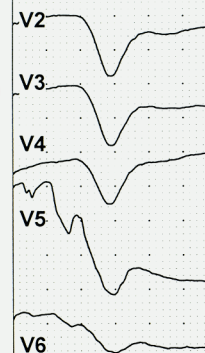


RIGHTS, JUSTICE, ACTION: MAKING SEXUAL AND REPRODUCTIVE JUSTICE A REALITY FOR ALL:

A report for youth by youth reflecting on the findings and recommendations of the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up



ICPD25
International Conference on
Population and Development



**sexual
justice**
could get them out to
we could have
the state

Report link: <https://www.nairobisummiticpd.org/publication/youth>

Produced by **CHOICE for Youth and Sexuality** for the **Secretariat to the High-Level Commission on the Nairobi Summit on ICPD25 Follow-up**

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i <https://icpdplatform.wixsite.com/theplatform>

Glossary

- CSE** Comprehensive sexuality education
- HIV** Human immunodeficiency virus
- HLC** High-Level Commission on the Nairobi Summit on ICPD 25 Follow-Up
- ICPD** International Conference on Population and Development
- ICPD25** 25th ICPD anniversary
- ICPD30** 30th ICPD anniversary
- IUD** Intra Uterine Device
- LGBTQI** Lesbian, gay, bisexual, transgender, queer as well as many other sexual and gender identities, including asexual, intersex, and non-binary
- MMR** Maternal mortality ratio
- NEET** Young people not in education, employment, or training
- PoA** Programme of Action
- SDGs** Sustainable Development Goals
- SRHR** Sexual and reproductive health and rights
- UN** United Nations
- UNFPA** United Nations Population Fund
- USD** United States Dollar
- U=U** Undetectable = Untransmittable
- WHO** World Health Organization

Introduction – You(th) Matter!

This report was created by young people, for young people, to make sure that everyone, regardless of age, can participate in the global effort toward sexual and reproductive health, rights, and justice. This effort is vital because, as young people, we represent 1.8 billion of the global population, and our voices and actions are essential in shaping the future.

This resource is a youth and user-friendly version of two reports published by the **High-Level Commission on the Nairobi Summit on ICPD25 Follow-up (HLC): No Exceptions, No Exclusions: Realizing sexual and reproductive health, rights and justice for all**ⁱⁱ (2021) and **Sexual and Reproductive Justice as the vehicle to Deliver the Nairobi Summit commitments**ⁱⁱⁱ (2022). These reports aimed to track the progress in advancing the commitments made at the historic **Nairobi Summit** 2019, particularly to evaluate the global state of access to sexual and reproductive health and rights (SRHR). It also establishes the next steps governments and other actors must take to continue improving them.

The HLC has emphasized the need to involve us, young people, in this process by reaching out to our peers and ensuring their meaningful participation. **Meaningful Youth Participation** means that young people can participate on equal terms with adults or work independently from adults to participate in decision-making at every level. The HLC is committed to the vision that we, young people, should be involved in all areas of public policymaking that concern and impact our health and well-being. It embodies the idea that **nothing about us is without us**.

In this resource, you will learn how stakeholders organize global efforts toward implementing the Nairobi Summit Commitments. Many of these commitments focus on improving sexual and reproductive health, rights, and justice globally. This resource will provide you with key information to encourage your meaningful participation and advocacy to support the implementation of the ICPD25 Commitments and their integration into the forthcoming ICPD30 review processes.

ii <https://www.nairobisummiticpd.org/publication/no-exceptions-no-exclusions>

iii <https://www.nairobisummiticpd.org/publication/sexual-and-reproductive-justice>

Chapter 1 looks at the key stakeholders involved and defines the challenges we face. You will learn about the HLC, the United Nations Population Fund (UNFPA), and other international institutions monitoring and leading global efforts toward better and more inclusive sexual and reproductive health, rights, and justice. You will see how these ideas are broken down into concrete goals, the 12 global Nairobi Commitments, that governments and others strive to achieve.

Chapter 2 examines the complexity of sexual and reproductive health, rights, and justice worldwide and what we must consider when implementing the Nairobi commitments. You will learn how sexual and reproductive justice is linked to other global justice movements. It will demonstrate that, to protect people's health and rights, we must also consider their background and lived reality.

Chapter 3 explains the concrete mechanisms established to help keep actors on track to fulfill their commitments. You will learn about the steps countries have taken toward implementation and the work that remains. This chapter will also detail the investment required to realize these commitments, the challenges to securing the necessary funding, and the possible solutions. You will also learn about key data indicators that can help monitor global change.

