

**Test your knowledge of the topics we will cover. Please fill out this pre-assessment before beginning the module.**



## **Sexual and Reproductive Health and Rights: A Bedrock of Gender Equality**



Welcome to Women Deliver Young Leaders Program Digital University! In this first module, we focus on **Sexual and Reproductive Health and Rights**, also known as **SRHR**. Throughout this program please keep in mind that when we refer to women, we are using the broadest definition, inclusive of transgender women.

SRHR is a bedrock of gender equality. When a woman can determine if, when, and how many children to have, a young person can initiate their first sexual experience safely and with pleasure, a queer, intersex, or asexual person can live and love without facing fear of persecution or violence, and a woman fleeing conflict and violence can decide to safely terminate her pregnancy—these are all elements of good SRHR.

**Above all, SRHR allows everyone, regardless of age or gender, to be full participants in society.**

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# Learning Objectives

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**As an **advocate** and **community leader**, you already understand how important a focus on the **health and rights of girls and women** is to your own advocacy work, as well as that of Women Deliver.**

This module explores new and familiar SRHR knowledge, and provides context to illustrate real-world meaning.

Together, we are building shared terminology for use throughout the rest of the Digital University program.

**By the end of this module, you will be able to:**

- 1** Explain SRHR and the four interrelated concepts that it encompasses.
- 2** Recognize what it means to take a rights-based approach to advocacy.
- 3** Identify five key issues for SRHR and what each includes.
- 4** Outline and give examples of the barriers that impact SRHR work.
- 5** Demonstrate knowledge of potential SRHR solutions.



**This module will take approximately 1.5 hours to complete. You are not required to complete it in one sitting and have the ability to leave and return to where you last left off in the module.**

**As in every module of Digital University, we put meaningful youth engagement into practice by emphasizing the role that youth (and YOU) play.**



# Introduction to SRHR

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**“It is a paradox that while girls in many places are considered old enough to get married, get pregnant and give birth, they are often viewed as too young to have access to sexuality education and family planning...all at great cost.”**

—Solveig Horne, Norwegian Minister of Children and Equality

Leading healthy and fulfilled lives means being able to freely exercise control over your own sexuality, and determine the course of your own life, free from violence or coercion, regardless of sex, gender identity, age, disability, sexual orientation, HIV status, or other factors of identity or circumstance. A lack of any of these freedoms is directly where **Sexual and Reproductive Health and Rights (SRHR)** advocacy is set in motion.

## WHAT IS SRHR?

SRHR is a term containing different but interrelated ideas ([Lancet, 2018](#)):

**Sexual Health  
(SH)**

**Reproductive Health  
(RH)**

**Sexual Rights  
(SR)**

**Reproductive Rights  
(RR)**

# LET US BREAK DOWN EACH CONCEPT.

## SEXUAL HEALTH

**Sexual health** encompasses a state of physical, mental, and social wellbeing in relation to sexuality. It requires a positive, respectful approach to sexuality and sexual relationships. It encompasses the possibility of 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** includes, but is not limited to:

- Counselling and care related to sexuality, sexual identity, and sexual relationships
- The highest attainable standard of services for the prevention and management of sexually transmitted infections (STIs)
- Psychosexual counselling, and treatment for sexual dysfunction and disorders
- Prevention and management of cancers of the reproductive system

**ADAPTED FROM:** [The Lancet](#)

## REPRODUCTIVE HEALTH

**Reproductive health** is a state of complete physical, mental, and social wellbeing, 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 people are able to have a satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

**SOURCE:** [WHO](#)

**Reproductive health** includes:

- Receiving accurate information about the reproductive system and the services needed to maintain reproductive health
- Managing menstruation in a hygienic way, in privacy, and with dignity
- Access to multi-sectoral services to prevent and respond to intimate partner violence and other forms of gender-based violence
- Safe, effective, affordable, and acceptable methods of the contraception method of their choice
- Appropriate healthcare services to ensure safe and healthy pregnancy and childbirth, and healthy infants
- Safe abortion services, including post-abortion care

- Services for prevention, management, and treatment of infertility

**ADAPTED FROM:** [The Lancet](#)

## SEXUAL RIGHTS

Sexual rights, though not always recognized internationally, are essential for the achievement of the highest attainable sexual health. Sexual rights are human rights and include the right of all persons to live free from discrimination, coercion, and violence.

**Sexual Rights** include, but are not limited to, the ability 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 and comprehensive, evidence-based, sexuality education
- Have their bodily integrity respected and choose their sexual partner(s)
- Decide whether to be sexually active or not, and to engage in consensual sexual relations
- Choose whether, when, and whom to marry and to enter into marriage with free and full consent and with equality between spouses during 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 about sexuality, sexual orientation, and gender identity

**ADAPTED FROM:** [The Lancet](#)

## REPRODUCTIVE RIGHTS

**Reproductive rights** are based on the understanding 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.

**Reproductive rights** include, but are not limited to:

- 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:** [The Lancet](#)

## For Your Consideration

## Varied Terminology

Different advocates find different phrases, such as reproductive justice\*, useful to reflect a holistic view of the health and rights of girls and women. **\*(This term is outlined in a framework from Asian Communities for Reproductive Justice and built upon by Loretta Ross from SisterSong Women of Color Reproductive Health Collective.)**

Additionally, in some contexts, **SRHRiE (SRHR in Emergencies)** is used. Girls and women in emergency contexts often experience a disruption in access to SRHR, but urgently need these services as an essential component of humanitarian response.

You may encounter these types of varied terminology when working with ally organizations and Non-governmental organizations (NGOs). For our purposes, we will consistently refer to these advocacy efforts as **SRHR**.

**SOURCE:** [Reproductive Justice Briefing Book: A Primer on Reproductive Justice and Social Change](#)

## USING A RIGHTS-BASED APPROACH

The four elements of SRHR, when advocated for collectively, can lead to holistic change. Keeping health and rights together in SRHR implies that health and rights cannot exist without each other. This ensures a **rights-based approach** to sexual and reproductive health.

A rights-based approach is founded on human rights principles and laws guaranteeing human dignity and equality. It empowers individuals to challenge the notion that people are, or should merely be, passive recipients of whatever information or services are offered, if any.

This approach also offers a means to confront those responsible for failures to respect, protect, and fulfill these rights *without discrimination*.



Alaa Al-Eryani (Women Deliver Young Leader Alumni, Class of 2018) holds a sign at the Women's March in Calgary, Canada. Her sign states, "A woman's voice is not a shame, it is a revolution."

## For Your Consideration

## Letters Matter!

In international development, the stakes are so high that not only words but individual letters matter. You may come across three acronyms: SRH, SRHR, and SRRH. Although they look similar, they are used in different contexts.

**You will commonly find two of these acronyms used in your work:**

### Sexual and Reproductive Health (SRH)



For best practices in health emergency and disaster risk management, it is important to integrate sexual and reproductive health (**SRH**) into national strategies and programs. This can include providing access to contraception, pregnancy care, safe abortion care, or prevention of gender-based violence.

### Sexual and Reproductive Health and Rights (SRHR)



Cultural norms and household power dynamics may threaten a woman's sexual and reproductive health and rights (**SRHR**). In some countries, girls and women are required to obtain their male partners' permission to get contraception.

Though it may seem innocent enough, even switching **SRHR** to **SRRH** means the difference between supporting sexual and reproductive health and rights holistically and an agenda that implies a much stronger focus on sexual rights and includes reproductive health. This could have major implications in an advocacy context.

Many development partners and donors use SRH, with no “R.” This is a political choice to avoid rights-based language and arguments. Alternatively, SRH is used because the RIGHT to SRH is assumed and intrinsic.

As you become accustomed to communicating with community members, allies, and elected officials, ensure your messages are conveyed accurately and intentionally, no matter the term or acronym.

## HUMANITARIAN ADVOCATES PROGRAM

Women Deliver is invested in doing more and doing better for girls and women at the forefront of global crises. One way is through our [Humanitarian Advocates Program](#), because humanitarian crises are decisive moments for gender equality.

