

Respect, Protect, and Fulfill Sexual Health and Rights

Facts, Solutions, Case Studies, and Policy Recommendations

OVERVIEW

Ensuring sexual health and rights is a prerequisite for achieving gender equality for girls and women. In Ensuring sexual health and rights is a prerequisite for achieving gender equality for girls and women. In order to prevent violations of these rights, governments and partners need to adopt comprehensive approaches to protect and uphold these 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

The World Health Organization defines sexual health as a “state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.”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

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.⁵ Sexual rights are grounded in human rights principles that are recognized across international and regional conventions and national constitutions.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, 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 part, in certain goals and targets, such as access to sexual and reproductive health (SRH) services, sexuality education, and the ability to make decisions about one’s own health, void of 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, and abuse.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 and sexually transmitted infections (STIs);^{13,14} 3) restricted freedom to choose a sexual identity and orientation; 4) a lack of protection from harmful practices, such as forced virginity examinations, forced marriage and female genital mutilation and/or 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 regarding women’s roles within larger family structures.¹⁸

The protection of sexual health and rights is vital 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, which threatens the overall wellbeing of girls and women, including their physical, sexual, reproductive, emotional, mental, and social health.¹⁹ Sexual violence can result in unwanted pregnancy, gynecological complications, sexually transmitted infections, and mental health conditions like post-traumatic stress disorder and depression.²⁰ On average, 30% of women worldwide who have been in a relationship have experienced physical or sexual violence at the hands of their partner.²¹ In conflict and post-conflict



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

SDG Goal 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 actions in poverty eradication activities

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

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.



settings, the threat of sexual violence is further exacerbated.²² Around the world, violence against girls and women is linked to discrimination on the grounds of race, ethnicity, sexual identity and orientation, social status, class, and age.²³ These forms of discrimination restrict girls and women's choices and sexual rights, making it harder for them to obtain justice.²⁴

→ For more, please reference the brief focused on *Dramatically Reducing Gender-Based Violence and Harmful Practices*.

HIV/STIs: Access to gender-sensitive HIV/AIDS and STI information and services are vital to ensuring that girls and women are educated and supported when accessing 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),²⁵ but 82% do not receive needed health services.²⁶ Sexual minority groups, including transgender populations, 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.²⁷ Pervasive stigma, homophobia, transphobia, as well as the criminalization of sex work and HIV transmission often deter high-risk communities from seeking needed services.²⁸

→ For more, please reference the brief focused on *Ensuring Access to Comprehensive Health Services*.

Contraception: Providing stigma-free and youth-friendly access to comprehensive sexual and reproductive health services is essential to guaranteeing 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, in developing countries alone 225 million women have an unmet need for contraception.²⁹ Approximately 214 million women of reproductive age in the developing world would like to avoid pregnancy, but are not using modern contraception.³⁰ Of the 206 million pregnancies that occurred in the developing world in 2017, 43 million were unintended.³¹ If all unmet need for modern contraception were satisfied in developing regions, there would be an estimated 75% decline in unintended pregnancies, unplanned births, and induced abortions.³²

→ For more, please reference the brief focused on *Meeting the Demand for Modern Contraception and Reproductive Health*.

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 discrimination.³³ Sexuality and sexual rights, in relation to maternal health, includes freedom from forced pregnancy,³⁴ support and treatment for post-partum depression³⁵ and the ability to access In Vitro Fertilization (IVF) for same sex women.³⁶ The right to respectful, quality care free of abuse, discrimination, and stigma for expectant women, creates an environment where they are free to make autonomous decisions.³⁷

→ For more, please reference the brief focused on *Improving Maternal and Newborn Health and Nutrition*.

