Deliver; Sonali Patel, Women Deliver; Meyris Montalvo, Women Deliver; Molly Shapiro, Consultant.

Disclaimer: The views and opinions expressed in this technical paper are those of the authors and do not necessarily reflect the official policy or position of all partnering organizations.

These briefs are intended to be used by policymakers, decision-makers, advocates, and activists to advance issues affecting girls and women in global development. These materials are designed to be open-sourced and available for your use.

➔ Learn more about the Deliver for Good campaign.

ENDNOTES

- 1 World Health Organization. "Defining sexual health." Accessed September 2019. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/.
- 2 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 3 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 4 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 5 World Health Organization. "Defining sexual health." Accessed September 2019. http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/.
- 6 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 7 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 8 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 9 Miller, Alice M., Sofia Gruskin, Jane Cottingham, Eszter Kismodi. "Sound and Fury – engaging with the politics and the law of sexual rights," *Reproductive Health Matters* 23, no. 46 (2015): 7–15. <https://doi.org/10.1016/j.rhm.2015.11.006>.
- 10 Galati, Alanna J. "Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals." *Guttmacher Policy Review* 18, no. 4 (2015): 77–84. <https://www.guttmacher.org/about/gpr/2015/10/onward-2030-sexual-and-reproductive-health-and-rights-context-sustainable>.
- 11 International Planned Parenthood Federation. *Sexual and reproductive health and rights – the key to gender equality and women's empowerment*. London: International Planned Parenthood Federation, 2015. http://www.ippf.org/sites/default/files/2020_gender_equality_report_web.pdf.
- 12 Office of the United Nations High Commissioner for Human Rights. "Sexual and Reproductive Health and Rights." Accessed September 2019. <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>.
- 13 Office of the United Nations High Commissioner for Human Rights. "Violence Against Women: Information Series on Sexual and Reproductive Health and Rights." New York: Office of the United Nations High Commissioner for Human Rights, n.d. http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_VAW_WEB.pdf.
- 14 Office of the United Nations High Commissioner for Human Rights. "HIV/AIDS: Information Series on Sexual and Reproductive Health and Rights." New York: Office of the United Nations High Commissioner for Human Rights, n.d. https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_HIV_WEB.pdf.
- 15 Office of the United Nations High Commissioner for Human Rights. "Lesbian, Gay, Bisexual and Transgender and Intersex People: Information Series on Sexual and Reproductive Health and Rights." New York: Office of the United Nations High Commissioner for Human Rights, n.d. http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_LGTG_WEB.pdf.
- 16 Office of the United Nations High Commissioner for Human Rights. "Sexual and Reproductive Health and Rights." Accessed September 2019. <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>.
- 17 Office of the United Nations High Commissioner for Human Rights. "Abortion: Information Series on Sexual and Reproductive Health and Rights." New York: Office of the United Nations High Commissioner for Human Rights, n.d. https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf.
- 18 Office of the United Nations High Commissioner for Human Rights. "Sexual and Reproductive Health and Rights." n.d. Accessed September 2019. <http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>.
- 19 UN Women. *Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development*. UN Women, 2018. <http://www.unwomen.org/en/digital-library/publications/2018/2/gender-equality-in-the-2030-agenda-for-sustainable-development-2018>.
- 20 United Nations Department of Economic and Social Affairs' Statistics Division. "SDG Indicators: Global Database Beta 0.2.48." United Nations Global SDG Database. Last modified October 3, 2019. <http://unstats.un.org/sdgs/indicators/database/>.
- 21 World Health Organization/London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization, 2010. http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf.
- 22 World Health Organization/London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization, 2010. http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf.
- 23 World Health Organization. "Violence against women." Last modified November 29, 2017. <http://www.who.int/mediacentre/factsheets/fs239/en/>.
- 24 World Health Organization. "Violence against women." Last modified November 29, 2017. <http://www.who.int/mediacentre/factsheets/fs239/en/>.
- 25 Amnesty International. "Violence Against Women: End the Cycle of Violence." Accessed September 2019. <https://www.amnestyusa.org/themes/womens-rights/violence-against-women/>.