Girls and women affected by conflicts and natural disasters face new and increased risks to their health and rights, such as gender-based violence and disruptions in essential sexual and reproductive health services. These moments of crisis create new leadership opportunities for girls and women. [Supported and sustained, they can drive longer-term gains in gender equality and power progress for all.](#)

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## THE DELIVER FOR GOOD CAMPAIGN

The [Deliver for Good Campaign](#), powered by Women Deliver and alongside various partners, applies a gender lens to the Sustainable Development Goals (SDGs). It sees girls and women as whole beings; the focus is not just health, education, or rights, but also essential socio-economic factors such as access to land, clean energy, water, and sanitation, as well as political participation and economic empowerment. Drawing from evidence-based research, the Campaign network advocates to drive concrete action across the following 12 investment areas:

- Improve maternal and newborn health and nutrition
- Meet the demand for modern contraception and reproductive health
- Respect, protect, and fulfill sexual health and rights
- Ensure health for all

- Dramatically reduce gender-based violence and harmful practices
- Ensure equitable and quality education at all levels
- Boost women's economic empowerment
- Strengthen women's political participation and decision-making power
- Accelerate access to resources—land, clean energy, water, and sanitation
- Invest in women to tackle climate change and conserve the environment
- Improve data and accountability for girls and women
- Build sustainable financing and partnerships for girls and women

**SOURCE:** [Deliver for Good](#)

## CONCLUSION

SRHR ensures that everyone, including young people, lead healthy and satisfying lives. Youth advocacy is a key component of respecting, protecting, and fulfilling SRHR. Globally, as well as within your own country, opportunities to take action have rarely been so powerful or so badly needed. The gender equality and SRHR movements need **you!**

# Knowledge Check

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Let's see what you've learned so far.

Question

01/04

## What does SRHR stand for?

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- Sexual Rights and Human Rights
- Systematic Reproductive Health Rights
- Sexual and Reproductive Health and Rights
- Sexual and Reproductive Human Rights



**Correct**

Nicely done! The term encompasses four different interrelated ideas—Sexual and Reproductive Health and Rights.



**Incorrect**

Not quite. The term encompasses four different interrelated ideas—Sexual and Reproductive Health and Rights.



In a rights-based approach, who specifically is empowered to challenge the status quo?

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- Elected Officials
- Churches
- Non-governmental Organizations (NGOs)
- Individuals
- All of the above



**Correct**

Well done! A multi-sectoral approach of individuals, elected officials, NGOs, and churches can play a role in challenging the status quo.



**Incorrect**

Not quite. Actually, a multi-sectoral approach of individuals, elected officials, NGOs, and churches can play a role in challenging the status quo.

If you are giving a speech or trying to get language into a UN resolution, it is fine to use SRHR and SRRH interchangeably.

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True

False



**Correct**

Nice job! When using these terms, it is best to be consistent.



**Incorrect**

Not quite. Remember: when using these terms, it is best to be consistent.

A rights-based approach is optional to truly respect, protect, and fulfill SRHR.

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True

False



**Correct**

Good job! A rights-based approach is **not** optional.



**Incorrect**

Not quite. A rights-based approach is not optional to fulfill SRHR.

## Five Key SRHR Issues

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**“We cannot confront the massive challenges of poverty, hunger, disease and environmental destruction unless we address... reproductive health.”**

**—Thoraya Ahmed Obaid, former Executive Director of the United Nations Population Fund and an Under-Secretary General of the United Nations from 2000 to 2010**

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**With a clearer understanding of SRHR as a whole, let us delve into the issues that play integral roles in this work.**

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The health, rights, and wellbeing of girls and women, especially their sexual and reproductive health and rights, have been sidelined in international development for too long. **Intersectionality**—the recognition that social classifications, such as class, race, sexual orientation, age, geography, social class, socio-economic status, disability, and gender do not exist separately from each other but are interconnected—is often lacking. (<https://www.merriam-webster.com/dictionary/intersectionality>)

Women Deliver has identified five critical SRHR issue areas with high investment cases for girls and women.

## **THESE FIVE KEY SRHR ISSUES ARE:**

- 1 Comprehensive and Integrated Sexual & Reproductive Health Care Services**
- 2 Maternal and Newborn Health and Nutrition**
- 3 Sexual Health and Rights**
- 4 Comprehensive Sexuality Education**
- 5 Reduction of Gender-Based Violence and Harmful Practices**

Let us focus on each issue, including how it exists today, the investment case, and conceivable solutions.

## BUT FIRST, A QUICK CHECK-IN:

Fill in the blank:

\_\_\_\_\_ **is a framework that recognizes that social classifications, such as gender, race, and social class, do not exist separately, but are interconnected.**

Type your answer here

---



**Correct**

### **(Intersectionality)**

Well done! Acknowledging the intersections of people's identities has profound effects on the ways people experience the world. As such, it is important for us to acknowledge and account for them within a larger advocacy framework.



**Incorrect**

Not quite. The correct answer is intersectionality. Acknowledging the intersections of people's identities has profound effects on the ways people experience the world. As such, it is important for us to acknowledge and account for them within a larger advocacy framework.

# Issue 1: Comprehensive and Integrated Sexual & Reproductive Health Care Services

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**Access to modern contraception and reproductive health, including access to safe abortion, is an essential aspect of gender equality, economic development, humanitarian response, and progress for all.**

And, because healthy girls and women are the cornerstone of healthy societies, **providing girls and women access to health services throughout their lives creates a healthier and wealthier world.**

Read each flipcard to learn what sexual and reproductive health (SRH) service include.

## Contraceptive Services and Supplies

This includes internal and external condoms, a full array of short-term methods and long-acting reversible contraception (LARC), and emergency contraception.

**SOURCE:** [Planned Parenthood](#)

## Safe and Accessible Abortion

Access to safe abortion services, including post-abortion care, is a key component of SRH care and an urgent public health need. Restrictive abortion laws and policies put girls' and women's health in peril.

## Pregnancy-Related Care

This consists of antenatal care (also known as prenatal care), skilled attendance at delivery, emergency obstetric care, postpartum, and newborn care.



## **LGBTQIA+ Friendly Healthcare**



This includes access to contraception, protection, inclusive sexual health education, hormone therapy, fertility-related treatment, and gender-affirming surgeries.

## **Prevention, Diagnosis, and Treatment of Sexually Transmitted Infections (STIs)**



This includes, but is not limited to, HIV/AIDS, human papillomavirus (HPV), and other sexually transmitted infections and diseases.

## **Preventive Care Related to Reproductive Health**



This can consist of PAP smears, cancer screenings, and general health check-ups for other sexual and reproductive issues.

## Infertility Care

Infertility affects both men and women and can be treated with medicine, surgery, intrauterine insemination, or assisted reproductive technology, depending on the person.

**SOURCE:** [CDC](#)

## The Minimum Initial Service Package (MISP)

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health is a coordinated set of lifesaving priority SRH activities and services to be implemented at the onset (within 48 hours, whenever possible) of every humanitarian emergency. The goal of the MISP for SRH is to prevent SRH-related morbidity and mortality while protecting the right of the affected community to life with dignity.

**SOURCE:** [IAWG](#)

Ideally, a comprehensive package of SRH services will be integrated so people seeking care will have all their needs met in one place. If this is not possible, then appropriate referral systems need to be established.

Integration of services increases the effectiveness and efficiency of health systems and diminishes barriers for people accessing care. For young people, meaningful access to SRH services means not only integration but also a nuanced understanding of young people's specific needs. For girls and women affected by crises, access to SRH services can mean the difference between life and death. For members of LGBTQIA+ communities, SRH services require deep understanding of the diverse spectrum of sexual orientations, gender identities, and experiences.

While governments bear the greatest responsibility to ensure that girls and women have access to comprehensive healthcare, we all have a role to play to reduce barriers, hold governments accountable, and promote the health and wellbeing of all.

**In order for girls and women to reach their greatest potential, they must have control over their sexual and reproductive lives.**



**Review each section below to understand where this issue stands today, why its investment matters, and what we can do to make change happen.**

## THE WORLD TODAY

**SOURCE:** [Deliver for Good Campaign](#)

**3B** people do not receive the healthcare they need each year.

**100M** people are impoverished by the cost of healthcare.

HIV infections are **44%** higher among young women (aged 15-24 years) than they are among young men in the same age range.

In some crisis-affected countries, over

**70%**

of women experience gender-based violence (GBV).

Adolescent girls in conflict zones are

**90%**

more likely to be out of school compared to girls in conflict-free countries.

## THE INVESTMENT CASE

SOURCE: [Deliver for Good Campaign](#)

Vaccinating against the human papillomavirus (HPV) costs just

**\$10-\$25**

per person and would avert more than

**3M**

cervical cancer deaths.

Reducing the mortality rate for ischemic heart disease and stroke by

**10%**

in the developing world would save

**\$25 billion per year.**

## THE SOLUTIONS

SOURCE: [Women Deliver](#)

### Universal health coverage

that includes reproductive health and non-communicable disease care

People-centered care, with a focus on **girls and women**

Integrated service delivery and individual medical records for improved care coordination

Robust and well-trained health workforce, inclusive of rural areas

A broad mix of contraceptive methods in steady supply

**Access to services** that prevent and treat sexually transmitted infections

Reproductive health programs and services that target adolescents and

**marginalized  
populations**

Less restrictive abortion laws and access to post-abortion care

# Comprehensive and Integrated SRH Care:

## Clara's Story



### Part 1



When 17-year-old Clara first started having sex, she knew she did not feel ready to become a mom. She had been menstruating for the past few years, but never thought about how having sex meant she could become pregnant. Clara did not feel comfortable talking to her parents about it, but her school friend, Lucie, was sexually active and told her about a local health center that prescribed her birth control.