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.³⁸ An estimated 22 million unsafe abortions take place each year.³⁹ In 2012, 6.9 million women in developing countries were treated for complications from unsafe abortions.⁴⁰ In 2014, unsafe abortion led to at least 22,500 deaths worldwide.^{41,42,43}

Sexual Orientation: All individuals, regardless of their sexual orientation, have the right to live free of violence, coercion, and stigma.⁴⁴ 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 treatment and/ or inhibited free speech.⁴⁵ For example, in over 75 countries around the world, homosexuality is illegal and punished with prison and in some cases, death.⁴⁶ 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.⁴⁷

Gender Identity and Expression: Gender identity is an individual's perception of self, whether that be male, female, neither, or a combination.⁴⁸ Gender expression, or an individual's outward appearance, is usually expressed through behavior, clothing, haircut, or voice.⁴⁹ When someone's gender identity and expression does not align with socially prescribed norms, the person may be at a higher risk of violence and discrimination.⁵⁰ Protecting the right to gender expression and identity is critical in relation to upholding and respecting sexual rights.⁵¹

Disability: Girls and women living with disabilities often face the "double discrimination" paradigm, which is further exacerbated when they are also part of marginalized social, ethnic, or racial groups.⁵² 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.⁵³



- **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 Goal 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 Goal 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



Protecting the sexual health and rights of people living with disabilities is vital to the protection of their overall human rights, health, and wellbeing.

➔ For more, please reference the brief focused on *Respecting, Protecting, and Fulfilling Sexual Health and Rights*.

SECTION 2: SOLUTIONS AND INTERVENTIONS

Every year, violations of sexual health and rights result in the death or injury of millions of girls and women.⁵⁴ A comprehensive, contextualized approach is necessary to protect and uphold sexual health and rights across the world.⁵⁵ 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 movements to ensure accountability for 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.⁵⁶ 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.⁵⁷ In humanitarian settings, women are at a significantly increased risk of GBV and sexual violence which in turn increases their risk of unwanted pregnancies, unsafe abortions and transmission of HIV and other sexually transmitted diseases.⁵⁸ Female refugees and migrants in particular are more at risk due to a lack of shelter, WASH facilities and from being in unfamiliar cultural contexts.⁵⁹ 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.⁶⁰ Sex workers are often forced to live and work on the margins of society due to the criminalized and stigmatized nature of their work, this provides them with little possibility for legal recourse should they experience any kind of gender-based violence.⁶¹ 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: Profamilia Promotes Sexual Health and Rights in Colombia

In Colombia, Profamilia, a member organization of the International Planned Parenthood Federation (IPPF), established a legal service for women to promote their sexual health and rights.⁶² Profamilia addresses issues such as discrimination, sexual orientation, abortion, STIs, informed consent, and gender-based violence.⁶³ The organization uses human rights and law as tools to promote social change and advance partnerships among allies from the women's movement, human rights organizations, and community-based groups. As a result of their work, the Ministry of Health of Colombia has expanded guidelines for sexual and reproductive health services.⁶⁴

Provide Access to Information and Comprehensive Sexuality Education

Governments must incorporate comprehensive sexuality education and train teachers to use age- and context-appropriate methods both in schools and through other less formal channels that focus on the specific sexual health needs of young women, girls, and boys.⁶⁵ These include preventing STIs, contraception use,⁶⁶ and how to access legal support and health services, including safe abortion. 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.⁶⁷ Through the introduction of comprehensive sexuality education, healthy life skills are established and, 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.⁶⁸ 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.⁶⁹ 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.⁷⁰

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.⁷¹ Lesbian, gay, bisexual and transgender (LGBT) people across many developing countries live under pervasive discrimination and are often denied access to sexual rights and needed sexual healthcare services.⁷²



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)
- Sustainable Development Goals (2015-2030)
- The Global Strategy for Women's and Children's Health (2016-2030)



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.⁷³ These services need to be youth friendly, affordable, and respect patient privacy and confidentiality.⁷⁴ The right to protection and the freedom to live a safe and fulfilling sexual life cannot be denied due to an individual's sexual identity, essence, or orientation.⁷⁵

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 gay, lesbian, bisexual, and transgender people.⁷⁶ 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.⁷⁷ Tergo recently organized an international networking conference, bringing together peer groups from Poland, Malta, Russia, Moldova, and beyond.⁷⁸ 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.⁷⁹