- 26 Saito, Fumie. *IMAP Statement on Sexual and Reproductive Health and Rights of the Ageing Population*. London: The International Planned Parenthood Federation, 2018. http://www.ippf.org/sites/default/files/2018-03/IMAP_Statement_-_SRHR_of_the_ageing_population.pdf.
- 27 Spencer, Danielle. Common Cause, Collaborative Response: Violence against Women and Girls and Sexual and Reproductive Health and Rights. London: ActionAid, 2017. <https://www.actionaid.org.uk/sites/default/files/publications/actionaid-familyplanning-report.pdf>.
- 28 Amnesty International. "Violence Against Women: End the Cycle of Violence." Accessed September 2019. <https://www.amnestyusa.org/themes/womens-rights/violence-against-women/>.
- 29 United Nations Statistics Division. *The World's Women 2015: Trends and Statistics*. New York: United Nations, 2015. http://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_chapter6_t.pdf.
- 30 United Nations Statistics Division. *The World's Women 2015: Trends and Statistics*. New York: United Nations, 2015. http://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_chapter6_t.pdf.
- 31 Office of the United Nations High Commissioner for Human Rights. "Committee on the Elimination of Discrimination against Women Holds Expert Panel Discussion on Gender-Based Violence against Women." *Office of the United Nations High Commissioner for Human Rights*, November 14, 2017. <http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=22396&LangID=E>.
- 32 Menjivar, Cecilia, and Shannon Drysdale Walsh. "Subverting Justice: Socio-Legal Determinants of Impunity for Violence against Women in Guatemala." *Laws* 5, no. 3 (2016). <https://doi.org/10.3390/laws5030031>.



- 33 United Nations Assistance Mission for Afghanistan, United Nations Office of the High Commissioner for Human Rights. *Injustice and Impunity: Mediation of Criminal Offences of Violence against Women*. Kabul: United Nations Assistance Mission for Afghanistan, United Nations Office of the High Commissioner for Human Rights, 2018. https://reliefweb.int/sites/reliefweb.int/files/resources/unama_ohchr_evaw_report_2018_injustice_and_impunity_29_may_2018.pdf.
- 34 UNFPA Evaluation Office. *Evaluation of UNFPA Support to the Prevention, Response, and Elimination of Gender-based Violence, and Harmful Practices*. UNFPA, 2017. https://www.unfpa.org/sites/default/files/admin-resource/Inception_Report_-_FINAL.pdf.
- 35 Singh, Susheela, Jacqueline E. Darroch, and Lori S. Ashford, "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. <https://www.guttmacher.org/pubs/AddingItUp2014.pdf>.
- 36 Joint United Nations Programme on HIV/AIDS. *Communities at the Centre: Defending Rights, Breaking Barriers, Reaching People with HIV Services*. *Global AIDS Update 2019*. Geneva: UNAIDS, 2019. https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf.
- 37 World Health Organization. *Consolidated guideline on sexual and reproductive health and rights of women living with HIV*. Geneva: World Health Organization, 2017. https://www.who.int/reproductivehealth/publications/gender_rights/srhr-women-hiv/en/.
- 38 Sprague, Laurel. *HIV-related Stigma: Late Testing, Late Treatment, A cross analysis of findings from the People Living with HIV Stigma Index in Estonia, Moldova, Poland, Turkey, and Ukraine*. 2010. <http://www.stigmaindex.org/sites/default/files/reports/Late%20Testing%20Late%20%20Treatment.pdf>.
- 39 World Health Organization. *HRP Annual Report 2017*. Geneva: World Health Organization, 2018. <http://www.who.int/reproductivehealth/publications/reports/hrp-annual-report-2017/en/>.
- 40 "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2017." New York: Guttmacher Institute, 2017. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.
- 41 "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2017." New York: Guttmacher Institute, 2017. <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.
- 42 World Health Organization. *Sexual health and its linkages to reproductive health: an operational approach*. Geneva: World Health Assembly, 2017. https://www.who.int/reproductivehealth/publications/sexual_health/sh-linkages-rh/en/.
- 43 Higgins, Jenny A. and Nicole K. Smith. "The Sexual Acceptability of Contraception: Reviewing the Literature and Building a New Concept." *Journal of Sex Research* 53 (2016): 417-456. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4868075/>.