## Part 2



When Clara arrived for her visit she was nervous that the doctor and clinic staff may judge her for being sexually active, but she knew she was making the right decision to have safe and protected sex.

The practitioner asked questions to help her determine not only which contraceptive method would be best for her body and relationship, but also to explain the many options available to prevent STIs, such as the HPV vaccine or negotiating condom use.

## Part 3

After the visit, Clara considered the practitioner's advice and selected the best contraceptive method for her. Clara visited her local pharmacy to pick up what she needed and kept the clinic information somewhere convenient so she could return if she had follow-up questions or if her needs changed.

## The Power of Integration

Clara's story illustrates the value of integrated SRH services within general health services.

Clara went to her local health center and walked away with new information on her SRH to help her make informed decisions.

Integration is one of the most powerful tools in advocacy work. Use this and the stories in the following sections to help you contextualize the value of your own efforts.

## Issue 2: Maternal and Newborn Health and Nutrition

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**At present, there is widespread agreement within the global community on what needs to be done to prevent maternal and newborn deaths and improve the health and wellbeing of women and babies.**

As you will see in the investment case below, **enabling women to plan their pregnancies, gain access to essential nutrients, and receive necessary healthcare, would reap tremendous returns.**



Review each section below to understand where this issue stands today, why its investment matters, and what we can do to make change happen.

## THE WORLD TODAY

SOURCE: [Deliver for Good Campaign](#)

Every **2 minutes**  
a woman dies in pregnancy or childbirth -  
the majority of these deaths are preventable.



The odds of maternal death are

**doubled**

in mothers with iron deficiency.

**Maternal mortality**  
is one of the leading causes of death among  
15-19 year-olds globally.

**2.6 million:**

the number of stillbirths that occur annually  
(**98%** of them in developing countries)

## THE INVESTMENT CASE

SOURCE: [Deliver for Good Campaign](#)

If we meet the need for modern contraception and provide all pregnant women and newborns with quality care, maternal deaths would decrease by

**73%**

and newborn deaths would decrease by **80%.**

Every **\$1** spent on scaling-up nutrition interventions for pregnant women and children yields

**\$16** in returns.

## THE SOLUTIONS

SOURCE: [IAWG](#)

Access to **affordable care** before, during, and after pregnancy

Quality midwifery and obstetric care, including **safe** abortion and post-abortion care

Access to **modern** contraception

Maternal and newborn nutrition **education, counseling, and support,** including exclusive breastfeeding in the first six months of life

Support and **invest** in local and national women-focused civil society organizations (CSOs) who are on the front lines delivering lifesaving SRH services to their communities

Ensure that best practice for SRH in humanitarian settings is institutionalized into **emergency preparedness, response, and recovery,** including funding Appeals.

# Maternal and Newborn Health and Nutrition:

## Sadia's Story



### Part 1



When Sadia became pregnant with her first child, what should have been a joyous time was instead marked by fear—and grief. Sadia's sister had died in childbirth two years earlier, with little explanation given to her or her family.

## Part 2



During her pregnancy, Sadia met with Kazi, a community health worker. Kazi told Sadia about the importance of regular antenatal check-ups, and taught her about birth preparedness, safe delivery conditions, nutrition for mother and baby, and essential newborn care. He also gave Sadia a pamphlet of information about the benefits of breastfeeding, and shared with her that breast milk has antibodies to help protect her baby from many illnesses.

## Part 3



Before Sadia left, Kazi gave her prenatal vitamins including folic acid and iron—two crucial nutrients which most pregnant women do not get sufficiently from food alone and which often contributes to poor nutrition and increases the risk of maternal death. Kazi also referred her to the closest health facility for antenatal care\*, full labor services, and a skilled midwife that assists with home births.

*\*Pregnant women’s care-seeking behaviors can be impacted by barriers such as cost. There needs to be access to free or affordable care before, during, and after pregnancy.*

*Trained community health workers (CHWs) play a vital role in reaching underserved populations, especially in rural areas and humanitarian settings. If health facilities are not easily accessible, these CHWs can visit communities and deliver health services and promote healthy practices, such as exclusive breastfeeding for newborns.*

# Maternal and Newborn Health and Nutrition

Without key insights into the importance of nutrition, breastfeeding, antenatal care, safe delivery, and more from the community health worker, Sadia's risks of complications during her pregnancy and delivery would have been exponentially higher. If all girls and women had access to modern contraception and the full range of maternal and newborn health services, maternal and newborn deaths would drop by 73% and 80%, respectively.

In a case study entitled *Scaling Up Breastfeeding in Bangladesh\**, in the past six to eight years, exclusive breastfeeding in the country increased by 13%.

Bangladesh's success is attributed to community mobilization and media outreach around the importance of breastfeeding, along with comprehensive health worker training.

**\*ADAPTED FROM: [Improve Maternal and Newborn Health and Nutrition Policy Brief](#)**



## Issue 3: Sexual Health and Rights

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Ensuring **sexual health** and **rights** are respected, protected, and fulfilled is a prerequisite for girls and women to achieve **gender equality**.

When sexual health and rights are violated, girls and women are unable to fulfill their potential. **A world without fear, stigma, or discrimination drives equality and progress for all.**



**Review each section below to understand where this issue stands today, why its investment matters, and what we can do to make change happen.**

## **THE WORLD TODAY**

**SOURCE:** [Deliver for Good Campaign](#)



**72** countries around the world criminalize same-sex sexual acts.

**25** million unsafe abortions take place each year due to restrictions on access and stigma.

## THE INVESTMENT CASE

**SOURCE:** [Deliver for Good Campaign](#)

The **net savings** of integrating contraceptive services with maternal and newborn health services in the developing world is **\$6.9 billion.**

Researchers to include **humanitarian settings** in data collection

## THE SOLUTIONS

SOURCE: [IAWG, 2019, Deliver for Good Campaign](#)



Strong legal **policies** and **systems**  
to protect the sexual and reproductive health  
and **rights** of all

Comprehensive sexuality **education** in schools

**Access** to care for marginalized populations



**Engagement** of men and boys in sexual health and rights initiatives

# Sexual Health and Rights:

## Asif's Story



### Part 1



When Asif began feeling attracted to other men in high school, he worried about what it would mean for his life—whether he would be bullied, judged, or denied opportunities because of his sexuality. He also feared acting on his attractions, since he did not know where he could get medically accurate information about how to safely and pleasurably explore his sexuality.

## Part 2



In college, he met a fellow student, Oliver, at a campus mixer. As their friendship grew, Asif found the confidence he needed to confide in Oliver about his sexuality. Oliver shared that he had visited the campus hospital, which offered free health services including STI testing and counselling.

## Part 3



Asif was relieved to hear that the hospital would not deny him these services because of his sexuality, per campus policy. Armed with this knowledge, Asif was excited to date more during his upcoming sophomore year—and was even considering signing up for a dating app.

## Sexual Health and Rights

In Asif's story, you can see how getting the support he needs directly impacts his health. If not for these services, and the rights they ensure, Asif's lack of knowledge about how to freely explore his sexuality would have continued, potentially exposing him to violence, harassment, and mental health challenges.

## Issue 4: Comprehensive Sexuality Education

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**To fulfill their SRHR, young people must have the **knowledge, skills, and tools** needed to make **safe and informed decisions**.**

Information alone will not protect young people from unintended pregnancies, sexually transmitted infections (STIs), or intimate partner violence (IPV), but without it they are much more vulnerable. Lack of information among adults, along with pervasive gender inequality, means **many young people receive inaccurate information and shame-based messages about sex and relationships. This can lead to IPV and other unfavorable consequences.**

**Intimate partner violence (IPV)** refers to any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. It is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behavior by an intimate partner.

[LEARN MORE \(WHO\)](#)

Messages reinforcing traditional gender roles, promoting stereotypes, and stigmatizing sexual and gender diversity spawn misinformation and shaming.

Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that empower them to:

- Realize their health, wellbeing, and dignity
- Develop respectful social and sexual relationships
- Consider how their choices affect their own wellbeing and that of others
- Understand and ensure the protection of their rights throughout their lives ([UNESCO, 2018](#))

CSE should be delivered according to the “[International technical guidance on sexuality education](#)” and must be made available to all young people without discrimination. All young people—regardless of sex, gender identity, sexual orientation, marital status, HIV status, or access to formal education—are entitled to this information.