Build Movements to Ensure Accountability for 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 ensure government accountability to uphold these rights. By combining resources and extending the reach of any one organization, such collaboration has exponential benefits.⁸⁰

Case Study: The Sonagachi Project in Kolkata

The Sonagachi Project, in Kolkata, India, was an intervention project 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.⁸¹ 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.⁸² The study surfaced strategies to reduce vulnerability of sex workers, including promoting the right to self-determination.⁸³ The project has helped sex workers substantially increase control over their sexual health, as well as improve their living conditions and working environment; it also placed sex work issues on state and national policy agendas.⁸⁴

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.⁸⁵ Boys and men can make a difference in socio-cultural norms through championing the importance of family planning, contraception use, gender equality, nonviolence and the importance of sexual health and rights for girls and women.⁸⁶ Governments and organizations must provide specific training for young men and boys that focus on the importance of respecting and supporting the sexual health and rights of girls and women.⁸⁷ 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.⁸⁸

Case Study: The 'Men are Changing' Study

Within the IPPF research report, *Men are Changing*, a case study focused on promoting gender equality and positive masculinities for boys and men in Kenya, Zambia, Tanzania and Uganda demonstrated the importance of young men participating in the promotion of healthy sexual relationships, including safer sexual practices.⁸⁹ 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 counselling and testing services.⁹⁰ 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.⁹¹

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.⁹² Providing girls and women needed sexual and reproductive healthcare would cost, on average, US\$25 per woman per year—and would result in the prevention of 52 million unintended pregnancies, 14.9 million unsafe abortions, 194,000 maternal deaths, 2.2 million newborn deaths and 121,000 HIV infections among newborns.⁹³ Every US\$1 spent on investing in contraceptive services in the developing world would save US\$2.22 in maternal and newborn healthcare due to a decline in unplanned pregnancies⁹⁴, this would result in net savings of US\$6.9 billion a year when compared with only investing in maternal and newborn care alone.⁹⁵ Investing in comprehensive sexuality education is linked to delaying first sexual intercourse and an increase in safe sexual behavior, which cuts down on unwanted pregnancies and STIs, including HIV infection.⁹⁶ 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 support underserved and marginalized groups.⁹⁷ 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.⁹⁸ Investments in sexual health and rights reduce rates of HIV and STIs and reduce unwanted pregnancies, averting maternal injuries and deaths.⁹⁹ Such investments also contribute to more girls attending school for longer and allow women to more fully participate in economic opportunities.¹⁰⁰ Each of these are social and health determinants of respect for other human rights, as well as of national development, economic growth, and progress.¹⁰¹

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.

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 policies.
(Most relevant for: governments)
- 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 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)
- Establish comprehensive sexuality education in schools.
(Most relevant for: civil society and governments)
- Enforce the integration of sexual health and rights frameworks within all programs for health providers 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)
- Engage men and boys in sexual health and rights initiatives.
(Most relevant for: governments, civil society, the United Nations, and the private sector)

Reviewed and Updated August 2017

Prepared by: Savannah Russo, Women Deliver

Reviewed by: Genine Babakian, Consultant; Juliana Bennington, Women Deliver; Mary Crippen, Consultant; Maria DeVoe, Women Deliver; Tatiana DiLanzo, Women Deliver; Louise Dunn, Women Deliver; Kate Gilmore; Katja Iversen, Women Deliver; Eszter Kismödi; Lisa Kruitbosch, CHOICE for Youth and Sexuality; Jessica Malter, Women Deliver; Alison Marshall, International Planned Parenthood Federation; Susan Papp, Women Deliver; Savannah Russo, Women Deliver; Athena Rayburn, Women Deliver; Liuba Grechen Shirley, Consultant; Petra ten Hoope-Bender, Women Deliver; Tamara Windau-Melmer, Women Deliver; Youth Coalition for Sexual and Reproductive Rights

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 effecting girls and women in global development. These materials are designed to be open-sourced and available for your use.