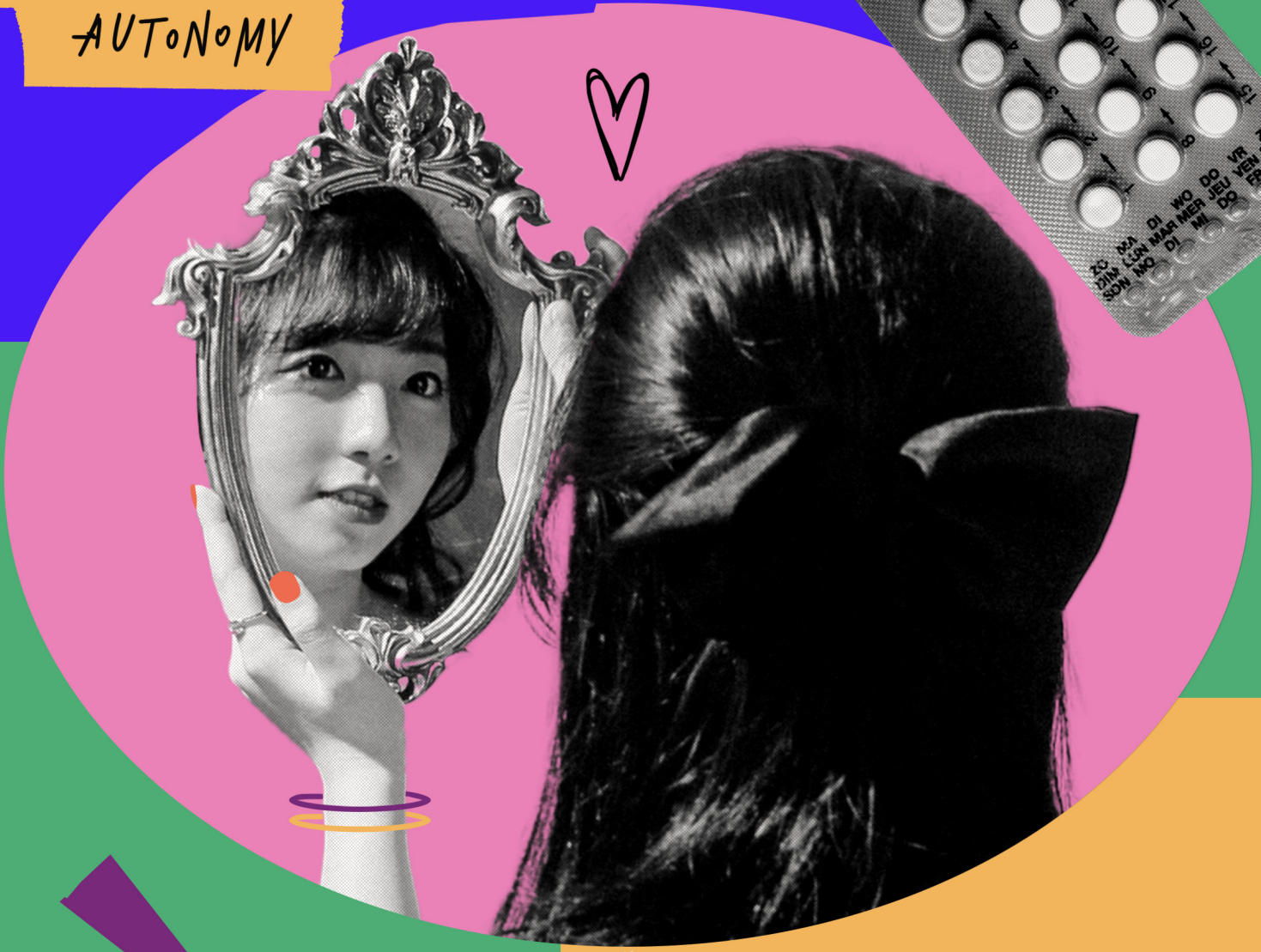
The document will conclude with a **Call to Action**, a set of recommended next steps for people to realize their full sexual and reproductive health and rights.

To learn more about how you can contribute to the ICPD, check out our **Youth Engagement Guide!**^{iv} Our step-by-step guide will walk you through concrete actions you can take to create change on a local, national, regional, and global scale.

iv <https://www.nairobisummiticpd.org/gcmf-dashboard>

BODILY

AUTONOMY



1

Setting the Framework

1•1

WHO ARE THE KEY ACTORS?

To understand the contents of this report, you will need some essential knowledge about the United Nations and its relevant bodies.

What is ...?

▶ United Nations (UN)

The UN is an international institution comprising 193 member countries. It exists to allow a united approach between countries to tackle various issues facing the planet. It has many bodies dedicated to the discussions between member countries on

distinct issues, such as climate change, war, and population. The UN system consists of different UN agencies, funds, and programs that member countries have tasked to help them address specific concerns and advance common agendas.

▶ United Nations Population Fund (UNFPA)

UNFPA^v is the UN's sexual and reproductive health agency. Its aim is to achieve a world where each pregnancy is intentional, every birth is safe, and every young person can fulfill their potential. It operates in over 150

countries around the world and is responsible for supporting and monitoring the implementation of the Programme of Action (PoA) adopted at the ICPD.

v <https://www.unfpa.org/about-us>



▶ International Conference on Population and Development (ICPD)

The **ICPD** was held in Cairo, Egypt, in September 1994. Around 20,000 delegates from governments and non-governmental organizations (NGOs) gathered to discuss

various issues, including maternal health, family planning, sexual health, and women's and girls' education.

▶ Programme of Action (PoA)

The PoA was created during the ICPD and adopted as a **(non-binding) commitment** by 179 countries. It transformed approaches toward population, poverty reduction, and sustainable development by understanding the interconnected nature of these issues. It redefined the focus of development away from population targets and toward reproductive health and rights. The PoA helps us understand **sustainable development** as meeting the needs of the present without compromising the needs of the future. For example, we can focus on reducing poverty while tackling the climate crisis. This new approach to sustainable development

also focuses on people's dignity, rights, and aspirations.

As the UN agency overseeing the ICPD, the Programme of Action became guiding document for UNFPA. Since its adoption in 1994, ICPD global reviews have taken place every five years. At ICPD25, representatives of the world gathered in Kenya at the landmark Nairobi Summit to not only review the progress made but also put forward new commitments to help achieve the ICPD goals, in line with other UN commitments like the Sustainable Development Goals^{vi}.

Non-Binding Commitment

A non-binding commitment refers to an agreement made in principle, without means to enforce it, so each country can decide how and to what extent they implement these commitments (or whether they do at all). Since these commitments are “non-binding,” an essential function of UNFPA is to examine whether countries are taking action to implement the ICPD Commitments.

vi https://www.undp.org/sustainable-development-goals/no-poverty?gclid=Cj0KCQjwrfymBhCTARIsADXTbk4fnO8LGhjM-bp8-V4IL2JKLR1c3ElqmZ8M0ZVco9Qhu7INkARGScaArKQEALw_wcB

The 2030 Agenda for Sustainable Development

All UN member states adopted the agenda in 2015, which aims for “peace and prosperity for people and the planet, now and into the future.” It comprises the 17 Sustainable Development Goals (SDGs), which call for a unified approach to issues such as poverty reduction, the climate crisis, and education. You can read these goals in full here^{vii}.

► The Nairobi Summit on ICPD25

To commemorate the ICPD’s 25th anniversary, governments and other stakeholders gathered in Nairobi in 2019 to examine the implementation of the ICPD Commitments 25 years on. The Nairobi Summit also allowed the international community to re-examine these commitments in light of the 2030 Agenda for Sustainable Development. The Summit brought together governments, civil society organizations, private sector companies, religious groups, grassroots movements, and youth organizations and

networks. Together, they made commitments detailing how they would contribute to accelerating and fully implementing the ICPD PoA. The Summit culminated in over 1300 commitments by 145 governments and organizations across 172 countries, including financial commitments of USD 8 billion (from now on “\$”).¹ The Nairobi Statement^{viii} captures these commitments under an overarching umbrella of 12 Global Commitments, which the HLC monitors and tracks.