## For Your Consideration

## CSE and Abstinence


Teaching about abstinence as a choice is a part of any CSE program. However, according to a [2017 study by the Guttmacher Institute](#), the weight of scientific evidence finds that abstinence-only focused programs are not effective in delaying initiation of sexual intercourse or changing other sexual risk behaviors. Sexuality is a natural part of life, and everyone should have the information and knowledge they need to live healthy and safe sexual lives. Abstinence-only-until-marriage messages and strategies like “virginity pledges” stigmatize sexually active young people and may discourage contraceptive use. They also stigmatize diverse sexual orientations and gender identities by focusing only on traditional gender roles and expectations.



**Review each section below to understand where this issue stands today, why its investment matters, and what we can do to make change happen.**

## THE WORLD TODAY

**SOURCE:** [Deliver for Good Campaign](#)



**214** million women in developing countries have an unmet need for modern contraception.

In developing regions, **nearly half** of pregnancies among adolescent girls and women (aged 15-19) are unintended.

At least **22,800** women die each year from abortion-related complications.

## THE INVESTMENT CASE

**SOURCE:** [Deliver for Good Campaign](#), [Guttmacher](#), [UNESCO \(CSE\)](#)

Every **\$1** spent on investing in contraceptive services in the developing world would save **\$2.20**

in maternal and newborn healthcare from a decline in unplanned pregnancies.

If the unmet need for modern contraception were met in developing regions and women and newborns received essential care, unintended pregnancies would drop by

**75%**

maternal deaths would decline by

**73%**

and induced abortions would drop by

**74%.**

## THE SOLUTIONS

SOURCE: [Deliver for Good Campaign](#)

Comprehensive, curriculum-based programs addressing both

**pregnancy prevention & STI/HIV prevention**

**Gender-focused programs** to achieve health outcomes such as reducing rates of unintended pregnancy or STIs

Using a **rights-based approach** in CSE programs

## For Your Consideration

## Ten Features of CSE

International Technical Guidance on Sexuality Education: An Evidence-Informed Approach.  
[\(UNESCO, 2018\)](#)

Read through each of the following features to learn more about what they entail.

### SCIENTIFICALLY ACCURATE

Builds on curricular standards articulated by global researchers, while also integrating important findings about the links between gender dynamics and sexual health outcomes.

### INCREMENTAL

Acknowledges that learning is a life-long process, as is learning about CSE. Based on the knowledge you gain about CSE when you are younger, you will continue to build on that foundational knowledge through your work and experiences.

### AGE- AND DEVELOPMENTALLY-APPROPRIATE

Tailors curricula to the audience receiving the information. For children and young people, the content often reflects the developmental experiences they are going through so it is most relevant and applicable at that time.

### CURRICULUM-BASED

Empowers teachers and educators with a curriculum to follow when teaching CSE. This curriculum serves as a guideline for setting objectives and delivering content in an effective way.

### COMPREHENSIVE

Offers accurate information about all the psychosocial and health topics needed for a thorough curriculum. Covers topics such as sexuality, STI prevention, and the choice to abstain from sex.

## **BASED ON A HUMAN RIGHTS APPROACH**

Promotes principles of fairness, human dignity, equal treatment, opportunities for participation, and human rights for all as the basis for achieving sexual and reproductive health and wellbeing.

## **BASED ON GENDER EQUALITY**

Emphasizes the importance of gender equality and the social environment in general for achieving sexual and reproductive health and overall wellbeing for both boys and girls.

## **CULTURALLY RELEVANT AND CONTEXT APPROPRIATE**

Reflects the diverse circumstances, identities, and realities of young people around the world.

## **TRANSFORMATIVE**

Fosters mind-changing habits necessary for understanding relationships between self, others, and society and how these relationships affect all of our lives. This can help individuals develop positive attitudes that enable them to treat people of all backgrounds with respect.

## **ABLE TO DEVELOP LIFE SKILLS NEEDED TO SUPPORT HEALTHY CHOICES**

Enables students to make informed decisions about their lives, including healthy relationships and communication between family members, peers, and other individuals in their social networks.



## TEST YOUR CSE KNOWLEDGE

Based on what you have learned about the tenets of CSE, please read through the following examples and their corresponding CSE category.

### Poor/Outdated CSE

Passing out an abstinence pledge and making everyone in the class sign it

Using the same sex-ed curriculum since the 1990s

Perpetuating myths as a fear tactic to keep adolescents from having sex

Focusing only on one type of sexuality: heterosexuality

## Good CSE

Providing positive messages about sexuality and sexual expression

Ensuring progressive sex education, including issues surrounding consent

Instilling the message of sexuality as a natural, normal, healthy part of life

Teaching the most effective methods of preventing unintended pregnancy and STIs

Educating about a diverse range of sexuality, including LGBTQIA+ identities

Allowing for discussion about the constructs of gender and sexuality

## Issue 5: Reduce Gender-Based Violence and Harmful Practices

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**Human rights violations inflicted by gender-based violence (GBV) and harmful practices occur in every country of the world. As long as individuals fear for their safety, they cannot realize their full potential. Securing protection rests upon eliminating the threat of gender-based violence and harmful practices everywhere.**

GBV is violence that is directed at an individual based on **sex, gender identity, or perceived adherence to socially-defined norms of masculinity and femininity**. It includes physical, sexual, and psychological abuse, threats, coercion, arbitrary deprivation of liberty, and economic deprivation.



Harmful practices include **“child marriage, female genital mutilation, and son preference”** ([UNFPA, 2018](#)). Gender-based violence and harmful practices have multiple **physical, sexual, and psychological consequences** and affect the **long-term wellbeing of individuals and communities**.



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**Many of these harmful practices are interrelated and can, for example, be a result of the other.**



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**Review each section below to understand where this issue stands today, why its investment matters, and what we can do to make change happen.**

## **THE WORLD TODAY**

**SOURCE:** [Deliver for Good Campaign](#)

**1 in 3** women experience physical or sexual violence in their lifetime, mostly by an intimate partner.

**12M** girls under the age of 18 are married off every year.

**200M** girls and women in 30 countries have been subjected to female genital mutilation/cutting.

## THE INVESTMENT CASE

**SOURCE:** [Deliver for Good Campaign](#)

Economists found that investing in the elimination of gender-based violence is one of the

**19**

most cost-effective  
SDG targets.

Gender-based violence can cost countries

**1.2% to 3.7%**

of their GDP.

## THE SOLUTIONS

**SOURCE:** [Women Deliver](#)

Strong legal **policies** and **systems**  
to protect the sexual and reproductive health  
and **rights** of all

Comprehensive sexuality **education** in schools

**Access** to care for marginalized populations

**Engagement** of men and boys in sexual health and rights initiatives

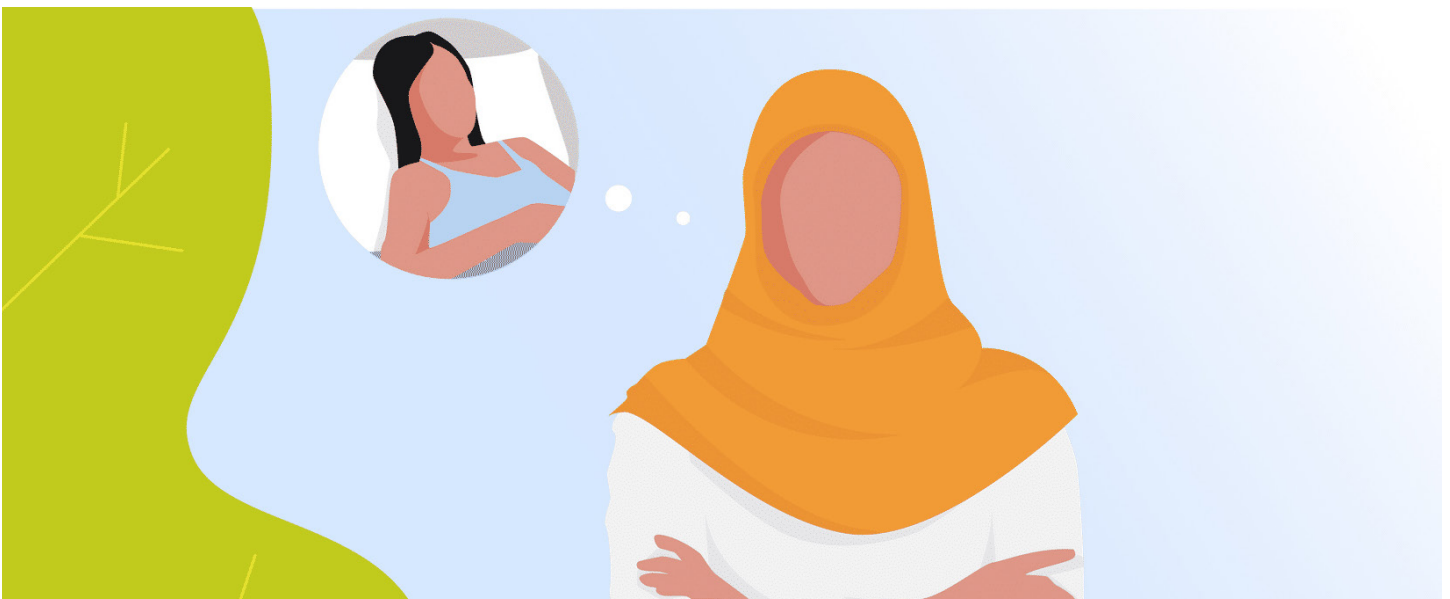
# Reducing Gender-Based Violence and Harmful Practices:

## Amany's Story



**TRIGGER WARNING:** This story contains information about Female Genital Mutilation/Cutting.

### Part 1



Amany remembered it so vividly: Being led away from her home by one of the elders. Blindfolded and not knowing where she was being taken. The other girls. The razor blade. The pain and confusion. When she returned home, her mother was so proud. "A rite of passage," she called it. Amany later learned its other name: Female genital mutilation/cutting (FGM/C).