- 44 Alano, Abraham and Lori Hanson. "Women's perception about contraceptive use benefits towards empowerment: A phenomenological study in Southern Ethiopia." *PLoS ONE* 13, no. 9 (2018). <https://doi.org/10.1371/journal.pone.0203432>.
- 45 Najmabadi, Khadijeh Mirzaei and Farangis Sharifi. "Sexual Education and Women Empowerment in Health: A Review of the Literature." *International Journal of Women's Health and Reproductive Sciences* 7, no. 2 (2019): 150-155. http://www.ijwhr.net/pdf/pdf_IJWHR_368.pdf.
- 46 Center for Reproductive Rights. "Preventing Maternal Mortality and Ensuring Safe Pregnancy: Government Duties to Ensure Pregnant Women's Survival and Health." 2008. http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/BRB_Maternal%20Mortality_10.08.pdf.
- 47 Northup, Nancy. "Estranged Bedfellows: Sexual Rights and Reproductive Rights in U.S. Constitutional Law." *Human Rights Magazine*, April 1, 2011. https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol38_2011/human_rights_spring2011/estranged_bedfellows_sexual_rights_and_reproductive_rights_in_us_constitutional_law/.
- 48 Milani, Hourieh Shamschiri, Eznollah Azargashb, Narges Beyraghi, Sara Defaie, and Taha Asbaghi. "Effect of Telephone-Based Support on Postpartum Depression: A Randomized Controlled Trial." *International Journal of Fertility and Sterility* 9, no. 2 (2015): 247-253. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4518494/>.
- 49 Northup, Nancy. "Estranged Bedfellows: Sexual Rights and Reproductive Rights in U.S. Constitutional Law." *Human Rights Magazine*, April 1, 2011. https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol38_2011/human_rights_spring2011/estranged_bedfellows_sexual_rights_and_reproductive_rights_in_us_constitutional_law/.
- 50 World Health Organization. *The prevention and elimination of disrespect and abuse during facility-based childbirth*. Geneva: World Health Organization, 2015. http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1.
- 51 Grimes, David A., Janie Benson, Susheela Singh, Mariana Romero, Bela Ganatra, Friday E. Okonofua, and Iqbal H. Shah. "Unsafe abortion: the preventable pandemic." *The Lancet* 368, no. 9550 (2006): 1908-1919. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69481-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69481-6/abstract).
- 52 Ganatra, Bela, Caitlin Gerdt, Clémentine Rossier, Brooke Ronald Johnson Jr, Ozge Tunçalp, Anisa Assif, Gilda Sedgh, et al. "Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model." *The Lancet* 390, no.10110 (2017): 2372-81. [https://doi.org/10.1016/S0140-6736\(17\)31794-4](https://doi.org/10.1016/S0140-6736(17)31794-4).
- 53 World Health Organization. *HRP Annual Report 2017*. Geneva: World Health Organization, 2018. <http://www.who.int/reproductivehealth/publications/reports/hrp-annual-report-2017/en/>.
- 54 Singh, Susheela, Lisa Remez, Gilda Sedgh, Lorraine Kwok. *Abortion Worldwide 2017: Uneven Progress and Unequal Access*. Guttmacher Institute, 2018. <http://www.guttmacher.org/abortion-worldwide-2017>.
- 55 McGinn, Therese and Sara E. Casey. "Why Don't Humanitarian Organizations Provide Safe Abortion Services?" *Conflict & Health* 10, no.8 (2016). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4806475/>.
- 56 Human Rights Council. "Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover." United Nations General Assembly, 2010. <https://www.ohchr.org/Documents/Issues/Water/Contributionsstigma/others/SPhealthll.pdf>.
- 57 Amnesty International "Violence Against Women Information." Accessed September 2019. <http://www.amnestyusa.org/our-work/issues/women-s-rights/violence-against-women/violence-against-women-information>.
- 58 Mendos, Lucas Ramon. *State-Sponsored Homophobia 2019*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2019. <http://ilga.org/state-sponsored-homophobia-report>.
- 59 EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. *Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV*. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+), 2009. http://www.who.int/reproductivehealth/topics/linkages/guidance_package.pdf?ua=1.