► High-Level Commission on the Nairobi Summit on ICPD25 Follow-up (HLC)

The HLC is an independent body established in September 2020 to track the progress of the 12 Global Commitments made at the Nairobi Summit; the Commission publishes a report on countries’ progress every year. Two former Heads of State co-chair the HLC, which is made up of people from all over

the world with backgrounds in government, civil society, parliament, the private sector, religious groups, and young people, among others, providing diverse recommendations to accelerate the implementation of the global commitments.

vii https://www.undp.org/sustainable-development-goals/no-poverty?gclid=CjwKCAjwoqGnBhAcEiwAwK-OkaEjCNmeMaKDCZorjPjHZwCRaNR_eg7MKno4KkWFFdy0q6oVKEbsWRoCl0IQAvD_BwE

viii Nairobi Statement on ICPD25: <https://www.nairobisummiticpd.org/content/icpd25-commitments>

1•2

WHAT ARE THE GLOBAL COMMITMENTS?

The Nairobi Statement and its 12 global commitments provide an overview of more than 1300 commitments made by governments and other stakeholders to advance and fully implement the ICPD agenda. It considers the 2030 Agenda for Sustainable Development and uses the 12 overarching commitments to address the

unfinished implementation of the ICPD goals within the framework of the Sustainable Development Goals. Achieving these commitments involves empowering the world's 1.8 billion young people to meet their full potential and contribute to the economic and social progress required to achieve sexual and reproductive justice.



1 NAIROBI GLOBAL COMMITMENT

Intensify our efforts for the **full, effective, and accelerated implementation and funding of the ICPD Programme of Action**, Key Actions for the Further Implementation of the Programme of Action of the ICPD, the outcomes of its reviews, and Agenda 2030 for Sustainable Development.

This commitment stresses the urgent need to implement these commitments. Making long-term plans is not enough; executing the action plan must be a priority!



2 NAIROBI GLOBAL COMMITMENT

Zero unmet need for family planning information and services and universal availability of quality, accessible, affordable, and safe modern contraceptives

Family planning refers to comprehensive information and services to allow people to decide whether or not to have children. Safe, modern contraceptives can include condoms, birth control pills, and male vasectomies, a reversible procedure for sterilizing people with penises.

“Healthy families come from choice, not chance.”

late Dr. Nafis Sadik, former Executive Director UNFPA and Secretary-General of the ICPD



3 NAIROBI GLOBAL COMMITMENT

Zero preventable maternal deaths and maternal morbidities, such as obstetric fistulas,^{ix} by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national universal health coverage strategies, policies and programs, and to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights.

A preventable maternal death refers to the avoidable death of a person during pregnancy, childbirth, or shortly after giving birth if they had access to appropriate healthcare. We can avoid many maternal deaths by providing better funding, greater access to healthcare, preventative care, and safe abortion.

ix An obstetric fistula is an entirely preventable birth complication involving an opening between genital and urinary tract and/or rectum, resulting from a prolonged, obstructed birth without easy access to high-quality medical treatment. We have to expand access to healthcare in all regions, to ensure that we end avoidable maternal deaths.

4 NAIROBI GLOBAL COMMITMENT



Access for all adolescents and youth, especially girls, to comprehensive and age-responsive **information, education, and adolescent-friendly comprehensive, quality, and timely services** to be able to make free and informed decisions and choices about their sexuality and reproductive lives, to adequately protect themselves from unintended pregnancies, all forms of sexual and gender-based violence and harmful practices, sexually transmitted infections, including HIV/AIDS, to facilitate a safe transition into adulthood.

We, as young people, must have knowledge of sexuality and reproduction to make informed and free choices about our lives. We must also have access to sexual and reproductive health services through, for instance, sexual health clinics. Providing us with knowledge and high-quality services allows us to protect ourselves from sexually transmitted infections and unintended pregnancies. It also allows us to recognize harmful sexual practices and gender-based violence if they occur.

A key step to achieving this involves incorporating **comprehensive sexuality education** into schools worldwide while ensuring it is also available to young people not in school.

5 NAIROBI GLOBAL COMMITMENT



(a) **Zero sexual and gender-based violence and harmful practices**, including zero child, early, and forced marriage, and zero female genital mutilation.

(b) **Elimination of all forms of discrimination against all women and girls**, in order to realize all individuals' full socio-economic potential.

These harmful practices are a particular obstacle for women and survivors of sexual violence to reach their full potential. Ending gender discrimination would greatly help reduce gender-based violence and other harmful practices, creating a fairer and more equal world.

Harmful practices can be any constant or permanent practice or behavior based on sex, gender, race, or any other grounds for discrimination, often involving violent physical or psychological harm, including genital mutilation, sexual violence, forced marriage, and conversion therapy.

6 NAIROBI GLOBAL COMMITMENT



Using national budget processes, including gender budgeting and auditing, increasing **domestic financing**, and exploring new, participatory and innovative financing instruments and structures to ensure full, effective, and accelerated implementation of the ICPD Programme of Action.

Gender budgeting and auditing are examples of innovative financial processes that can help achieve the goals set out during the Nairobi Summit by considering gender when assigning money to programs or evaluating their impact.

Domestic financing refers to money national governments allocate for services like health and education for their population. This is vital to funding the necessary programs for national commitments related to sexual and reproductive health and rights.

7 NAIROBI GLOBAL COMMITMENT



Increasing **international financing** for the full, effective, and accelerated implementation of the ICPD Programme of Action, to complement and catalyze domestic financing of sexual and reproductive health programs and other supportive measures and interventions that promote gender equality and girls' and women's empowerment.

International financing refers to money from foreign governments or organizations to a particular country, program, or international institution. This financing is essential, particularly for poorer regions that depend on development assistance and external support.



Investing in the education, employment opportunities, and health, including family planning and sexual and reproductive health services, of adolescents and youth, especially girls, to fully **harness the promises of the demographic dividend**.

Demographic dividend refers to the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (typically understood as 15-64) is larger than the non-working-age (typically people in education/retirement) share of the population. This growth happens when a relatively large number of young people come of working age, while due to falling birth rates, future generations tend to be comparatively smaller. However, benefitting from the demographic dividend requires investment in young people's education, health, and employment. This investment is especially important for girls and other historically marginalized groups, who continue to receive few education and employment opportunities in many countries around the world.



Building peaceful, just, and inclusive societies, where no one is left behind, where all, irrespective of race, color, religion, sex, age, disability, language, ethnic origin, sexual orientation, and gender identity or expression, feel valued and are able to shape their own destiny and contribute to the prosperity of their societies.

Discrimination and exclusion continue to prevent many people from fulfilling their full potential. Developing more just and inclusive societies requires changing discriminatory laws and practices throughout society so that all people can live with dignity and without stigma.