## Part 2



Twenty years later, Amany still experiences some of the consequences of having undergone the cutting. She had complications during the birth of her first child, and still feels some pain during sex.

Amany now holds community forums, creating a safe space to build a better understanding of the health ramifications of FGM/C.

## Reducing Gender-Based Violence and Harmful Practices

In Egypt, 87.2% of women aged 15-49 have experienced FGM/C ([Egyptian 2015 Ministry of Health and Population](#)), despite the country's ban of the practice in 2008. With FGM/C criminalized in Egypt in 2016, it takes the work of advocates like Amany, using an evidence- and rights-based approach and creating safe spaces for discourse, to change the hearts and minds of people throughout the country.

# Inequality, Discrimination, and Access for Youth and Other Marginalized Groups

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**Who is the most vulnerable?**

**For all of these elements of SRHR, gender inequality remains a significant obstacle.**

**Oppressive forces contributing to gender inequality include patriarchy, racism, colonialism, sexism, homophobia, and transphobia.**

Read each of these terms and their definitions below:

## Patriarchy

A system of society or government in which men hold the power and women are largely excluded from it. Or where the father or eldest male is head of the family and descent is recognized through the male line.

**SOURCE:** [Lexico](#)

## Racism

Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior.

**SOURCE:** [Lexico](#)

## Colonialism

The policy or practice of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically.

**SOURCE:** [Lexico](#)



# Sexism

Prejudice, stereotyping, or discrimination, typically against women, on the basis of sex.

**SOURCE:** [Lexico](#)

# Homophobia

Dislike of or prejudice against homosexual people.

**SOURCE:** [Lexico](#)

# Transphobia

Dislike of or prejudice against transsexual or transgender people.

**SOURCE:** [Lexico](#)

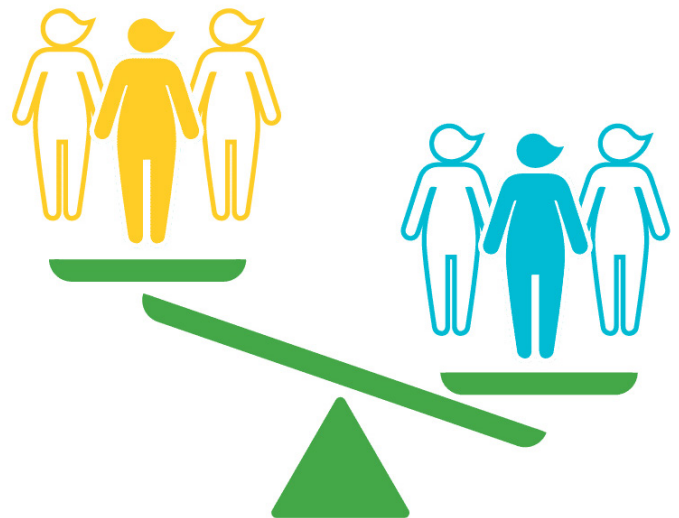
These forces threaten SRHR by creating an environment where bias or misinformation, absent or inadequate services, and policies that punish individuals for being sexually active or able to express themselves freely are the norm.

Girls, women, young people, and other marginalized populations bear the brunt of this inequality. The particular sexual and reproductive health needs of these groups can lead to negative consequences when they are not met.

**Groups who tend to be most impacted by marginalization include the following (in no particular order):**

- Young people
- People living in poverty
- Immigrants (especially those who are undocumented)
- Refugees/displaced people/people in humanitarian settings
- Ethnic, racial, and religious minorities
- People living with disabilities
- Individuals who identify as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, or Asexual)
- Sex workers

**These groups, and other marginalized populations, tend to face many more barriers to information and services. As a result, they are disproportionately vulnerable to unintended pregnancies, unsafe abortions, or pregnancy complications, as well as violence, harassment, and exposure to HIV and other STIs.**





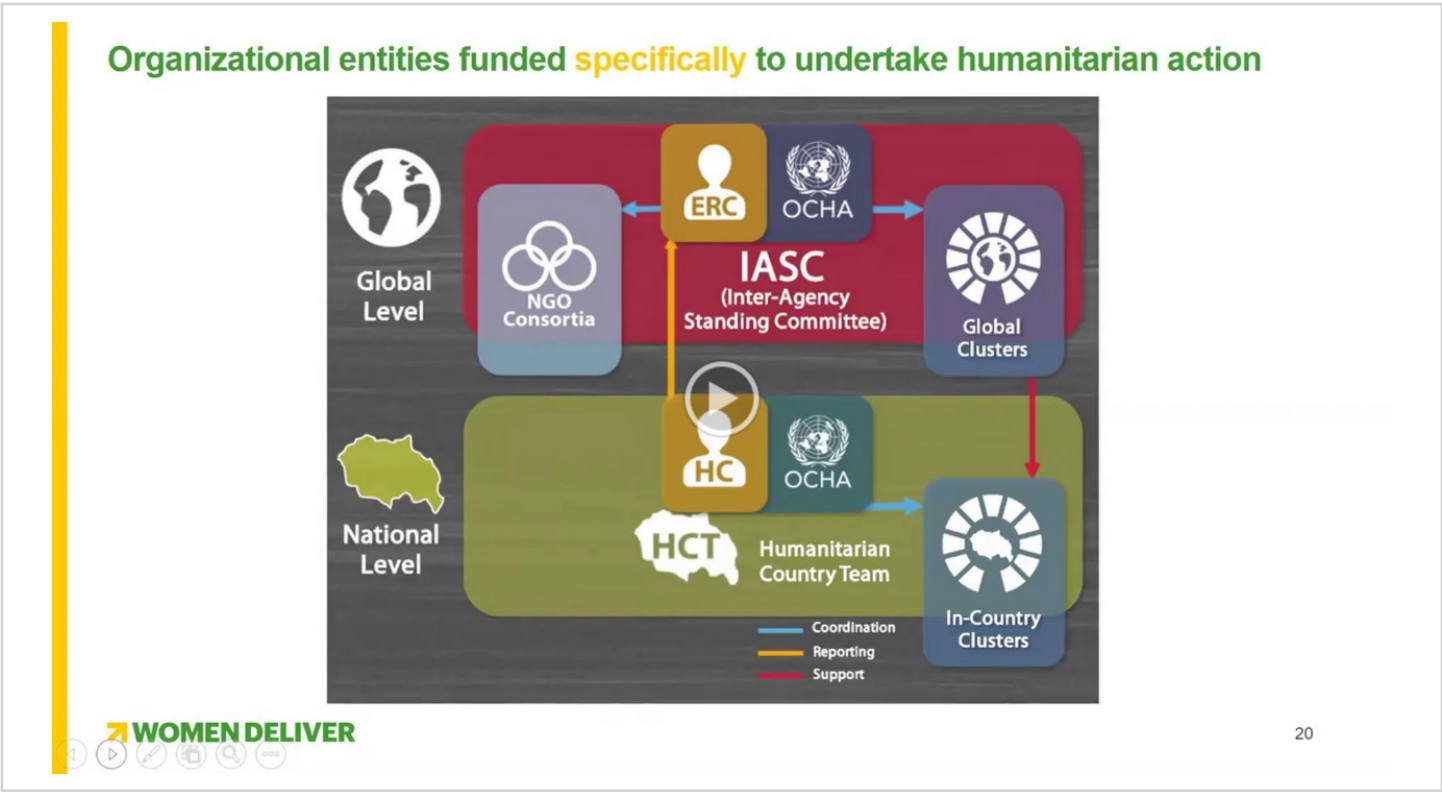
# INTERSECTIONAL LENS

We all have multiple identities based on age, gender, race, and so many other factors. But, targeting only one of these identities misses the full picture. Intersectionality is the key.