➔ **To learn about the Deliver for Good campaign, visit deliverforgood.org.**

ENDNOTES

- ¹ "Defining sexual health." n.d. Web. 8 Apr. 2016. <http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/>.
- ² "Sexual Rights: An IPPF Declaration." London: International Planned Parenthood Federation, 2008. Web. 14 Oct. 2014. <http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf>.
- ³ Ibid.
- ⁴ Ibid.
- ⁵ "Sexual and Reproductive Health and Rights." n.d. Web. 14 Oct. 2015. <<http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>>.
- ⁶ "Sexual Rights: An IPPF Declaration." London: International Planned Parenthood Federation, 2008. Web. 14 Oct. 2014. <http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf>.
- ⁷ Ibid.
- ⁸ Ibid.
- ⁹ Miller, Alice M., et al. "Sound and Fury – engaging with the politics and the law of sexual rights." *Reproductive Health Matters* 23.46 (2015): 7-15. Web. <[http://www.rhm-elsevier.com/article/S0968-8080\(15\)00083-X/abstract](http://www.rhm-elsevier.com/article/S0968-8080(15)00083-X/abstract)>.
- ¹⁰ Galati, Alanna J. "Onward to 2030: Sexual and Reproductive Health and Rights in the Context of the Sustainable Development Goals." *Guttmacher Policy Review* 18.4 (2015). Web. 28 Oct. 2015. <<https://www.guttmacher.org/about/gpr/2015/10/onward-2030-sexual-and-reproductive-health-and-rights-context-sustainable>>.
- ¹¹ "Sexual and reproductive health and rights – the key to gender equality and women's empowerment." London: International Planned Parenthood Federation (IPPF), 2015. Web. <http://www.ippf.org/sites/default/files/2020_gender_equality_report_web.pdf>.
- ¹² "Sexual and Reproductive Health and Rights." n.d. Web. 14 Oct. 2015. <<http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>>.
- ¹³ "VIOLENCE AGAINST WOMEN." INFORMATION SERIES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. New York: United Nations Human Rights, Office of the High Commissioner, n.d. Web. 8 Apr. 2016. <http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_VAW_WEB.pdf>.
- ¹⁴ "HIV/AIDS." INFORMATION SERIES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. New York: United Nations Human Rights, Office of the High Commissioner, n.d. Web. 4 Mar. 2016. <http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_HIV_WEB.pdf>.
- ¹⁵ "LESBIAN, GAY, BISEXUAL AND TRANSGENDER AND INTERSEX PEOPLE." INFORMATION SERIES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. New York: United Nations Human Rights, Office of the High Commissioner, n.d. Web. 4 Mar. 2016. <http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_LGTG_WEB.pdf>.
- ¹⁶ "Sexual and Reproductive Health and Rights." n.d. Web. 14 Oct. 2015. <<http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>>.
- ¹⁷ "ABORTION." INFORMATION SERIES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. New York: United Nations Human Rights, Office of the High Commissioner, n.d. Web. 4 Mar.



