

Sexual and reproductive health and rights (SRHR) are fundamental to health and well-being, gender equality, democracy, peace and security, and sustainable development. SRHR is grounded in the right and the ability of all individuals to decide over their own bodies, and to live healthy and productive lives.

This brief provides an overview of SRHR from a Sida perspective. The intended audience is Sida staff but partners may also find it useful. Sida uses the Guttmacher-Lancet Commission (GLC) definition of SRHR (see box 1)¹

Box 1. The Guttmacher-Lancet Commission integrated definition of SRHR

Sexual and reproductive health (SRH) is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active, choose their sexual partners, and have safe and pleasurable sexual experiences;
- decide whether, when and whom to marry;
- decide whether, when and by what means to have a child or children, and how many children to have;
- to have access over their lifetime to the information, resources, services and support necessary to achieve all of the above, free from discrimination, coercion, exploitation and violence.

Essential sexual and reproductive health services must meet public health and human rights standards, including the “Availability, Accessibility, Acceptability, and Quality” framework of the right to health.



Rapariga Biz mentors in Zambezia province Mozambique. Photo: Sarah Thomsen.

SRHR is essential to all individuals and across the life course. However, access to SRHR is not equitable and the level of access to these rights and their related services is determined by patriarchal systems, socio-economic status and underlying inequalities related to e.g. gender, sexuality, race, ethnicity and education level. Inequalities in reproductive health and economic inequality may be mutually reinforcing and thus have the potential to trap people in a vicious cycle of poverty, diminished capabilities and unrealized potential.² Therefore, Sida’s approach to SRHR programming and dialogue takes a systems perspective and focuses on the most disadvantaged groups such as women living in poverty, young people (10-24 years), unmarried people, adolescent mothers, LGBTQI+ persons, people living with disabilities, indigenous populations, and other disadvantaged groups.

Decades of research have shown—and continue to show—the profound and measurable benefits of investing in SRHR:

- **Fully meeting the need** for modern contraception in low- and middle-income countries and ensuring essential maternal and newborn care would result in:
 - 67 million fewer unintended pregnancies,
 - 2.2 million fewer newborn deaths, and
 - 224,000 fewer maternal deaths.³

1 Starrs et.al. 2018. [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#)

2 UNFPA. 2017. The state of world population 2017

3 Based on 2017 levels

- **Access to comprehensive abortion care** would contribute to at least 8%⁴ reduction in global maternal mortality and save approximately 553 million USD⁵ spent on treating the cost of unsafe abortion every year.
- **Providing all girls under 15 years in LMICs with the human papilloma virus (HPV) vaccination** will avert 61 million cases of cervical cancer in the coming century. Screening all women aged 25–35 years for HPV twice will avert an additional 12.1 million cases.⁶
- **Increased condom use** since 1990 has averted an estimated 117 million new HIV infections, close to half (47%) of them in sub-Saharan Africa and more than one third (37%) in Asia and the Pacific.⁷
- **Providing comprehensive sexuality education combined with access to targeted and adapted health services catering to young people’s needs** delays parenthood, and allows for informed choices. This is directly associated with finishing secondary and/or higher education, entering the labour market, participating in democratic processes and the development of their societies, gender equality and poverty reduction.⁸

Box 2. The Guttmacher-Lancet Commission recommended list of interventions that should be included in comprehensive SRHR programs:

- Comprehensive Sexuality Education (in- and out-of-school);
- Counselling and services for a range of modern contraceptives, with a defined minimum number and types of methods;
- Antenatal, childbirth and postnatal care including emergency obstetric and newborn care;
- Comprehensive Abortion Care, including safe abortion services and post-abortion care;
- Prevention and treatment of HIV and other sexually transmitted infections;
- Prevention, detection, immediate services and referrals for cases of sexual and gender-based violence;
- Prevention, detection and management of reproductive cancers, especially cervical cancer;
- Information, counselling and services for subfertility and infertility;
- Information, counselling and services for sexual health and well-being.



Midwifery students in Karamoja Uganda.
Photo: Sarah Thomsen.