**With intersectionality, we can:**

- Better understand how issues truly affect people
- Take into account the diverse experiences we all live
- Dismantle systems of power and oppression

**To know more about working with marginalized groups, check out Women Deliver’s Humanitarian 101 Webinar here:**



## SRHR Barriers

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**In many countries, governments fall short on the prioritization and support directed towards SRHR challenges, especially those faced by young people.**

**Below are some of the most critical barriers to be aware of on the pathway to creating sustainable SRHR change.**

- Poor overall quality of healthcare systems
- Services entirely unavailable
- Unaffordable care
- Lack of information and/or misinformation
- Intimate partner attitudes and power dynamics
- Provider attitudes and bias
- Discrimination based on identity factors, such as age, race, or disability
- Lack of information among service providers about LGBTQIA+ people
- Coercion and lack of informed consent
- Unavailability or stock-outs of preferred contraceptive methods
- Politics
- Religious opposition

## SRHR Solutions and Interventions

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**“I would like today to ask that we begin to dream about and plan for a different world. A fairer world. A world of happier men and happier women who are truer to themselves.”**

— *Chimamanda Ngozi Adichie (1977- ), Nigerian author, [“We Should All Be Feminists”](#)*

## SRHR Solutions and Interventions

Providing rights-based sexual and reproductive health services has a powerful impact on the wellbeing of young people. A comprehensive, contextualized approach is necessary to protect and uphold sexual health and rights across the world.

You have already gleaned several issue-specific solutions for key SRHR issues. Now let us look at overarching solutions that apply to SRHR issues collectively.

## Part 1

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



Photo Credit: U.S. Mission Photo/Eric Bridiers. A group of people at the United Nations for a panel discussion.

It is important that governments work in partnership with a multitude of stakeholders. Together, they can build collaborative networks to integrate sexual and reproductive health and rights within national agendas. They can also ensure these policies are enforced and implemented on the ground.

States have obligations to:

- Provide comprehensive and universal healthcare and sexual and reproductive education
- Prevent and protect against gender-based violence
- Punish violators
- Protect individuals from human rights abuses

Note that, in the absence of a fully functioning state, the humanitarian system has pledged to prevent/protect from gender-based violence and provide SRHR services in emergencies.



## Part 2

# Provide Access to Information and Comprehensive Sexuality Education



*Photo Credit: Jonathon Torgovnik. Young girls in a classroom are given a demonstration on how to apply sanitary pads to their underwear.*

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 girls, boys, and young people.

It is also the responsibility of governments to ensure that all information, including that 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.

## Part 3

# Protect The Sexual Rights Of Marginalized Groups



Photo Credit: Miguel Discart. People gather around the rainbow flag at a Pride parade.

Health policies and programs must take into account the needs of marginalized groups to ensure availability, accessibility, acceptability, and quality of care, as well as the protection of privacy and freedom from discrimination.

Individuals who identify as lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) often live under pervasive discrimination and are denied access to sexual rights and needed sexual healthcare services.

Sexual orientation, gender identity and/or expression, and sex characteristics (SOGIESC) applies to all of us. For LGBTQIA+ people, their SOGIESC does not align with one or more norms, which can lead to prosecution, violence, or discrimination.

Service delivery models must be modified to serve marginalized groups in a manner that is free of stigma and discrimination. These services need to be youth-friendly, affordable, and respect patient privacy and confidentiality.



The right to protection and the freedom to live a safe and fulfilling sexual life cannot be denied due to an individual's sexual orientation, expression, characteristics, or gender identity. In Ukraine, to address this and combat stigmas as part of its LGBTQIA+ outreach, the [NGO Fulcrum](#) established a support group for parents who have children that identify as gay, lesbian, bisexual, and transgender. They work to combat attitudes of pervasive homophobia and transphobia within the country.

**SOURCE:** [ILGA World, 2016](#)

## Part 4

# Build Movements to Ensure Accountability for Sexual Rights



*Photo Credit: Paula Bronstein/ The Verbatim Agency/ Getty Images. Women raise their hands in solidarity for gender equality.*

All stakeholders, including girls, women, young people, and the community at large, must work together to build strategic partnerships, alliances, and broader movements to protect the sexual health and rights of girls and women, and ensure government accountability. Combining resources and extending individual reach has exponential benefits.

## Part 5

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



*Photo Credit: Paula Bronstein/ The Verbatim Agency/ Getty Images. A group of young men huddle around a table and are given a demonstration on how to put on a condom.*

Protecting the sexual health and rights of girls and women must include support and involvement of boys and men. Stakeholders need to review and update policies to ensure they fully engage boys and men in sexual rights and health initiatives. Governments and organizations must provide specific training for boys and men focusing on the importance of respecting and supporting the sexual health and rights of girls and women. This is particularly important in initiatives to reduce gender-based violence and stigmatization.

Male engagement is a critical factor in changing socio-cultural norms. Boys and men can make a difference through championing the importance of contraception use, gender equality, nonviolence, and the importance of sexual health and rights for girls and women.

For more information, view Women Deliver's [Boys and Men as Partners for Advancing Gender Equality](#) Infographic.

# Act Globally, Think Locally

Achieving progress for girls and women depends on accurate, disaggregated data to fuel data-driven advocacy, guide interventions, and hold governments accountable. Armed with evidence, national authorities and development actors can make informed decisions about policies and programs, monitor their implementation, and advocate for change. In communities around the world, young people are leading these efforts to improve sexuality education in their schools and communities, including Women Deliver Young Leaders.

What solutions have worked in your community or country? What do you think should be done to respect, protect, and fulfill sexual health and rights in your community or country?



# YOUNG LEADERS IN ACTION



*Ammon Allen Otieno (Women Deliver Young Leader Alumni, Class of 2018) and country health stakeholders pose for a photo during Kisumu County SRH Commodity Access and Financing stakeholder consultative forum supported by a Women Deliver Young Leaders Program grant.*

Ammon Allen Otieno (Women Deliver Young Leader Alumni, 2018), co-founder of Inuka Success Youth Organization, carried out an advocacy campaign to improve the availability and access of sexual and reproductive health commodities. With the support of a Women Deliver grant in 2019, Ammon advocated to increase the budget allocation for SRHR in the Kisumu County budget and called for comprehensive youth-friendly services in every sub-county.

The Inuka Success Youth Organization held a Kisumu County SRH commodity access and financing stakeholder consultative forum, which was attended by County Assembly Members (county-level policymakers), the County Health Management Team, CSO representatives, and the media. Following that meeting, Ammon and his colleagues developed a petition paper highlighting desired policy changes. Through the petition paper, Ammon was invited to participate in a review of the County Health Bill, and successfully advocated for SRHR financing to become a separate line item in the county budget.

## Throughout this effort, two barriers the Inuka Success Youth Organization faced and overcame were:

- 1** Young advocates were not being taken seriously by policymakers: to strengthen their advocacy initiative, the Inuka Success Youth Organization worked with and mobilized other coalitions to build the case. Policymakers were more likely to pay attention to an issue raised by a larger organized group than by individual advocates.
- 2** Opposition to general SRHR issues: the Inuka Success Youth Organization based their advocacy messages on SRHR policy and not service or care provision. Through offering practical solutions to needs raised by the community and leading with positive messages, those involved with the effort felt they received less opposition than other initiatives they had been involved in.

## PAUSE AND REFLECT

Before moving on, take a moment to reflect on your own experiences and challenges. In the [Digital University Forum](#), describe a moment when you faced a barrier to achieving SRHR in your work and/or share what SRHR solutions have worked in your community or country.



You are doing great! Because of your commitment to improving SRHR, you have unlocked a new lesson within this module: Body Image.

This is the final lesson in the module and will help you better grasp the role body image plays in advocacy efforts around the world.

**Ready? Let's get started!**

# Body Image

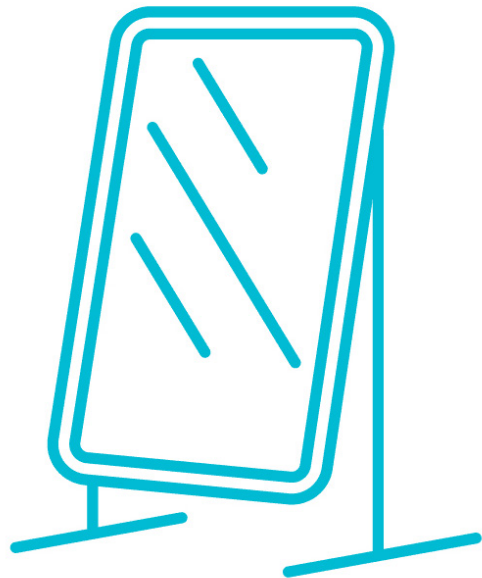
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## WHAT IS BODY IMAGE?