- 60 International Service for Human Rights and ARC International. "Yogyakarta Principles + 10." 2017. <http://yogyakartaprinciples.org/principles-en/>.
- 61 International Service for Human Rights and ARC International. "Yogyakarta Principles + 10." 2017. <http://yogyakartaprinciples.org/principles-en/>.
- 62 Free & Equal: United Nations for LGBT Equality. "International Human Rights Law and Sexual Orientation & Gender Identity." New York: Free & Equal: United Nations for LGBT Equality, n.d. https://www.unfe.org/system/unfe-6-UN_Fact_Sheets_v6_-_International_Human_Rights_Law_and_Sexual_Orientation_-_Gender_Identity.pdf.
- 63 "Trans Murder Monitoring (TMM) Updates: TDoR 2018." Transrespect versus Transphobia Worldwide, 2018. <https://transrespect.org/en/trans-murder-monitoring/tmm-resources/>.
- 64 Lee, Mark. *A National Epidemic: Fatal Anti-Transgender Violence in America in 2018*. Human Rights Campaign Foundation, 2018. <https://www.hrc.org/resources/a-national-epidemic-fatal-anti-transgender-violence-in-america-in-2018>.
- 65 ILO, OHCHR, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF et al. *Ending Violence and Discrimination against Lesbian, Gay, Bisexual, Transgender and Intersex People*. 2015. http://www.ohchr.org/Documents/Issues/Discrimination/Joint_LGBTI_Statement_ENG.PDF.
- 66 Miller, Alice M., Eszter Kismodi, Jane Cottingham, and Sofia Gruskin. "Sexual rights as human rights: a guide to authoritative sources and principles for applying human rights to sexuality and sexual health." *Reproductive Health Matters* 23, no. 46 (2015): 16-30. <https://doi.org/10.1016/j.rhm.2015.11.007>.
- 67 United States Agency for International Development. "Advancing Women and Girls with Disabilities." Last modified May 7, 2019. <https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/women-disabilities>.
- 68 Maxwell, Jane, Julia Watts Belser, and Darlena David. *A Health Handbook for Women with Disabilities*. Hesperian, 2007. https://en.hesperian.org/hhg/A_Health_Handbook_for_Women_with_Disabilities:Learning_about_sexuality.
- 69 United National Population Fund. *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*. New York: UNFPA, 2018. <https://www.unfpa.org/publications/young-persons-disabilities>.
- 70 United National Population Fund. *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*. New York: UNFPA, 2018. <https://www.unfpa.org/publications/young-persons-disabilities>.
- 71 United National Population Fund. *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*. New York: UNFPA, 2018. <https://www.unfpa.org/publications/young-persons-disabilities>.
- 72 Costa, Sarah. "Refugees with Disabilities at Highest Risk of Gender-Based Violence." *Women's Refugee Commission*, December 3, 2015. <https://www.womensrefugeecommission.org/blog/2350-gender-disability-and-displacement-raising-the-risk-of-sexual-violence-and-exploitation>.
- 73 United National Population Fund. *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*. New York: UNFPA, 2018. <https://www.unfpa.org/publications/young-persons-disabilities>.



- 74 Thummapol, Onouma, Sylvia Barton, and Tanya Park. "Healthcare Access Experiences Among Indigenous Women in Northern Rural Thailand: A Focused Ethnographic Study." *Central Asian Journal of Global Health* 7, no. 1 (2018). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6393055/>.
- 75 Arabena, Kerry. "Addressing Structural Challenges for the Sexual Health and Well-Being of Indigenous Women in Australia." *Sexually Transmitted Infections* 92, no. 2 (2016): 88–89. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4783328/>.
- 76 United Nations Inter-Agency Support Group on Indigenous Peoples' Issues. *Thematic Paper toward the preparation of the 2014 World Conference on Indigenous Peoples: Sexual and Reproductive Health and Rights of Indigenous Peoples*. June 2014. https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper_Reproductive%20Health%20-%20rev1.pdf.
- 77 UN Women. "Ending Violence against Indigenous Women and Girls." UN Women, 2017. http://www2.unwomen.org/-/media/field_office/untf/publications/2017/untf_2pagerindigenous_women_and_girls2compressed.pdf?la=en&vs=5437.