A COMPREHENSIVE APPROACH TO SRHR

The International Conference on Population and Development (ICPD) in Cairo in 1994 was a turning point for how the world viewed population issues. From having been exclusively focused on family planning, demographic trends and population control, the language became rights-focused and expanded to include sexual health and reproductive rights. The increase in focus on rights was largely driven by the Global South, and particularly women’s movements who rejected the “population planning” paradigm that ignored the broader sexual and reproductive needs of women and young people. Regions have further contextualized the ICPD programme of action and agreed on regional goals stipulated in the Montevideo Consensus⁹, The Maputo Plan of Action¹⁰, and the Sixth Asia Pacific Population Conference¹¹.

The 4th World Conference on Women in Beijing in 1995 further advanced the agenda by linking SRHR to a broader gender perspective. It established that women have the right to decide on all matters related to their sexuality and reproduction, to be free from coercion, discrimination and violence, and linked these rights to their ability to participate in democratic processes, economic activities and development at large.¹²

The Sustainable Development Goals (SDGs), specifically address SRHR in SDG 3 to ensure healthy

4 Say et al. 2017. [Global causes of maternal death: a WHO systematic analysis](#).

5 Vlassoff et al. 2008. [Economic impact of unsafe abortion-related morbidity and mortality: evidence and estimation challenges](#).

6 Brisson et al. 2020. [Impact of HPV vaccination and cervical screening on cervical cancer elimination: a comparative modelling analysis in 78 low-income and lower-middle-income countries - The Lancet](#)

7 Stove and Teng. 2021. [The impact of condom use on the HIV epidemic](#).

8 UNESCO. 2018. [Why comprehensive sexuality education is important](#)

9 UNECLAC. 2013. [The Montevideo consensus on population and development](#)

10 African Union. 2016. [The Maputo Plan of Action 2016-2030](#).

11 UNESCAP. 2013. [Report of the 6th Asian and Pacific population conference](#)

12 UN Women. Programme of Action of the [Fourth World Conference on Women, Beijing 1995 \(un.org\)](#), par. 223.

lives and promote well-being for all at all ages¹³ and SDG 5 to achieve gender equality and empower all women and girls¹⁴. It is critical to build on these global gains to facilitate political ownership and priority to furthering SRHR at national and regional levels, and in multilateral fora. Thus, accountability and quality data is crucial.

Box 3. Taking stock and furthering the commitments 25 years later

In 2019, the Nairobi Summit on ICPD25 reinforced the ICPD Programme of Action and furthered the language on SRHR, recognizing the importance of a comprehensive approach to SRHR incorporated in efforts around Universal Health Coverage (UHC) as well as the unique needs of LGBTQI+ populations. In 2021, the Generation Equality Forum rallied activists and politicians to further the Beijing Platform of Action through a set of Action Coalitions. The Action Coalition on Bodily Autonomy and SRHR provided a progressive approach to realize bodily autonomy and have defined a way forward for the coming 5 years.

SRHR – INTEGRAL TO GENDER EQUALITY

Gender equality and SRHR goals are mutually reinforcing. Equitable access to good quality SRHR enables bodily autonomy which in turn is a precondition for women's economic empowerment and their opportunity to contribute actively to democracy, peace and security. Similarly, gender equal societies enables access to stigma-free, quality SRH services and the enjoyment of rights. Understanding the gender dynamics and power structures, such as patriarchal norms and structures and toxic masculinity that limit women's and girls' rights and potential, in countries and at community level is crucial to design and implement appropriate and targeted SRHR interventions. Recognizing and cooperating with women's rights organizations and feminist movements to further progress both in gender equality and equitable access to quality comprehensive SRHR is essential. Ensuring that feminist movements are equipped with accurate information about SRHR, and vice-versa that SRHR actors draw on women's rights organisations' and networks' knowledge about gender-power dynamics and intersectionality, is important.