Providing quality, timely and disaggregated data, that ensures privacy of citizens and is also inclusive of younger adolescents, investing in digital health innovations, including in big data systems, and improvement of data systems to inform policies aimed at achieving sustainable development.

Stakeholders must provide accurate and accessible data regarding populations, including disaggregated data, which is data broken up into smaller parts (for example: identity). Such data can help develop a greater understanding of issues and assist in developing policies. Citizens' privacy must not be compromised in gathering this data, particularly for vulnerable populations, as such data can also be used for discrimination and exclusion!



Committing to the notion that nothing about **young people's** health and well-being can be discussed and decided upon without their **meaningful involvement and participation**.

As young people, we have the autonomy and ability to decide our own needs and priorities. Therefore, policies about us should not be made without us! We demand a seat at the table for any policy that involves our rights and well-being!

"Nothing about us, without us."



Ensuring that the **basic humanitarian needs and rights** of affected populations, especially those of girls and women, are addressed as critical components of responses to humanitarian and environmental crises, as well as fragile and post-crisis reconstruction contexts, through the provision of access to comprehensive sexual and reproductive health information, education and services, including access to safe abortion services to the full extent of the law, and post-abortion care, to significantly reduce maternal mortality and morbidity, sexual and gender-based violence, and unplanned pregnancies under these conditions.

Sexual and reproductive health and rights are most vulnerable during humanitarian crises, such as wars or pandemics. Sexual and reproductive health services are equally, if not more important, during these times. Existing sexual and reproductive health needs do not disappear during crises. Efforts must be made to include sexual and reproductive justice in any crisis response.

Similarly, such crises affect different populations differently. Women may experience unique threats in crisis settings compared to men, for instance, sexual violence in armed conflicts. Crisis responses must consider these different needs and avoid "gender-blind" approaches that do not address people's needs.

Universal Health Coverage (UHC)

Universal health coverage or access to healthcare refers to a system that provides healthcare services to an entire population, regardless of citizenship status or ability to pay.

The “Three Zeros”

Commitments 2,3, and 5 make up the three transformative results, “**three zeros**,” which are more concrete and overarching goals, key to achieving the ICPD PoA and guiding UNFPA’s Strategic Plan. These commitments, which call for an end to the unmet need for family planning, preventable maternal deaths, and gender-based violence and harmful practices, remain the greatest priority among the global commitments.

Comprehensive Sexuality Education (CSE)

Comprehensive sexuality education is a form of sex education that teaches students accurate and age-appropriate information to make informed choices around every aspect of their sexual and reproductive life. It goes beyond discussions of pregnancy and covers topics like consent, sexually transmitted infections, bodily autonomy, and families and relationships. Many studies have shown that comprehensive sexuality education has effectively reduced high-risk sexual behavior, unintended pregnancies, and sex at an early age. It also benefits gender equality and respectful sex practices.²

1 • 3

WHAT ARE THE KEY CONCEPTS?

Before taking action, we must take a step back and ask: “**How should we approach this problem?**” and “**what is the change we want to see?**” With these questions in mind, let’s look at some of the key concepts that underline the Nairobi commitments.

Sexual and reproductive health and rights (SRHR) is a broad concept that has helped the international community define its goals and scope of action to advance the ICPD PoA. SRHR enables people to make informed choices about their bodies concerning both sex and the decision to have children. Going beyond reproductive health, SRHR recognizes the importance of sexual pleasure, sexuality and gender identity, and reproductive health and rights, such as fertility and maternal health.³ Achieving SRHR would mean a state of complete physical, mental, and social well-being in all matters relating to sexuality and the reproductive system. All individuals have a right to make decisions about their own bodies and access services supporting those rights.⁴

The **sexual and reproductive rights** framework sets global goals for sexual and reproductive health. The HLC, which monitors whether and how the Nairobi commitments are implemented, concluded that the element of **justice** was crucial to achieving a world of rights and choices for all. Therefore, in its reports, the Commission has promoted a **sexual and reproductive justice** framework. This justice framework builds upon and expands the rights framework.

The **sexual and reproductive rights framework** is a key element of the human rights framework and recognizes **bodily autonomy** as a fundamental human right. **Human rights** express that everyone, everywhere, has the same rights simply because they exist as human beings.⁵ Human rights can include many interdependent and interconnected concepts, which have been integrated and listed in national laws and international treaties, such as the UN’s non-binding Universal Declaration of Human Rights^x, endorsed by 193 member states. Its content has been elaborated on and incorporated into later treaties, instruments, and more.

A **framework** is a tool used to interpret and represent a problem. Relevant stakeholders use frameworks to protect and promote SRHR worldwide. They help decision-makers understand the root cause of problems and the types of solutions needed.

x <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

Bodily Autonomy

According to UNFPA Executive Director Dr. Natalia Kanem, bodily autonomy means “**my body is for me; my body is my own.**”⁶

All people must be able to make decisions about their own bodies and lives. The freedom to make a decision freely requires having enough information and resources and the absence of violence, threats of violence, discrimination, and coercion.

Using the human rights approach, sexual and reproductive rights are non-negotiable and cannot be treated as secondary to other rights. It implies that humans’ well-being can be guaranteed only if they can make decisions about their own bodies, including when it comes to sexuality and reproduction. Through the human rights approach, we recognize the link between sexual and reproductive rights and the right to life, health, privacy, information, freedom of expression, freedom from violence and discrimination, and freedom from torture, cruel, inhuman and degrading treatment. Sexual and reproductive rights are protected only when we take these components into account.

The human rights approach tends to focus on individuals, meaning that it looks at individual access to services, such as contraception and abortion, and whether their rights are protected. This approach sometimes overlooks how an individual’s environment and social standing can affect their ability to enjoy these rights and services. Therefore,

sexual and reproductive justice complements the human rights approach by considering the contexts that shape an individual’s ability to enjoy their rights.

The **sexual and reproductive justice** approach looks beyond the individual and toward the environment they live in and how it affects the communities they belong to. It acknowledges the unequal social conditions and cultural histories that shape individuals’ sexual and reproductive freedoms and, in doing so, makes space for the lived experiences of those voices that have often gone unheard. It introduces gender, class, race, sexual orientation, age, disability, migration status, and ethnicity into the discussion.

Black feminists in the United States of America first introduced the concept of sexual and reproductive justice in the 1990s. Since then, people all over the world have used it as a way to explain and approach sexuality and reproduction.