- 78 Human Rights Council. "Report of the Special Rapporteur on Violence against Women, Its Causes and Consequences." United Nations General Assembly, 2012. http://www.ohchr.org/documents/issues/women/a.hrc.20.16_en.pdf.
- 79 Hotton Mahony, Tina, Joanna Jacob, and Heather Hobson. "Women in Canada: A Gender-based Statistical Report. Women and the Criminal Justice System." Statistics Canada, 2017. <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14785-eng.htm>.
- 80 Rosay, André B. "Violence against American Indian and Alaska Native Women and Men 2010 Findings from the National Intimate Partner and Sexual Violence Survey." *National Institute of Justice*. Washington, DC: U.S. Department of Justice, 2016. <https://www.ncjrs.gov/pdffiles1/nij/249736.pdf>.
- 81 Human Rights Council. "Report of the Special Rapporteur on the Rights of indigenous peoples." United Nations General Assembly, 2015. <http://unsr.vtaulicorpuz.org/site/images/docs/annual/2015-annual-hrc-a-hrc-30-41-en.pdf>.
- 82 Barot, Sneha. "In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations." *Guttacher Policy Review*, 20 (2017): 24–30. <https://www.guttacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>.
- 83 Inter-Agency Working Group on Reproductive Health in Crises (IWAG). *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*. 2018. <http://iawg.net/wp-content/uploads/2019/01/2018-inter-agency-field-manual.pdf>.
- 84 Undie, Chi-Chi, Rajat Khosla, and Karl Blanchet. *Family Planning Evidence Brief: Improving Family Planning Service Delivery in Humanitarian Crises*. Geneva: World Health Organization, 2017. <http://apps.who.int/iris/bitstream/handle/10665/255864/WHO-RHR-17.13-eng.pdf;jsessionid=A749E39968COA769D8EEAEDE61701519?sequence=1>.
- 85 Barot, Sneha. "In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations." *Guttacher Policy Review*, 20 (2017): 24–30. <https://www.guttacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>.
- 86 Loaiza, Edilberto and Mengjia Liang. *Universal Access to Reproductive Health Progress and Challenges*. New York: UNFPA, 2016. <https://www.unfpa.org/publications/universal-access-reproductive-health-progress-and-challenges>.
- 87 Amnesty International. "Why should I care about Sexual and Reproductive Rights?" n.d. <http://www.amnestyusa.org/pdfs/20ReasonsToCareAboutCPD.pdf>.
- 88 World Health Organization. "Gender and human rights: Sexual health." Accessed September 2019. http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/.
- 89 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf.
- 90 Amnesty International. "Gender, Sexuality, & Identity." Accessed September 2019. <https://www.amnestyusa.org/issues/gender-sexuality-identity/>.
- 91 Shepard, Bonnie L. "Addressing Violence against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets." UNFPA, 2010. http://www.unfpa.org/sites/default/files/pub-pdf/addressing_violence.pdf.
- 92 Amnesty International. *Amnesty International Policy on States Obligation to Respect, Protect and Fulfill The Human Rights of Sex Workers*. Amnesty International, 2016. <http://www.amnesty.org/en/documents/pol30/4062/2016/en/>.
- 93 ProCon. "Countries and Their Prostitution Policies." Last modified April 27, 2018. <http://prostitution.procon.org/view.resource.php?resourceID=000772>.
- 94 Global Network of Sex Work Projects. *Sex Work and the Law: Understanding Legal Frameworks and the Struggle for Sex Work Law Reforms*. Edinburgh: Global Network of Sex Work Projects, 2014. <https://www.nswp.org/resource/sex-work-and-the-law-understanding-legal-frameworks-and-the-struggle-sex-work-law-reforms>.
- 95 Amnesty International. *Amnesty International Policy on States Obligation to Respect, Protect and Fulfill The Human Rights of Sex Workers*. Amnesty International, 2016. <http://www.amnesty.org/en/documents/pol30/4062/2016/en/>.
- 96 Sex Workers' Rights Advocacy Network. *Annual Report 2017*. SWAN, 2017. <http://swannet.org/userfiles/Annual%20Report%202017%20eng.pdf>.