SRHR – FUNDAMENTAL TO HUMAN RIGHTS

Fulfilment of human rights is not possible without the enjoyment of the right to health, freedom from discrimination and violence, and sexual and reproductive

rights¹⁵. Human rights standards relevant to SRHR are summarized in the information series on sexual and reproductive health and rights¹⁶, and include:

- **CEDAW article 16** guarantees women's equal rights in deciding "freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights."¹⁷ **CEDAW article 2(f)** specifies that governments should "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women."
- **The CRC General Comment 20** defines the rights of the child during adolescence such as the right to equal access to sexual and reproductive commodities, information and services¹⁸.
- **The CESCR General Comment 14** has explained that the provision of maternal health services is comparable to a core obligation which cannot be derogated from under any circumstances, and the States have to the immediate obligation to take deliberate, concrete, and targeted steps towards fulfilling the right to health in the context of pregnancy and childbirth¹⁹.
- **General Comment No. 22** recommends States "to repeal or eliminate laws, policies and practices that criminalize, obstruct or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information."²⁰

Due to patriarchal structures and norms the human rights, and in particular SRHR, of already disadvantaged groups, including women, LGTBTQI+ persons and indigenous populations, are under particular threat when human rights are under attack.

SRHR – A PUBLIC HEALTH IMPERATIVE

The fulfilment of sexual and reproductive rights is not possible without a strong and functioning health system capable of providing comprehensive SRH services across the life course that are accessible, acceptable, affordable, inclusive and of good quality.

It is important to understand that people rarely seek SRH services because they are sick or in need of care. SRH services primarily target healthy people

13 SDG 3 Targets directly related to SRHR include reduction in maternal and neonatal mortality, ending newborn mortality, ending the AIDS epidemic and combat other STIs, ensuring universal access to SRH services and universal health coverage, and strengthening health financing and the health workforce in low income countries.

14 SDG 5 Targets directly related to SRHR include eliminating all forms of violence and harmful practices against women and girls, ensuring universal access to SRHR.

15 OHCHR and WHO. 2008. [The right to health. Fact sheet No. 31.](#)

16 OHCHR. [Information series sexual and reproductive health and rights.](#)

17 OHCHR. 1979. [Convention on the Elimination of All Forms of Discrimination against Women.](#)

18 United Nations. 2016. [Conventions on the rights of the child](#)

19 United Nations. 2000. [Substantive issues arising in the implementation of the international covenant on economic, social and cultural rights.](#)

20 United Nations. 2016. [General Comment No 22 on the right to sexual and reproductive health.](#)

Box 4. Components of sexual and reproductive health and rights

Sexual health

“A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. 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.”

Sexual health implies that all people have access to:

- counselling and care related to sexuality, sexual identity, and sexual relationship;
- services for the prevention and management of sexually transmitted infections, including HIV/AIDS, and other diseases of the genitourinary system;
- psychosexual counselling, and treatment for sexual dysfunction and disorders;
- prevention and management of cancers of the reproductive system.

Sexual rights

Sexual rights are human rights and include the right of all persons, free of discrimination, coercion, and violence, to:

- achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services;
- seek, receive, and impart information related to sexuality;
- receive comprehensive, evidence-based, sexuality education;
- have their bodily integrity respected;
- choose their sexual partner;
- decide whether to be sexually active or not to engage in consensual sexual relations;
- choose whether, when, and whom to marry;
- enter into marriage with free and full consent and with equality between spouses in and at the dissolution of marriage;
- pursue a satisfying, safe, and pleasurable sexual life, free from stigma and discrimination;
- make free, informed, and voluntary decisions on their sexuality, sexual orientation, and gender identity.

Reproductive health

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

Reproductive health implies that all people are able to:

- receive accurate information about the reproductive system and the services needed to maintain reproductive health;
- manage menstruation in a hygienic way, in privacy, and with dignity;
- access multisectoral services to prevent and respond to intimate partner violence and other forms of gender-based violence;
- access safe, effective, affordable, and acceptable methods of contraception of their choice;
- access appropriate health-care services to ensure safe and healthy pregnancy and childbirth, and healthy infants;
- access safe abortion services, including post-abortion care;
- access services for prevention, management, and treatment of infertility.

Reproductive rights

Reproductive rights rest on the recognition of the human rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children, to have the information and means to do so, and the right to attain the highest standard of reproductive health. They also include:

- the right to make decisions concerning reproduction free of discrimination, coercion, and violence;
- the right to privacy, confidentiality, respect, and informed consent;
- the right to mutually respectful and equitable gender relations.