Sexual reproductive justice has four fundamental tenets

- 1) the right to not have a child,
- 2) the right to have a child,
- 3) the right to parent one's child(ren) in safe and sustainable environments, and
- 4) the human right to sexual autonomy and freedom of gender expression.

The justice framework acknowledges that all inequalities are linked and can exist at national, regional and global levels, directly impacting people's lives and bodies. It recognizes that social and cultural norms, which can promote values restricting access to health services and sexual freedoms, influence the extent to which people can realize sexual and reproductive rights. Therefore, achieving sexual and reproductive justice for all requires addressing inequality, discrimination, and marginalization at every level of society.

In short, the justice framework emphasizes addressing intersecting forms of oppression. In doing so, it aims to create environments that will ensure that all people, regardless of their backgrounds, have their rights recognized and supported. Therefore, both frameworks work together to help achieve the Nairobi commitments.

As an example, let's take a look at how these frameworks can help us work toward achieving zero preventable maternal death (ICPD25 Global Commitment 3). Since access to healthcare is a human right, the rights framework would help us identify and advocate for every human to have access to good quality maternal healthcare. Simultaneously, the justice framework would help us recognize that, even if quality maternal healthcare is accessible, preventable maternal deaths will still occur because of disrespect and abuse toward mothers, possibly based on race or ethnicity, during childbirth. A justice framework helps us recognize that poor treatment results from a negative sociopolitical environment with factors like racism and discrimination preventing patients from giving birth with **dignity**.



Dignity

Dignity means that we treat a person with respect, and all people are entitled to the same respect. Dignity comes from a person's innate value, meaning that all humans deserve to be treated with respect precisely because they are human. Neither money, race, ethnicity, nationality, religion, body, or any other factor can change a person's right to be treated with dignity.

EXAMPLE: Achieving Justice for Maternal Health in Brazil

In 2007, Alyne da Silva Pimentel, a young, impoverished Afro-Brazilian woman, passed away during pregnancy because she did not receive timely medical care. Local SRHR advocates took on the case before the Committee on the Elimination of All Forms of Discrimination against Women and addressed sexual and reproductive justice and societal racism. They argued that Alyne's story was not an isolated case and that women, especially Black women, faced unfair treatment when accessing healthcare in Brazil.

This case marked the first global decision to adopt a stance for sexual and reproductive justice. The judgment recognized that rights are meaningless if poorly implemented. It also recognized that SRHR must consider contexts of racism, sexism, and inequality. Alyne's case marked the first time an international human rights group ruled about a woman's death during childbirth. In 2013, Brazil adopted an agenda to deal with the institutionalized racism in its public healthcare system.⁷



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2

Sexual and Reproductive Justice in Practice

The world we live in is complex and diverse, and each person and community experiences unique challenges. Hence, considering what we learned in the previous chapter, this chapter asks: “**How do we achieve sexual and reproductive justice in the world we live in?**”

2•1

THINKING OUTSIDE THE BOX

The sexual and reproductive justice approach recognizes that all inequalities are linked. Therefore, achieving sexual and reproductive justice requires addressing all areas where people and their communities lack power or resources to make decisions for their own bodies and live healthy lives.

Women’s, girls’, and gender-diverse people’s continued lack of power results from multiple oppressions of race, ethnicity, class, gender, sexuality, ability, age, and migration or refugee status. Yet, funding and movements for sexual and reproductive health, rights, and justice have traditionally not considered these connected inequalities. Donors and the programs they fund tend to focus on a single issue and do not recognize how varied social inequalities can affect a problem.

To achieve sexual and reproductive justice in practice, we must **think outside the box** and recognize how these issues connect. We need to build solidarity between different social movements. Funding and political movements and programs must use strategies combining more than one challenge at a time.





Gender-Diverse People

Gender-diverse refers to people who may not identify with the gender (male or female) they were assigned at birth.

Intersectionality

Intersectionality, coined by the legal theorist Kimberlé Crenshaw⁸, describes how inequalities “intersect” and can reinforce each other. It recognizes that a person can have more than one identity and life experience, and, therefore, face complex challenges. We need an intersectional lens to understand how these life experiences interact with each other and create obstacles or privileges. For instance, a black woman in the United States may face a distinct stigma compared to white women and black men. An intersectional lens helps us identify their unique issues. Conventional ways of addressing issues like sexism and racism will likely miss these complexities and ignore how multiple forms of inequality create unique obstacles.

The diagram on this page shows some of the key challenges societies worldwide currently face. Each circle represents an interconnected issue. The examples on the next page will help you understand why we must address these issues through an **intersectional** lens to achieve the ICPD goals and the Nairobi commitments.

A Economic Justice

Sexual and reproductive justice and economic inequality are closely linked, with many countries and regions only providing essential sexual and reproductive health care in exchange for (out-of-pocket) payment, which disadvantages the poorest sections of society. Universal access to sexual and reproductive health services can go a long way in reducing this inequality, as it guarantees health for all, regardless of income. However, economic inequality impacts many areas beyond health, often negatively affecting other types of inequality.

Poverty, for example, is one of the major drivers of child marriage and underage labor, taking away vulnerable children's autonomy and obstructing their education. The most deprived communities are the least likely to have access to family planning services and safe abortion. Economic security gives people more autonomy in deciding whether or not to have children. To guarantee autonomy for all, we must work toward reducing economic inequality!

B Climate Justice

Climate justice addresses the unequal distribution of the negative impacts of climate change. It aims to ensure that everyone, regardless of their background, has access to a safe and healthy environment. It recognizes that climate change affects distinct communities and individuals differently; those who contribute the least to climate change often face the brunt of its consequences.

Climate change negatively impacts nearly all SRHR outcomes, including sexual violence, maternal mortality, and access to contraception and abortion. Approximately 80% of people displaced by climate-related disasters are women at risk of discrimination, harassment, and gender-based and sexual violence during transit and in refugee camps.⁹ In addition, climate change disproportionately affects already marginalized communities because they, among other reasons, often

lack the economic resources to deal with its impact.

Young people have championed climate justice movements worldwide, positioning themselves at the forefront of powerful protest movements to bring attention to the challenges that current and future generations will face due to the climate emergency. Their efforts have not only increased awareness around the issue but also led to more institutionalized forms of youth participation in climate action. In Zimbabwe, over 200 representatives of local youth organizations came together to write a policy brief on vital strategies for climate action. The brief included recommendations ranging from green energies and nature conservation to waste management. Following the report, the Ministry of Environment set up a Youth Desk within the ministry to encourage youth participation in national decision-making processes.¹⁰

C Justice Across Generations

Intergenerational justice refers to the idea that present generations have responsibilities toward each other and future generations. It recognizes that power dynamics exist between generations, and each generation has had different life experiences. It stresses the importance of solidarity between people of different ages.