2016. <http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Abortion_WEB.pdf>.
- 18 "Sexual and Reproductive Health and Rights." n.d. Web. 14 Oct. 2015. <<http://www.ohchr.org/EN/Issues/Women/WRGS/Pages/HealthRights.aspx>>.
- 19 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. Web. 1 Mar. 2016. <http://www.who.int/violence_injury_prevention/publications/violence/9789241564007_eng.pdf>.
- 20 Ibid.
- 21 "Violence against women: Intimate partner and sexual violence against women." Jan. 2016. Web. <<http://www.who.int/mediacentre/factsheets/fs239/en/>>.
- 22 Ibid.
- 23 "Violence Against Women: End the Cycle of Violence." n.d. Web. 17 Aug. 2017. <<https://www.amnestyusa.org/themes/womens-rights/violence-against-women/>>.
- 24 Ibid.
- 25 Singh, S, JE Darroch, and LS Ashford. "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. Web. <<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>>.
- 26 Ibid.
- 27 EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. "Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV." A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+), 2009. Web. <http://www.who.int/reproductivehealth/topics/linkages/guidance_package.pdf?ua=1>.
- 28 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. n.d. Web. 12 Apr. 2016. <<http://www.stigmaindex.org/sites/default/files/reports/Late%20Testing%20Late%20Treatment.pdf>>.
- 29 "HRP Annual Report" WHO.2017. Web. 16 Aug 2017. <http://www.who.int/reproductivehealth/about_us/hrp/en>
- 30 "Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions." Guttmacher Institute. N.p., 29 June 2017. Web. 29 June 2017. <<https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs>>.
- 31 Ibid.
- 32 Ibid.
- 33 "Preventing Maternal Mortality and Ensuring Safe Pregnancy: Government Duties to Ensure Pregnant Women's Survival and Health." BRIEFING PAPER. 2008. Web. <http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/BRB_Maternal%20Mortality_10.08.pdf>.
- 34 Northup, Nancy. "Estranged Bedfellows: Sexual Rights and Reproductive Rights in U.S. Constitutional Law." Human Rights Magazine 38.2 (2011). Web. 12 Apr. 2016. <http://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol38_2011/human_rights_spring2011/estranged_bedfellows_sexual_rights_and_reproductive_rights_in_us_constitutional_law.html>.
- 35 Milani, Hourieh Shamshiri, et al. "Effect of Telephone-Based Support on Postpartum Depression: A Randomized Controlled Trial." Int J Fertil Steril 9.2 (2015): 247–253. Web. 12 Apr. 2016. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4518494/>>.
- 36 Northup, Nancy. "Estranged Bedfellows: Sexual Rights and Reproductive Rights in U.S. Constitutional Law." Human Rights Magazine 38.2 (2011). Web. 12 Apr. 2016. <http://www.americanbar.org/publications/human_rights_magazine_home/human_rights_vol38_2011/human_rights_spring2011/estranged_bedfellows_sexual_rights_and_reproductive_rights_in_us_constitutional_law.html>.
- 37 "The prevention and elimination of disrespect and abuse during facility-based childbirth." The World Health Organization. 2015. Web. <http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1>
- 38 Grimes, David A., et al. "Unsafe abortion: the preventable pandemic." The Lancet 368.9550 (2006): 1908–1919. Web. 14 Oct. 2015. <[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)>.
- 39 "HRP Annual Report" WHO.2017. Web. 16 Aug 2017. <http://www.who.int/reproductivehealth/about_us/hrp/en>
- 40 Singh, S and I Maddow-Zimet. "Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries." BJOG (2015): 1-10. Web. <<http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13552/epdf>>.
- 41 Kassebaum, NJ, et al. "Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013." The Lancet 384.9947 (2014): 980–1004. Web. <[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60696-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60696-6/fulltext)>.
- 42 Singh, S, JE Darroch, and LS Ashford. "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. Web. <<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>>.
- 43 Say, L, et al. "Global causes of maternal death: a WHO systematic analysis." The Lancet Global Health 2.6 (2014): e323–e333. Web. <[http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70227-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70227-X/fulltext)>.
- 44 "Sexual Rights: An IPPF Declaration." London: International Planned Parenthood Federation, 2008. Web. 14 Oct. 2014. <http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf>.
- 45 "Violence Against Women Information." n.d. Web. 14 Oct. 2015. <<http://www.amnestyusa.org/our-work/issues/women-s-rights/violence-against-women/violence-against-women-information>>.