Source: Starrs et al. 2018. [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission](#)

of reproductive age with preventive and promotive measures to fulfil their sexual and reproductive rights. Thus, service provision should be simplified and brought closer to target populations focusing on community and primary level care provision. It also involves building capacity and creating an enabling work environment to facilitate the shifting of tasks and responsibility to mid-level providers, in particular midwives, nurses and community health workers and the client themselves through self-care interventions. There is also potential in the way new technologies can reach underserved communities with information and other services²¹. However, intact referral systems in particular for Emergency Obstetric and Newborn Care (EmONC), including in humanitarian settings, is essential. It is also crucial to address stigma and discrimination at the systems-, community-, and individual level hampering access to SRHR, in particular among vulnerable groups.

21 Countdown 2030, IPPF, DSW. 2020. [Factsheet SRHR and digitalisation](#)

SRHR IN UHC²²

Achieving universal health coverage means that everyone can access the health services they need without financial hardship, irrespective of their ability to pay. UHC involves the entire health system, not only health financing policy²³. UHC and SRHR goals are mutually reinforcing: UHC cannot be achieved without fulfilling the SRHR needs and rights of populations but UHC can help drive progress towards SRHR goals²⁴. Providing a comprehensive package of SRH services is affordable for most countries. An estimated US\$9 per capita annually would cover the cost of fully meeting the needs for modern contraception and providing good quality maternal, newborn and comprehensive abortion care to all, in low- and middle-income countries. However, it is important to

22 United Nations. 2016. [A/RES/74/2 Resolution on Universal Health Coverage](#), specifically paragraph 68.

23 World Health Organization. 2019. [Universal health coverage \(UHC\) \[who.int\]](#)

24 SRHR was included in the resolution on UHC agreed on in 2019.



Midwifery students in Sylhet, Bangladesh.
Photo: Emilia Henriksson.

recognize that not all countries will be able to quickly implement a comprehensive set of SRHR services and thus, a progressive realization of SRHR in UHC may be more feasible.

SRHR IN CONFLICT AND CRISIS SETTINGS

SRHR is life-saving and SRH services should always be included in essential health services provided in humanitarian response and to displaced and migrating people. SRHR needs and injustices are exacerbated in humanitarian crisis, including the rise of gender-based violence, increased transactional sex, lack of access to SRH commodities and services including antiretroviral treatment for HIV, contraceptive services and comprehensive abortion care. The minimum initial service package (MISP)²⁵ for SRHR in humanitarian settings is an excellent tool for operationalizing and prioritizing SRHR in such contexts. Equitable access to SRHR is a prerequisite for women's active participation in peace processes, conflict prevention and rebuilding societies and thus a prerequisite for the humanitarian-development-peace nexus.

²⁵ UNFPA, 2020. [Minimum Initial Service Package \(MISP\) for SRH in Crisis Situations](#)

Climate, Environment and SRHR

Women comprise 20 million of the 26 million people estimated to have been displaced due to climate change. They are disproportionately affected by reduced or unavailable health (including SRHR) and social services in areas affected by disasters, harmful impacts on maternal health due to heat exposure, and increased incidence of sexual and gender-based violence in situations of crisis or displacement. As the impacts of the climate crisis become more severe, adverse outcomes for sexual and reproductive health and rights will only increase. Therefore, countries need to include respect of and access to SRHR in their national resilience and adaptation strategies. Sida strongly promotes a rights-based approach to SRHR and rejects any coercion of women and girls into using contraception or abortion as a means to mitigate climate change related to population growth. Climate change policies and programs must be developed through the lens of reproductive rights and must empower women and girls as key players in climate change adaptation and mitigation.

RECOMMENDED READING:

- Starrs et.al. 2018. [Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission](#)
- UNFPA 2019 [Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage](#)
- Engel et. al. 2019 [Adolescent Sexual and Reproductive Health and Rights: Progress in the 25 Years Since the International Conference on Population and Development and Prospects for the Next 25 years](#)
- Useful and up to date website with the latest evidence from SRH/HRP: www.srhr.org