Intergenerational justice is strongly linked to climate and economic justice. It is rooted in the understanding that climate change affects not only the current generation but also future ones, and recognizes that poverty is multigenerational. Intergenerational justice is fundamental to sexual and reproductive justice because it aims to create safe and

dignified environments for current and future generations to raise children. Injustices such as forced pregnancies, sterilization, and lack of access to reproductive care can have lasting impacts on future generations.

It also highlights that people of different ages face unique barriers to sexual and reproductive health and decision-making. For example, young people face obstacles when seeking care and making decisions about their own bodies and health. Many countries require the involvement of third parties, such as parents or medical professionals, for adolescents to access contraception, creating barriers to their autonomy and care.

D Justice to End Discrimination Based on Disability or Health Status

Persons with disabilities include people with long-term physical, mental, intellectual, or sensory impairments, which, in interaction with various barriers, can influence their participation in society on an equal basis with others.¹¹ People with disabilities are often discriminated against and not provided with enough support. Other health conditions, such as HIV status, can also lead to discrimination.

Disability and health status connect deeply with SRHR. One-fifth of women worldwide live with a disability¹² and are up to 10 times more likely to experience gender-based violence and violations of their bodily autonomy.¹³ The

violence women experience is often directly linked to their status, such as caregivers refusing to assist with daily living. They may be denied their bodily autonomy and have forced medical procedures done to them. For example, people living with a disability are at higher risk of experiencing forced sterilization and contraception or removal of their children from their care.

EXAMPLE:

Getting Justice for Forced Sterilization in Sub-Saharan Africa: Botswana, Kenya, Namibia, South Africa, and Uganda

In November 2014, the Namibian Supreme Court ruled in favor of three women living with HIV who had been forcibly sterilized, stating that that bodily autonomy was an essential principle of the law that should never be violated. This decision has had a knock-on effect on women living with HIV throughout Africa, with similar cases following in Kenya and South Africa. In some of these countries, laws relating to sterilization are the legacy of colonial rule and the historical marginalization of black women and their bodies. Across the continent, large movements now aim to stop the forced sterilization of people living with HIV.¹⁴

Respectful Language

Respectful language refers to how people define themselves in a given context. In some contexts, we use “people-first language” because it emphasizes the person before the condition they live with. Hence, we say “people living with HIV” or “people with a disability.” In other contexts, we use identity-first language to stress the importance of someone’s identity. For example, we say “disabled person” or “gay man.” Preferences around these terms depend on the individual, so if ever in doubt, ask!

E Racial, Ethnic, and Indigenous Rights

Even in countries where universal sexual and reproductive healthcare is guaranteed, these services are not given equally to everyone. For example, in the United Kingdom, where healthcare is universal, Black women are four times more likely to die in pregnancy than white women, and Asian women are twice as likely.¹⁵ Institutional racism deeply impacts national reproductive health services in the United States of America and Latin America, highlighting the importance of tackling racism and unconscious bias to achieve true sexual and reproductive justice.

Indigenous populations still face significant barriers to achieving sexual and reproductive justice, with sexual violence against indigenous women and girls being far too common, particularly against indigenous human rights defenders. Sexual and reproductive health services for indigenous populations are often lacking. This is largely because the legacy of colonialism continues to impact indigenous communities. Governments must honor indigenous communities' collective will and principles of informed consent to achieve sexual and reproductive justice.

F Gender and Sexual Justice

A lack of sufficient sexual and reproductive health services can greatly disadvantage women, girls, and gender-diverse people in the workplace, where limited access to pregnancy and newborn care can further discriminate against already marginalized people and exacerbate their economic disadvantages. A lack of female and gender-diverse representation amongst policymakers also makes governments less likely to promote progressive policies, as people championing these causes are less likely to be represented.

Men who have sex with men also face many difficulties in receiving the sexual health services they need, particularly as they continue to face barriers to living openly and authentically. For women who have sex with women, their SRHR needs receive even lesser attention as they are not often considered

“high-risk” for sexually transmitted infections. This lack of access to sexual health services and information for LGBTQI people is worse for those lacking economic security or in lower-income regions, where these services are most necessary.

Transpeople face great difficulties, not only in living as their true selves but also in receiving the necessary care. Many sexual and reproductive health services conform to rigid binary understandings of sex and exclude trans and intersex people who do not fit these categories.

Intersex people are often deprived of bodily autonomy at a young age, with genital mutilation being common worldwide, including in many countries with strong legal and social objections to female genital mutilation.

Gender Justice

Gender justice is about achieving full equality and equity between genders in every area of life. It involves women, jointly and on an equal basis with men, defining and shaping the policies, structures, and decisions that affect their lives and society. It also requires the recognition of gender-diverse people, including the end of the genital mutilation of intersex people and allowing people to express their gender however they see fit. We can achieve gender justice by addressing the root causes of gender inequality and removing barriers to opportunities and resources!

Stigma

Stigma has a profound impact on how people approach SRHR, particularly for women, sexual minorities, and gender-diverse people. It can act as a barrier to receiving necessary healthcare, restrict many people from living freely and openly, and pose a particular challenge for gender-diverse people and sexual minorities in regions where visibility for these communities is low, impacting their access to healthcare and beyond.

In a crisis, like armed conflicts, pandemics, and natural disasters, disadvantaged populations face new challenges, particularly concerning SRHR. Moreover, with environmental degradation and increasing tensions around the world, such crises will

likely increase. Future approaches to crisis response and recovery must consider SRHR and the distinct challenges marginalized groups, such as disabled communities, may experience during such times.

EXAMPLE: The Right to Intercultural Healthcare in Ecuador

Recognizing the deep connection between health, cultural diversity, and indigenous rights, Ecuador became the first country to include the right to intercultural healthcare in its constitution in 2008. **Intercultural healthcare** refers to a combination of Western and indigenous medical practices in official institutions. This right means that, for the first time, the Ecuadorian national healthcare system has an official framework for traditional indigenous medical practices. It aims to reduce discrimination in healthcare settings and ensure that indigenous people can participate in the healthcare system on their own terms. Indigenous communities in Ecuador, like with many indigenous populations worldwide, have a history of discrimination and cultural oppression, which has negatively impacted their economic, political, and health outcomes.