**Body image refers to how people think and feel in relation to their appearance and the functionality of their bodies.**

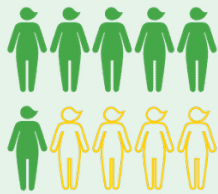
Although body image concerns affect people worldwide, research shows that it particularly affects adolescent girls. They may feel pressure to conform to the standard of beauty within their culture, which can include body weight and shape, as well as concerns related to their hair type and skin tone.

**Body image is important because it can impact girls' and women's physical and mental health, as well as their education and individual agency.**



## HOW BODY IMAGE AFFECTS GIRLS

In a study that Dove conducted for the 2017 Global Girls Beauty and Confidence Report, which surveyed 5,156 girls aged 10-17 in 14 countries, there are several findings that demonstrate the pervasiveness of this issue.



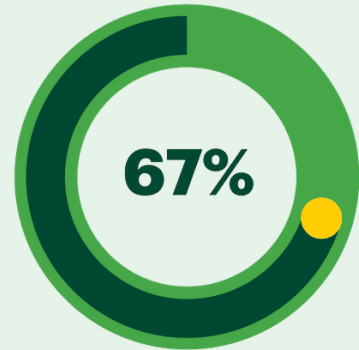
**6 in 10** girls globally believe that for girls to do well, they have to look a certain way.



**7 in 10** girls with low body esteem have failed to assert themselves or ask for help at school because they do not feel confident about the way they look.



**8 in 10** girls with low body esteem have missed or opted out of social engagements because they do not feel confident about the way they look.

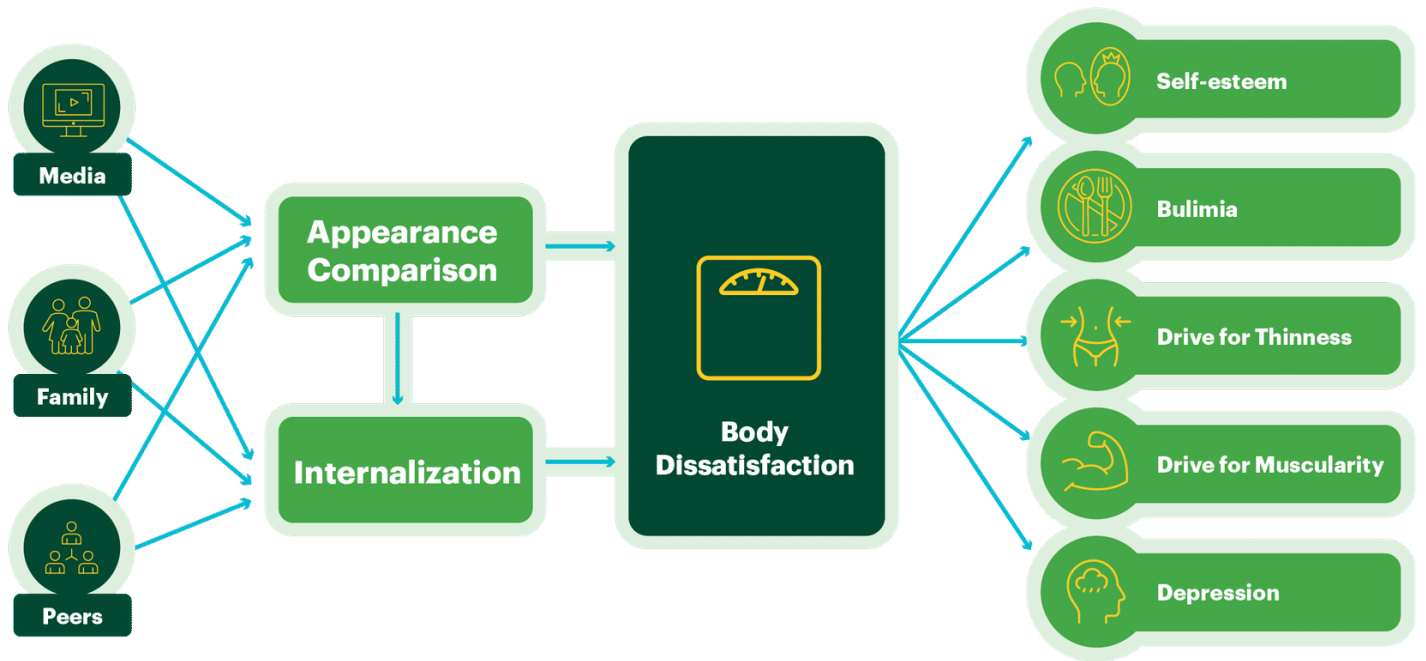


**67%** of all girls agree that few women and girls actually look like what is depicted in advertisements, movies, and television.

One troubling reality about body image concerns is they are linked to low self-esteem symptoms, including anxiety, depression, self-harming, and eating disorders. Body image concerns are also linked to substance misuse (drugs and alcohol), negative effects on interpersonal relationships, and even poor educational attainment.

## HOW DOES THIS HAPPEN?

According to the tripartite model of influence on body image (diagram below), there are three key direct factors leading to body dissatisfaction: **peers, parents, and the media** ([Shroff & Thompson, 2006](#)). There are many other influences including genetics, social and cultural norms, but interventions often target these three factors.



## IT DOES NOT STOP THERE.

According to the [All Party Parliamentary Group \(APPG\) on Body Image \(2012\)](#), “Body image dissatisfaction is seen to undermine self-confidence, contribute to depression, and lead to the onset of a range of physical, emotional, and societal problems. Promoting positive body image is fundamental to addressing other social and public health problems facing young people.”

Within the tripartite model, there is an internalization of beauty or appearance ideals from as young as 4- or 5-years-old due to the three key influences. The danger comes when we compare ourselves to the internalized standards. This comparison has costs on our health, self-esteem, and wellbeing, including agency and behaviors.

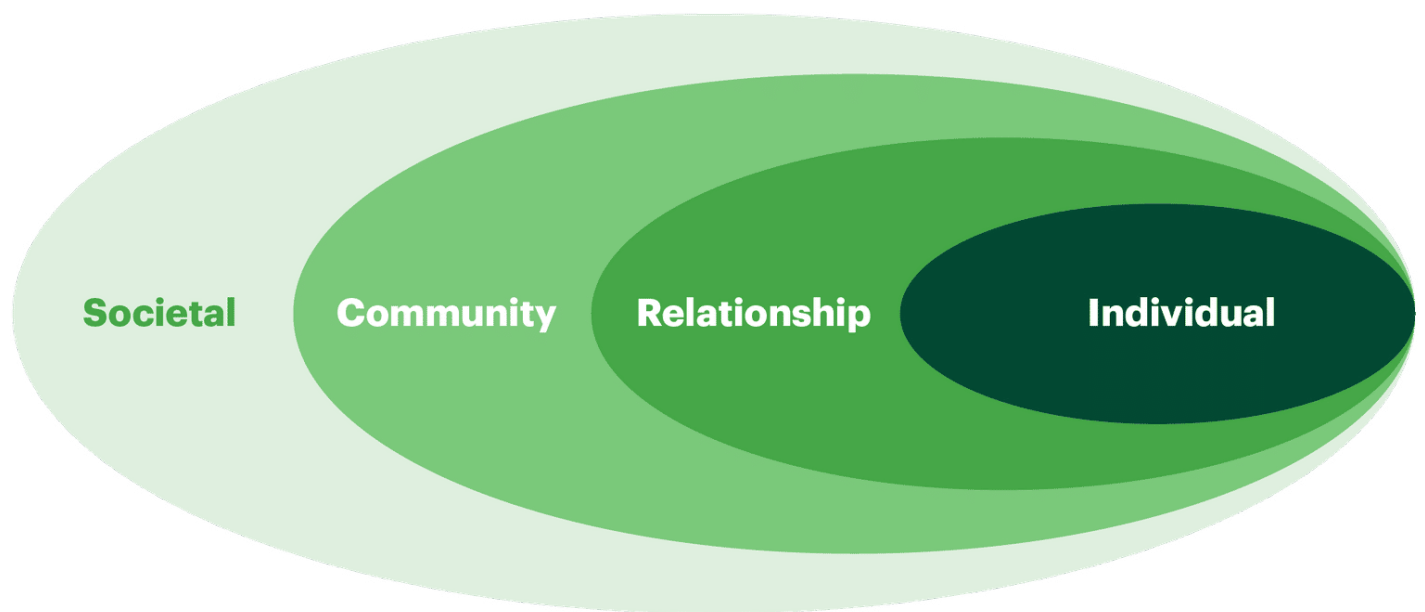
**These can impact multiple areas of girls' lives.**



For example, in education, studies found body image concerns were associated with “low engagement in the classroom, poor attendance, and short attention span” ([Center for Appearance Research, 2017](#)).

