



Towards the Realisation of Sexual and Reproductive Health and Rights for All

'Gender equality and the empowerment of girls and women will not be possible without the realization of sexual and reproductive health and rights'
International Planned Parenthood Federation Bangladesh

'Sexual and reproductive health and rights are the cornerstone of gender equality'
Preethi Sundaram

WHY

Unmet contraceptive need
214 million women of reproductive age in developing countries who want to avoid pregnancy are not using contraceptives. This is often because of limited choice of methods, poor quality of available services, and gender-based barriers (WHO, 2017).

Early marriage
Each year 15 million girls are married before the age of 18. That is 28 girls every minute. 1 every 2 seconds (Girls not Brides, 2017).

Unplanned and teenage pregnancies
Approximately 40% of pregnancies worldwide are unplanned. Half of these end in (potentially unsafe) abortions (Sedgh et al., 2014).

Gender inequality in sexual relationships
Data from 37 low- and middle-income countries show that almost one third of women say they cannot refuse sex with their partners and 44% say they cannot ask their partners to use a condom (World Bank, 2014).

Vulnerable Groups
Adolescents and young women, migrants and refugees, sex workers, men who have sex with men, transgender people, people who inject drugs and/or prison inmates have the highest rates of sexually transmitted infections, including HIV, in part due to lack of information and services and to stigma, discrimination and criminalization (UNAIDS, 2016).

Sexually transmitted infections
Young women are twice as likely to contract HIV as men. HIV/AIDS is the leading cause of death amongst women aged 15-49 worldwide. Every day, there are an estimated 1 million new infections of chlamydia, gonorrhoea, syphilis and trichomoniasis globally (WHO, 2016).

Unmet Needs of Women

Women's Health and Rights

SRHR Concerns Everybody

Policy Challenges Policy Opportunities

SRHR and HIV/AIDS policies are often insufficiently implemented, budgeted and accounted for.

SRHR and gender equality are addressed in various international agreements including the SDGs. Mechanisms such as the Universal

Periodic Review in the Human Rights Council facilitate participation of women in holding their governments accountable.

Rising conservatism against gender equality, bodily integrity, sexual diversity and sexuality pose a threat to realising SRHR for young girls and women around the world.

Movements such as *She Decides* illustrate that there is worldwide recognition of the right that women should decide about their

own bodies, including whether they want children or not, and when they wish to have them.

Access to information and services for women and adolescents is often hampered by stigma and discrimination in health care or the community, or by laws that require spousal/parental consent for women and adolescents to get contraceptives or a safe abortion.

Gender training for health care staff and peer educators will generate more

understanding of barriers for women and girls to receiving information and services.

SRHR policies and programmes working towards empowerment and/or gender equality often consider women and girls as a homogenous group. Especially young adolescent girls (10-14 years old) and women facing multiple forms of discrimination are left behind.

Gender analysis identifies differences between women and men, but also between and among groups based on other social identities. A comprehensive gender analysis takes into account intersecting inequalities

and discrimination based on other social identities such as gender identity, age, ethnicity, and class. This will improve policy development and implementation.

Women and young people are hardly involved in SRHR policy development and implementation.

Fostering young people's and women's political participation can have positive impacts on policy considerations and

budget allocations, including for SRHR and HIV/AIDS policies.

Lack of gender-differentiated data and indicators represents a missed opportunity to make gender-based inequality visible in SRHR.

Accurate gender-disaggregated data and addressing data gaps can ensure a better

picture of what progress has been made and where progress is still needed.

Promising Pathways



Challenge harmful gender norms by promoting equitable relationships and decision-making

- Increase intimate partner support for healthy SRH behaviours
- Strengthen the communication and negotiation skills of men, women and couples
- Promote interventions focused on engaging men and boys in SRHR

Case: Generation Breakthrough. Gender Equity Movement in Schools combines discussion groups, safe corners and media programmes with youth to address gender norms in SRHR, sexual relationships and gender-based violence.



Empower women, girls and marginalised groups through economic opportunities and collective action

- Strengthen individuals' ability to increase control over their SRHR
- Increase life and vocational skills to address gender-specific barriers to employment
- Promote interventions that enable communities to campaign for their rights

Case: Avahan. Through prevention education and services, Avahan aimed to reduce HIV transmission and lower the prevalence of sexually transmitted infections in vulnerable, high-risk populations such as female sex workers, men who have sex with men, transgenders and people who inject drugs.



Involve the community to disseminate information and support change of practices and harmful norms

- Promote healthy behaviours through mixed media and participatory research
- Identify gender barriers to health and disseminate information to promote the uptake of services
- Promote interventions that engage and gain the support of community and religious leaders

Case: Ending FGM. Tasaru Ntomonok Initiative in Kenya and Network Against Female Genital Mutilation in Tanzania work to end female genital mutilation by engaging in dialogue and educational sessions with Maasai communities in both countries.



Adjust health systems to become more gender-responsive and accountable

- Improve community support for health-seeking behaviours
- Identify opportunities to address inequalities in access to health information and/or services
- Promote interventions that build and reinforce links between communities and local health services

Case: The MenCare+ programme facilitated group education sessions with youth, couples and fathers to discuss matters related to SRHR, maternal, new-born and child health, gender equality and care-giving to bring men into the health care system as active and positive participants in their own/partners/children's health.



Invest in comprehensive sexuality education in and out of school

- Increase youth's knowledge and skills on sexuality, mutual respect, responsibilities, pleasure and sexual diversity.
- Empower young people to protect their health, well-being and dignity in order for them to be able to make informed choices related to their sexuality.

Case: The World Starts With Me is an interactive comprehensive sexuality curriculum on SRHR. It helps young people to make their own decisions about their sexuality and sexual life. It aims to contribute to the improvement of the sexual and reproductive health of young people as well as their social and economic development.