This reform shows progress toward better and more complete rights for indigenous people. However, implementation must be a priority for it to be truly successful. Regardless of their backgrounds, all medical institutions and professionals must be willing to work in intercultural settings, and indigenous populations and healthcare providers must have a role within public healthcare institutions. Unfortunately, this is not yet the case.¹⁶

**EXAMPLE:
Sexual Justice in Displacement Camps in Bangladesh**

In Bangladesh's Cox's Bazar refugee camps, Rohingya community activists are stepping up for sexual and reproductive justice. They have brought attention to the fact that the lack of privacy within the camps and harmful gender norms have made women and girls more vulnerable to violence. In 2020, activists launched SASA! (Start, Awareness, Support, Action), a program aiming to provide community members with training in gender equality activism.

Within two years, the program had already trained more than 2,300 activists, including both male and female community and religious leaders, within the camps and in surrounding host communities to challenge the norms underlying gender-based violence. Activists have reached nearly 100,000 people with messages about gender equality and ending gender-based violence. Thus, by building solidarity between refugees and host communities, people of different genders and ages can create a lasting positive impact.¹⁷

**EXAMPLE:
The Impact of COVID-19**

The COVID-19 pandemic placed additional challenges for women and gender-diverse people. Even though instances of gender-based violence increased, pandemic restrictions limited domestic abuse services. In addition, women, who are most likely to work informal jobs, were more at risk of being left without economic support.

Despite the challenges, there were also promising developments in providing SRHR services remotely and digitally, which included various take-home services, such as abortion pills and online sexual health consultations. Yet, this once again exposed huge inequalities, as 3.7 billion people worldwide do not have regular access to the internet. Only 15% of women in low-income countries are online, showing that those with the greatest needs are often the most deprived of essential services.¹⁸

EXAMPLE:
Wide-Ranging Consequences from the Crisis in Ukraine

The Russian invasion of Ukraine has forced millions of women and girls to flee their homes, putting them at increased risk of facing sexual violence and human trafficking for sexual exploitation. The destruction of 182 medical facilities has also created challenges and barriers to accessing sexual and reproductive healthcare. By April 2022, over 1 million people had fled, with many escaping to neighboring Poland. While abortion is legal in Ukraine, Poland is now one of the most restrictive countries for abortion access.

The invasion has also harmed other already marginalized groups. People with disabilities often cannot access bomb shelters and evacuation trains, and many long-term care facilities do not have sufficient food supplies, medication, and hygiene products. While armed conflict profoundly impacts all people in any given region, it intersects with existing disadvantages, resulting in unforeseen and often unacknowledged consequences. Responses and aid given to regions facing armed conflict must be aware of the issues facing distinct marginalized groups, and their approach must reflect this reality.¹⁹



**EXAMPLE:
Gender Dynamics and Poor Health Options
Cause Displacement in Venezuela**

Venezuela faces a long-term political and economic crisis, which has transformed into a regional refugee and migrant crisis. Women, girls, and LGBTQI people, both in Venezuela and in neighboring countries, face risks to their health. Many are highly vulnerable to sexual exploitation and abuse and unwilling or unable to trust authorities with these issues. In general, people seeking refuge and safety face increased health risks, which often affect reproductive, mental, and nutritional health.

Limited access to healthcare has become one of the primary reasons why women are fleeing. For many women, extremely limited access to contraception makes surgical sterilization the only viable option. Where contraceptives are available, costs have skyrocketed 25 times since the pandemic began. As a result, most pregnancies are unplanned, and teen pregnancy has risen 65% since 2015. Venezuela is one of the few countries where access to HIV treatment has decreased, resulting in a sharp increase in HIV infections.^{xi}

Access to sexual and reproductive health services has not only been limited in Venezuela but also in countries that host Venezuelan refugees. Due to the scale of vulnerable people's needs, limited resources, and poor coordination, birth rates and maternal mortalities among Venezuelans who have resettled in Colombia have risen. In Peru, only 25% of displaced Venezuelans received some form of sexual and reproductive health services in the previous year.²⁰

xi Long term HIV treatment decreases the probability of HIV transmission by almost 100%. This is called 'undetectable', which means you can no longer transmit HIV. HIV activists call this U=U, Undetectable =Untransmittable. Therefore, HIV treatment does not only help people living with HIV, but it also decreases transmissions across the whole population.





Implementing Sexual and Reproductive Justice

Now that we've mapped out how sexual and reproductive health, rights, and justice are inseparable from other forms of justice and the need to consider collective solidarity to drive progress across all these related issues, this chapter will answer the question: **"How can we ensure that change really happens?"**

This chapter will detail different aspects of implementing the (non-binding) Nairobi Summit Commitments. It will explore costs, financing, and accountability and monitoring systems.

3•1

FINANCING: WHY WE NEED TO TALK ABOUT MONEY

Implementing the 12 Global Commitments of the Nairobi Statement requires more investment from national and international sources. Governments and other donors must direct more money to sexual and reproductive health services.

A "weak" global economy **cannot** be used as an excuse to direct money away from sexual and reproductive healthcare! Healthcare investment has a **"multiplier effect"** across the economy, meaning it triggers a wave of other investments and developments across society, particularly when universal health coverage is guaranteed. Investments in sexual and reproductive healthcare are amongst the most **cost-effective** healthcare investments.²¹

Overall healthcare costs are less if donors and governments invest in preventative sexual and reproductive health, like

providing access to contraception and abortion. Additionally, meeting all women's and girls' contraceptive, maternal, and newborn care in low- and middle-income countries costs only \$9 on average per person per year.²² Meeting sexual and reproductive health needs improves gender equality and increases average incomes across society, so there are no good reasons not to!

Governments usually finance sexual and reproductive health programs by taxation or international aid. Donors are either other (usually richer) countries, private companies, or foundations (such as the Bill and Melinda Gates Foundation). These entities direct their funding toward specific programs or areas. All these funding streams are essential in gaining the necessary funds to realize the Nairobi commitments.

To achieve the three zeros — zero preventable maternal deaths, zero instances of sexual and gender-based violence, and zero unmet needs for family planning — by 2030, we need an estimated \$264 billion. Stopping all preventable maternal deaths will cost \$115.5 billion, eliminating sexual and gender-based violence, as well as other harmful practices, \$79.4 billion, and meeting unmet needs for family planning \$68.5 billion. Examining current investment figures, we are missing the target by \$222 billion.²³ While this amount may seem significant, the financial

(and human) cost will be much greater if we do not close this gap!