## COMBATting BODY IMAGE CONCERNS

The strongest evidence for combatting body image concerns is around the following body image-specific influences:



**SOURCE:** [Center for Disease Control \(CDC\), 2020](#)

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In the socio-ecological model (as seen above and tripartite model described earlier, we can see that to positively impact body image, we must address the issue from societal, community, relationship, and individual levels.

**Read each of these terms and their definitions below:**

## **Cognitive Dissonance**

Cognitive dissonance occurs when there is a misalignment between one's beliefs and actions. This dissonance is used in shifting negative body image perceptions by developing a vocabulary of positive attributes associated with one's body.

## **Media literacy**

Becoming media "literate" includes actively questioning the messages you receive and the images you see, including identifying who created the message, the meaning behind it, and what it means to you.

## **Approaches targeting peers and appearance comparisons**

Appearance comparisons are the tendency to compare one's appearance to the appearance of others. Time spent on social media can increase perceived peer competition. Be mindful of the time you spend consuming social media and the messages you are ingesting as a result.

While the above are specific to ways that individuals can do their part to combat negative body image, note that system-level approaches also exist for advocates to get involved with.

To address the societal and community levels, the [APPG \(2012\)](#) recommends solutions such as integrating mandatory body image curriculum into primary and secondary schools, holding marketing firms accountable to adopt more inclusive marketing strategies, and much more in order to combat body image dissatisfaction.

According to the CDC's socio-ecological model, which of the following are considered the most impactful body image influences? (Select all that apply.)

- Relationship
- Government
- Community
- Societal
- Individual



**Correct**

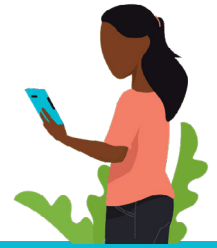
Correct! Individual, relationship, community, and societal influences have the highest impact on body image.



**Incorrect**

Not quite. Individual, relationship, community, and societal influences all have the highest impact on body image. While policies enacted by governments can certainly make an impact, they must be adopted by the individual, relationship, community, and societal level to be influential.

## SOCIAL MEDIA'S INFLUENCE



Social media and social networking sites have an influence on body image. In one sample, roughly 60% of girls aged 10-13 years old use social media, which increases to 80% for girls 14-17 years old ([2017 Dove Global Girls Beauty and Confidence Report](#)).

Adolescent girls who spend more than two hours a day using social media have “poorer body image than girls who use social media less often” (Sampasa-Kanyintha, Chaput, & Hamilton, 2016).

## WHY?

On social media, people typically showcase their ideal selves when posting and editing selfies, for example. Comparisons and perceived competition between peers when posting and sharing can be detrimental to a person’s body image.

In one 2012 sample of 601 participants from the UK, the APPG found that media, advertising, and celebrity culture were said by almost 75% of respondents to be the main social influence on body image.

When using social media, remember to use the strategies of cognitive dissonance, media literacy, and comparisons to combat and become aware of the negative influence on body image.

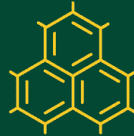
**Advocates can and have been getting involved to enact change.**



## ADVOCACY SOLUTIONS FOR COMBATING THE ISSUE

In the next module, you will see how advocacy can be used to effectively push for an issue. Currently, advocates are using cross-sector solutions through various campaigns to combat body image concerns:

**Read through each solution to learn more.**



**Governments of France and Israel have introduced legislation in their respective countries that requires models must have a body mass index (BMI) of over 18.5. A BMI of under 18.5, according to the **Center for Disease Control**, is considered underweight.**

### **Center for Disease Control**



**In the United States, the **Truth in Advertising Act of 2016** called for the Federal Trade Commission to develop “a regulatory framework for advertisements that use retouching to change a model’s appearance.”**

### **Truth in Advertising Act of 2016**



**Tech-based interventions have not been evaluated as much as other methods and could be less effective than in-person methods. However, with the proliferation of social media, there are opportunities for increasing visibility of girls and women who are more diverse. Additionally, there are opportunities for advocates to spread their messages through hashtag campaigns that promote positive body image.**



**The business community is diversifying the women who represent them—as seen from the toy company Mattel with Barbie dolls of various skin tones and body types. There is the risk of companies co-opting body image issues for profit, critics pointing to “femvertising” as a pain point. There could be further policy work with social media channels around the type of advertisements targeting children, such as diet pills, and cosmetic surgery.**



**AnyBody** is a body image activist group globally looking at how to ensure there are diverse sized clothes available in stores and removing a cosmetic surgery game from online gaming platforms for children.

**[AnyBody](#)**

It is important to note that not all solutions are equal. For example, research suggests that utilizing disclaimer labels on images, although a strategy used, is not effective. Advocacy approaches, therefore, are continuously evolving.

# ADDITIONAL SOLUTIONS FROM 2017 DOVE GLOBAL BEAUTY AND CONFIDENCE REPORT

In the report, the following recommendations are provided to improve body image for girls and women:

- 1 Minimizing effects of low self-esteem
- 2 Educating girls
- 3 Providing more diverse narratives
- 4 Disrupting “ingrained beliefs and narrow beauty norms”



## GAPS AND OPPORTUNITIES FOR MORE IMPACT

Research on body image is broadening globally to include more information from countries in the global south. There is a need, however, for intersectional research to recognize the privileges from which various groups benefit when it comes to race, education level, affluence, and sexuality.



## HOW YOU CAN GET INVOLVED

The potential impact is large when we consider the work that can be done promoting positive body image, a “multi-faceted construct that incorporates love and respect for the body, an appreciation of the uniqueness of the body and diverse beauty ideals, feeling gratitude toward the body, and not dwelling on bodily imperfections.” For example, in sports, female athletes are found to have greater appreciation for their bodies.

**You can get involved by:**

## **ADDING TO THE RESEARCH**

There is a lack of research on resilience to body image concerns. Additional data will help understand the scope of the issue and help develop more informed solutions.

## **EDUCATING OTHERS**

To get started, check out available tools on [Dove.com/selfesteem](https://www.dove.com/selfesteem) for teachers, youth leaders, parents, and mentors.

Also, for direct-to-girl education, find fun resources at [Steven Universe Self-Esteem](https://www.stevenuniverse.com/self-esteem). The [Appearance Matters](#) podcast, produced by the [Centre for Appearance Research](#), is another great avenue for helping to educate others.

**What opportunities do you see to foster positive  
body image?**

**More information on these studies and information can be found in the Centre for Appearance Research: [Body Image and Adolescent Girls Literature Review: an Update December 2017](#).**



## Conclusion

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**“Reproductive freedom is critical to a whole range of issues. If we can not take charge of this most personal aspect of our lives, we can not take care of anything.”**

**—Faye Wattleton, first African American and youngest president ever elected to Planned Parenthood Federation of America**

**SRHR is more than a technical term—it is the bedrock of gender equality and a key element for all individuals to lead a healthy and fulfilled life.**

Women Deliver is a leading global advocate on this issue—and Women Deliver Young Leaders are also leading the way. While opposition remains, we know what works when it comes to advancing SRHR. Using good evidence and supporting meaningful youth engagement are two key ways to make sure SRHR is advanced as part of the global health and rights agenda.

**In this module, you learned that SRHR includes four different but correlated concepts:**


- Sexual Health (SH)
- Reproductive Health (RH)

- Sexual Rights (SR)
- Reproductive Rights (RR)
- With the additional inclusion of SRHR in Emergencies (SRHRiE)

## You now know that five key SRHR issues are:

- 1 Comprehensive and integrated sexual and reproductive healthcare services
- 2 Maternal and newborn health and nutrition
- 3 Sexual health and rights
- 4 Comprehensive sexuality education
- 5 Reduction of gender-based violence and harmful practices

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**Although barriers and inequalities can seem pervasive, solutions are possible. You and other Young Leaders are advocating for solutions and leaving your mark. Hurdles do exist, but with the right efforts, education, and strategy—which you will learn more about in the coming modules—you will continue making a significant and lasting impact.**





*Aarushi Mehta (Women Deliver Young Leader Alumni, Class of 2018) sits with a SDG5 group in India.*

## DIGITAL UNIVERSITY LIBRARY

Throughout Digital University, you will find valuable resources such as articles, briefs, infographics, and partner sites. Be sure to review these resources and use them to further enhance your knowledge on your journey.

**Click the button to be taken to the library.**

**Almost done! In order to complete the module and move forward, please complete the post-assessment.**