- 97 Sex Workers' Rights Advocacy Network. *Annual Report 2017*. SWAN, 2017. <http://swannet.org/userfiles/Annual%20Report%202017%20eng.pdf>.
- 98 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.
- 99 World Health Organization. *Sexual health, human rights and the law*. Geneva: World Health Organization, 2015. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1.
- 100 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.
- 101 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.
- 102 Ali, Saida. "CPD48: International Sexual and Reproductive Rights Caucus Statement." Last modified April 17, 2015. <http://www.youthcoalition.org/un-processes/cpd48-statement/>.
- 103 United Nations Educational, Scientific and Cultural Organization. *Emerging evidence, lessons and practice in comprehensive sexuality education: a global review*, 2015. Paris: UNESCO, 2015. <https://unesdoc.unesco.org/ark:/48223/pf0000243106>.
- 104 International Planned Parenthood Federation. *IPPF Framework for Comprehensive Sexuality Education (CSE)*. London: International Planned Parenthood Federation, 2010. https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf.
- 105 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.
- 106 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.
- 107 United Nations Educational, Scientific and Cultural Organization. *Out in the Open: Education Sector Responses to Violence Based on Sexual Orientation and Gender Identity/Expression*. Paris: UNESCO, 2016. <http://unesdoc.unesco.org/images/0024/002447/244756e.pdf>.
- 108 United Nations Educational, Scientific and Cultural Organization. *Emerging evidence, lessons and practice in comprehensive sexuality education: a global review*. Paris: UNESCO, 2015. <https://unesdoc.unesco.org/ark:/48223/pf0000243106>.
- 109 Haberland, Nicole A. "The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies." *International Perspectives on Sexual and Reproductive Health* 41, no. 1 (2015): 31–42. <https://www.guttacher.org/pubs/journals/4103115.html>.
- 110 United Nations Population Fund. "Comprehensive Sexuality Education." Accessed September 2019. <http://eeca.unfpa.org/topics/comprehensive-sexuality-education>.
- 111 World Health Organization. *Sexual health, human rights and the law*. Geneva: World Health Organization, 2015. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1.
- 112 World Health Organization. *Sexual health, human rights and the law*. Geneva: World Health Organization, 2015. http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1.
- 113 Save the Children. *Sexuality Education*. 2014. <https://www.savethechildren.org/content/dam/global/reports/health-and-nutrition/sexuality-education-2014.PDF>.
- 114 Save the Children. *Save the Children & Very Young Adolescent Sexual and Reproductive Health: An Overview*. Fairfield: Save the Children, 2015. <https://www.savethechildren.org/content/dam/global/reports/health-and-nutrition/Young-Adolescent-Sexual-Reproductive-Health-2015.PDF>.
- 115 "Adding It Up: Investing in Sexual and Reproductive Health." New York: Guttacher Institute, 2014. <https://www.guttacher.org/pubs/FB-AddingItUp2014.pdf>.
- 116 American Jewish World Service. "Advancing the Rights of LGBT People." New York: American Jewish World Service, 2015. https://ajws-americanjewishwo.netdna-ssl.com/wp-content/uploads/2015/05/lgbt_rights_one_pager.pdf.
- 117 Ayala, George. *Out With It - HIV and Other Sexual Health Considerations for Young Men Who Have Sex with Men*. Oakland: MPact: Global Action for Gay Men's Health and Rights, 2018. <https://www.who.int/hiv/pub/msm/out-with-it.pdf>.



- 118 Barot, Sneha. "In a State of Crisis: Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations." *Guttmacher Policy Review*, 20. (2017): 24–30. <https://www.guttmacher.org/gpr/2017/02/state-crisis-meeting-sexual-and-reproductive-health-needs-women-humanitarian-situations>.
- 119 Chynoweth, Sarah K., Ribka Amsalu, Sara E. Casey, and Therese McGinn. "Implementing Sexual and Reproductive Health Care in Humanitarian Crises." *The Lancet* 391, no. 10132 (May 2018): 1770–1771. [https://doi.org/10.1016/S0140-6736\(18\)30803-1](https://doi.org/10.1016/S0140-6736(18)30803-1).