- 46 Carroll, Aengus and Lucas Paoli Itaborahy. "State-Sponsored Homophobia: A World Survey of Laws: criminalisation, protection and recognition of same-sex love." Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2015. Web. 12 Apr. 2016. <http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2015.pdf>.
- 47 EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positives. "Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV." A Guidance Package. Amsterdam: The Global Network of People Living with HIV/AIDS (GNP+), 2009. Web. <http://www.who.int/reproductivehealth/topics/linkages/guidance_package.pdf?ua=1>.
- 48 "Sexual Orientation and Gender Identity Definitions." n.d. Web. <<http://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>>.
- 49 Ibid.
- 50 "International Human Rights Law and Sexual Orientation & Gender Identity." Fact Sheet. New York: Free & Equal: United Nations for LGBT Equality, n.d. Web. 24 Nov. 2015. <https://www.unfe.org/system/unfe-6-UN_Fact_Sheets_v6_-_International_Human_Rights_Law_and_Sexual_Orientation___Gender_Identity.pdf>.
- 51 Miller, Alice M., et al. "Sexual rights as human rights: a guide to authoritative sources and principles for applying human rights to sexuality and sexual health." Reproductive Health Matters 23.46 (2015): 16–30. Web. <[http://www.rhm-elsevier.com/article/S0968-8080\(15\)00084-1/fulltext#S0015](http://www.rhm-elsevier.com/article/S0968-8080(15)00084-1/fulltext#S0015)>.
- 52 "Advancing Women and Girls with Disabilities." 24 Aug. 2015. Web. 24 Nov. 2015. <<https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/women-disabilities>>.
- 53 Ibid.
- 54 "Why should I care about Sexual and Reproductive Rights?" n.d. Web. 12 Apr. 2016. <<http://www.amnestyusa.org/pdfs/20ReasonsToCareAboutICPD.pdf>>.
- 55 "Gender and human rights: Sexual health." n.d. WHO. Web. 14 Oct. 2015. <http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/>.
- 56 "Sexual Rights: An IPPF Declaration." London: International Planned Parenthood Federation, 2008. Web. 14 Oct. 2014. <http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf>.
- 57 "Violence Against Women Information." n.d. Web. 14 Oct. 2015. <<http://www.amnestyusa.org/our-work/issues/women-s-rights/violence-against-women/violence-against-women-information>>.
- 58 Shepard, Bonnie. "Addressing Violence Against Women and Girls in Sexual and Reproductive Health Services: A Review of Knowledge Assets" UNFPA. 2010. Web. 18 August 2017. <http://www.unfpa.org/sites/default/files/pub-pdf/addressing_violence.pdf>
- 59 Ibid.
- 60 "Amnesty International Policy on States Obligation to Respect, Protect and Fulfill The Human Rights of Sex Workers". Amnesty International.2016. Web. 21 Aug 2017. <file:///C:/Users/aryburn/Downloads/POL3040622016ENGLISH.PDF>
- 61 Ibid.
- 62 "Defining Sexual Health: Report of a Technical Consultation on Sexual Health 28-31 January 2002. Geneva." Sexual Health Document Series. Geneva: World Health Organization, 2006. Web. <http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf>.
- 63 Ibid.
- 64 Ibid.
- 65 "Sexual health, human rights and the law." Geneva: World Health Organization, 2015. Web. <http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1>.
- 66 "Comprehensive Sex Education: Research and Results." 2009. Web. 24 Nov. 2015. <<http://www.advocatesforyouth.org/publications/1487>>.
- 67 Ali, Saida. "CPD48: International Sexual and Reproductive Rights Caucus Statement." 17 Apr. 2015. Web. <<http://www.youthcoalition.org/un-processes/cpd48-statement/>>.
- 68 "Comprehensive Sexuality Education." n.d. Web. 14 Oct. 2015. <<http://eeca.unfpa.org/topics/comprehensive-sexuality-education>>.
- 69 "Sexual health, human rights and the law." Geneva: World Health Organization, 2015. Web. <http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1>.
- 70 Ibid.
- 71 "Adding It Up: Investing in Sexual and Reproductive Health." Fact Sheet. New York: Guttmacher Institute, 2014. Web. 14 Oct. 2015. <<https://www.guttmacher.org/pubs/FB-AddingItUp2014.pdf>>.
- 72 "Advancing the Rights of LGBT People." New York: American Jewish World Service, n.d. Web. <https://ajws-americanjewishworldservice.org/wp-content/uploads/2015/05/lgbt_rights_one_pager.pdf>.
- 73 "Disability and Health" WHO. 2016. Web. 24 Aug 2017 <<http://www.who.int/mediacentre/factsheets/fs352/en/>>.
- 74 "Health for the World's Adolescents: A second chance in the second decade." Geneva: World Health Organization, 2014. Web. <http://apps.who.int/adolescent/second-decade/files/1612_MNCAH_HWA_Executive_Summary.pdf>.