- 120 Onyango, Monica Adhiambo, and Shirin Heidari. "Care with Dignity in Humanitarian Crises: Ensuring Sexual and Reproductive Health and Rights of Displaced Populations." *Reproductive Health Matters* 25, no. 51 (December 2017): 1–6. <https://doi.org/10.1080/09688080.2017.1411093>.
- 121 Rao, Namita. "Meeting the Maternal and Newborn Needs of Displaced Persons in Urban Settings." Maternal Health Task Force. Last modified July 3, 2017. <https://www.mhtf.org/2017/07/03/meeting-the-maternal-and-newborn-needs-of-displaced-persons-in-urban-settings/>.
- 122 Ward, Jeanne, and Julie Lafrenière. *Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*. Inter-Agency Standing Committee, 2015. http://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-health-08_26_2015.pdf.
- 123 World Health Organization. "Disability and Health." Last modified January 16, 2018. <http://www.who.int/mediacentre/factsheets/fs352/en/>.
- 124 World Health Organization. *Health for the World's Adolescents: A second chance in the second decade*. Geneva: WHO, 2014. http://apps.who.int/adolescent-second-decade/files/1612_MNCAH_HWA_Executive_Summary.pdf.
- 125 International Planned Parenthood Federation. *Sexual Rights: An IPPF Declaration*. London: International Planned Parenthood Federation, 2008. http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf.
- 126 Czarnecki, Gregory. "Parents of LGBTI Ukrainians Push the Movement Forward." *Open Society Foundations*, October 29, 2015. <https://www.opensocietyfoundations.org/voices/parents-lgbti-ukrainians-push-movement-forward>.
- 127 Czarnecki, Gregory. "Parents of LGBTI Ukrainians Push the Movement Forward." *Open Society Foundations*, October 29, 2015. <https://www.opensocietyfoundations.org/voices/parents-lgbti-ukrainians-push-movement-forward>.
- 128 Czarnecki, Gregory. "Parents of LGBTI Ukrainians Push the Movement Forward." *Open Society Foundations*, October 29, 2015. <https://www.opensocietyfoundations.org/voices/parents-lgbti-ukrainians-push-movement-forward>.
- 129 Czarnecki, Gregory. "Parents of LGBTI Ukrainians Push the Movement Forward." *Open Society Foundations*, October 29, 2015. <https://www.opensocietyfoundations.org/voices/parents-lgbti-ukrainians-push-movement-forward>.
- 130 International Planned Parenthood Federation. *Generating Political Change: Using Advocacy to Create Political Commitment*. London: International Planned Parenthood Federation, 2009. http://www.ippf.org/sites/default/files/advocacy_to_action_generating_political_change.pdf.
- 131 Hawkins, Kate, Andrea Cornwall, and Tessa Lewin. *Sexuality and Empowerment: An Intimate Connection*. Brighton: Pathways of Women's Empowerment, 2011. <http://core.ac.uk/download/pdf/29136696.pdf>.
- 132 International Planned Parenthood Federation. "The centrality of sexual and reproductive health and rights to achieving women's economic empowerment: A briefing demonstrating the interlinkages between sexual and reproductive health and rights and women's economic empowerment." 2017. <https://www.ippf.org/resource/centrality-sexual-and-reproductive-health-and-rights-achieving-womens-economic-empowerment>.
- 133 Papp, Susan A., Aparajita Gogoi, and Catherine Campbell. "Improving Maternal Health through Social Accountability: A Case Study from Orissa, India." *Global Public Health* 8, no. 4 (2012): 449–464. <https://doi.org/10.1080/017441692.2012.748085>.
- 134 Malena, Reiner Forster, and Janmejay Singh. *Social Accountability: An Introduction to the Concept and Emerging Practice*. Washington, DC: World Bank, 2004. <http://documents.worldbank.org/curated/en/327691468779445304/Social-accountability-an-introduction-to-the-concept-and-emerging-practice>.
- 135 Papp, Susan A., Aparajita Gogoi, and Catherine Campbell. "Improving Maternal Health through Social Accountability: A Case Study from Orissa, India." *Global Public Health* 8, no. 4 (2012): 449–464. <https://doi.org/10.1080/017441692.2012.748085>.
- 136 International Planned Parenthood Federation. *Men Are Changing: Case Study Evidence on Work with Men and Boys to Promote Gender Equality and Positive Masculinities*. London: International Planned Parenthood Federation, 2010. www.ippf.org/system/files/men_are_changing.pdf.
- 137 van der Gaag, N., Heilman, B., Gupta, T., Nembhard, C., and Barker, G. *State of the World's Fathers: Unlocking the Power of Men's Care*. Washington, DC: Promundo-US, 2019. <https://stateoftheworldsfathers.org/report/state-of-the-worlds-fathers-helping-men-step-up-to-care/>.
- 138 van der Gaag, N., Heilman, B., Gupta, T., Nembhard, C., and Barker, G. *State of the World's Fathers: Unlocking the Power of Men's Care*. Washington, DC: Promundo-US, 2019. <https://stateoftheworldsfathers.org/report/state-of-the-worlds-fathers-helping-men-step-up-to-care/>.
- 139 van der Gaag, N., Heilman, B., Gupta, T., Nembhard, C., and Barker, G. *State of the World's Fathers: Unlocking the Power of Men's Care*. Washington, DC: Promundo-US, 2019. <https://stateoftheworldsfathers.org/report/state-of-the-worlds-fathers-helping-men-step-up-to-care/>.
- 140 Sprechmann, Sofia, Kathleen Christie, and Marcia Walker. *Challenging Gender-based Violence Worldwide: CARE's Program Evidence*. CARE, 2014. <http://insights.careinternational.org.uk/media/k2/attachments/Challenging-GBV-Worldwide-CARE-program-experience-2014.pdf>.
- 141 International Labour Office. *Men and Masculinities: Promoting Gender Equality in the World of Work*. Geneva: International Labour Office, 2013. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_232755.pdf.
- 142 Doyle, Kate, Ruti G. Levto, Gary Barker, Gautam G. Bastian, Jeffrey B. Bingenheimer, Shamsi Kazimbaya, Anicet Nzabonimpa et al. "Gender-Transformative Bandebereho Couples' Intervention to Promote Male Engagement in Reproductive and Maternal Health and Violence Prevention in Rwanda: Findings from a Randomized Controlled Trial." *PLoS ONE* 13, no. 4 (April 2018). <https://doi.org/10.1371/journal.pone.0192756>.
- 143 World Health Organization. *Developing Sexual Health Programmes: A Framework for Action*. Geneva: World Health Organization, 2010. http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf.
- 144 Guttmacher Institute. "Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions." December 6, 2017. <https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs>.
- 145 Guttmacher Institute. "Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions." December 6, 2017. <https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs>.
- 146 "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017." New York: Guttmacher Institute, 2017. <http://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.
- 147 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.
- 148 Singh, Susheela, Jacqueline E. Darroch, and Lori S. Ashford. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*. New York: Guttmacher Institute, 2014. <http://www.guttmacher.org/pubs/AddingItUp2014.pdf>.
- 149 Bustreo, Flavia, Paul Hunt, Sofia Gruskin, Asbjorn Eide, Linsey McGoey, Sujatha Rao, Francisco Songane et al. *Women's and Children's Health: Evidence of Impact of Human Rights*. Geneva: World Health Organization, 2013. Web. http://apps.who.int/iris/bitstream/10665/84203/1/9789241505420_eng.pdf.
- 150 Singh, Susheela, Jacqueline E. Darroch, and Lori S. Ashford. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*. New York: Guttmacher Institute, 2014. <http://www.guttmacher.org/pubs/AddingItUp2014.pdf>.
- 151 Singh, Susheela, Jacqueline E. Darroch, and Lori S. Ashford. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*. New York: Guttmacher Institute, 2014. <http://www.guttmacher.org/pubs/AddingItUp2014.pdf>.
- 152 Singh, Susheela, Jacqueline E. Darroch, and Lori S. Ashford. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*. New York: Guttmacher Institute, 2014. <http://www.guttmacher.org/pubs/AddingItUp2014.pdf>.
- 153 United Nations Educational, Scientific and Cultural Organization. *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Geneva: UNESCO, 2018. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf.