- ⁷⁵ "Sexual Rights: An IPPF Declaration." London: International Planned Parenthood Federation, 2008. Web. 14 Oct. 2014. <http://www.ippf.org/sites/default/files/sexualrightsiippfdeclaration_1.pdf>.
- ⁷⁶ Czarnecki, Gregory. "Parents of LGBTI Ukrainians Push the Movement Forward." 29 Oct. 2015. Web. <<https://www.opensocietyfoundations.org/voices/parents-lgbti-ukrainians-push-movement-forward>>.
- ⁷⁷ Ibid.
- ⁷⁸ Ibid.
- ⁷⁹ Ibid.
- ⁸⁰ "Generating Political Change: Using Advocacy to Create Political Commitment." London: International Planned Parenthood Federation, 2009. Web. 14 Oct. 2015. <http://www.ippf.org/sites/default/files/advocacy_to_action_generating_political_change.pdf>.
- ⁸¹ "Meeting community needs for HIV prevention and more: Intersectoral action for health in the Sonagachi red-light area of Kolkata." The World Health Organization. 2007. Web. <http://www.who.int/social_determinants/resources/isa_sonagachi_ind.pdf>.
- ⁸² Ibid.
- ⁸³ Ibid.
- ⁸⁴ Ibid.
- ⁸⁵ "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. Web. 14 Oct. 2015. <www.ippf.org/system/files/men_are_changing.pdf>.
- ⁸⁶ Ibid.
- ⁸⁷ Ibid.
- ⁸⁸ "Challenging Gender-based Violence Worldwide: CARE's Program Evidence" CARE. 2014. Web. 22 Aug 2017. <http://insights.careinternational.org.uk/media/k2/attachments/Challenging-GBV-Worldwide-CARE-program-experience-2014.pdf>
- ⁸⁹ "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. Web. 14 Oct. 2015. <www.ippf.org/system/files/men_are_changing.pdf>.
- ⁹⁰ Ibid.
- ⁹¹ Ibid.
- ⁹² "Developing sexual health programmes: A framework for action." Geneva: World Health Organization, 2010. Web. 12 Apr. 2016. <http://apps.who.int/iris/bitstream/10665/70501/1/WHO_RHR_HRP_10.22_eng.pdf>.
- ⁹³ "Why invest in sexual and reproductive health in the developing world?" Infographic. New York: Guttmacher Institute, 2014. Web. <https://www.guttmacher.org/sites/default/files/infographic_attachment/addingitup2014.pdf>.
- ⁹⁴ "Greater Investments Needed to Meet Women's Sexual and Reproductive Health Needs in Developing Regions" Guttmacher Institute. 2017. Web. 22 Aug 2017. <<https://www.guttmacher.org/news-release/2017/greater-investments-needed-meet-womens-sexual-and-reproductive-health-needs>>
- ⁹⁵ "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017" Guttmacher Institute. 2017. Web. 22 Aug 2017. <<https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>>
- ⁹⁶ International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators. New York: UNESCO, 2009. Web. 12 Apr. 2016. <<http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>>.
- ⁹⁷ Singh, S, JE Darroch, and LS Ashford. "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. Web. <<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>>.
- ⁹⁸ Bustreo, F and Paul Hunt, 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>.
- ⁹⁹ Singh, S, JE Darroch, and LS Ashford. "Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014." New York: Guttmacher Institute, 2014. Web. <<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>>.
- ¹⁰⁰ Ibid.
- ¹⁰¹ Ibid.