Unfortunately, the so-called “anti-gender” activists, conservative groups opposing progress on gender equality and bodily autonomy, receive a lot of funding: The European Parliamentary Forum found that donors, mainly from Russia, the US, and Europe, gave \$707.2 million to “anti-gender” organizations around the world.²⁴ We must strive for more positive funding in these areas to counter these opposing movements!

**Example:
Kiribati, Samoa, Solomon Islands, Tonga, and Vanuatu,
are on track to achieve their targets by 2030**

Achieving 95% maternal health coverage and zero unmet need for family planning is within reach for these five countries! They only have to invest \$13.4 million more, which would prevent 38% more unplanned pregnancies, reduce stillbirths by 28%, and decrease maternal deaths during childbirth by 29%. This investment would also lead to a significant economic return, around \$149.7 million, 11 times more than the initial investment.²⁵



Accountability for the Nairobi commitments can come in many different forms. Although 179 Governments adopted the ICPD PoA in 1994 and 145 Governments presented their national commitments at the Nairobi Summit, they are **non-binding**, so countries can choose whether to implement them (or not). However, governments' commitments allow groups to hold them accountable for failing to meet them. People's movements have been central to the wider acceptance of the principles that underpin the values of these commitments and demanding the comprehensive implementation of these rights.

We, as young people, are central to many movements demanding sexual and reproductive justice and more just and inclusive policies. For example, youth-led movements in Ireland and Türkiye are demanding action on gender-based violence, while in Bangladesh, a student-led protest movement has erupted over the alarming rise of and lack of action around sexual violence. The passion of young people around these issues gives hope for a better future. We cannot take our foot off the pedal and must continue to raise our voices so that the powers-that-be can no longer ignore us.

National governments must go beyond simply signaling intent to implement the Nairobi Summit commitments and establish bodies to monitor and guarantee their full implementation. Rwanda, for example, has set up a national action plan to fast-track its commitments to universal access to SRHR and realize the three zeros²⁶. Within this plan, they have given various actors roles and responsibilities and assigned

dedicated resources. Rwanda adopted a comprehensive approach, integrating this action plan within a broader healthcare plan – other nations would do well to consider this approach. Other impactful plans could involve creating timelines for implementation or forming task forces directed toward specific areas of concern, like eliminating maternal mortality.

Lawmakers must hold governments accountable for agreeing to implement the Nairobi Summit commitments. They should engage with civil society actors and young people, as they will be affected the most if governments renege on their promises. Lawmakers must also consider a sexual and reproductive justice lens when drafting laws, as this will help reduce inequalities throughout legislation. There is a backlash against parliamentarians and activists positively engaging in these topics in many regions around the world – we must stand in solidarity with them!

International accountability, whereby foreign governments provide accountability for implementing these rights, can be an effective diplomatic tool. National governments can use their positions and relations with other countries to encourage the implementation of existing commitments. For example, during the United Nations' Human Rights Council's country peer review process, Costa Rica called on the United States of America to follow through on its commitment to increase financing for preventing female genital mutilation and child marriages. This form of global solidarity can be a powerful tool to fully realize these commitments around the world.

A Using Data to Follow Change

The previous chapter may have you thinking: “**How do I know if my country is making progress?**” and “**How can I identify the successes and shortcomings of my government’s policies?**” This section will demonstrate how data indicators are a useful tool to understand where a country or region is at in implementing the Nairobi commitments. Data for indicators can help you follow and measure different commitments and track their evolution over time. Data is also a great advocacy tool because it can provide you with evidence to support your arguments.

How we collect data is important because it shapes our understanding of a situation. Hence, by adopting a sexual and reproductive justice framework, the HLC stresses the importance of using disaggregated data.

Disaggregated data means breaking down information into smaller parts. It separates the data into different groups to better understand the specific details or differences within the data, bringing attention to disparities between these groups. Disaggregating data by gender, race, income, level of education, rural or urban residence, or age can help show how a particular issue can affect various groups differently.

Here is a list of indicators you can use to understand the status of sexual and reproductive health, rights, and justice in a country. The HLC Report uses these indicators to monitor country-specific progress. You can research the situation of your own country by consulting the Commission’s country profiles² or exploring other data platforms^{xii}.

- ▶ **Total population:** The number of people living in a country
- ▶ **Population 24 years or younger**
- ▶ **Women in reproductive age** (15-49 years old)
- ▶ **Women between 20 and 24 years who were first married or in a union** before 18 or before 15

xii You can find helpful resources on the Demographic and Health Survey, Multiple Indicator Cluster Survey or SDGs databases.

- ▶ **Maternal Mortality Ratio (MMR):** The number of women who die during pregnancy, childbirth, or shortly after giving birth out of every 100,000 live births. It denotes the risk for mothers when they have children. A lower MMR means fewer mothers die, while a higher one means that women are at greater risk during their pregnancies. In 2020, the world's MMR was 223 maternal deaths per 100,000 live births.²⁷ The global target is 70 by 2030.
- ▶ **Total fertility rate (TFR):** The number of births per woman of reproductive age (15-49 years old)
- ▶ **Adolescent birth rate (ABR):** The number of births per 1000 girls between ages 15 and 19
- ▶ **Percentage of deliveries attended by skilled health personnel:** The proportion of childbirths where a trained healthcare professional was present
- ▶ **Unmet need for family planning:** The percentage of women who are fertile and sexually active but do not use any method of contraception and do not want any more children or want to delay the next child
- ▶ **Demand for family planning satisfied with modern methods:** The proportion of women of reproductive age (15-49 years) who are sexually active and use modern contraceptive methods. These include but are not limited to contraceptive pills and implants, intra-uterine devices (IUDs), diaphragms, condoms, and emergency contraception.
- ▶ **Life expectancy:** The estimate of the average age that a member of a population group will be when they die
- ▶ **Literacy rate:** The percentage of the population that can read and write
- ▶ **Young people not in education, employment, or training (NEET):** The proportion of 15–29-year-olds neither in employment nor in education and training
- ▶ **Ratio/proportion of women/young people in parliament**

Within a national context, data for the above indicators is often disaggregated by

- ▶ **Residence:** Whether a person lives in a rural or urban area
- ▶ **Education:** Whether a person has received a formal education (primary school level, secondary school level, or tertiary/university level).
- ▶ **Household wealth:** Whether a person is part of the richest or poorest sections of the population
- ▶ **Age**
- ▶ **Sex**

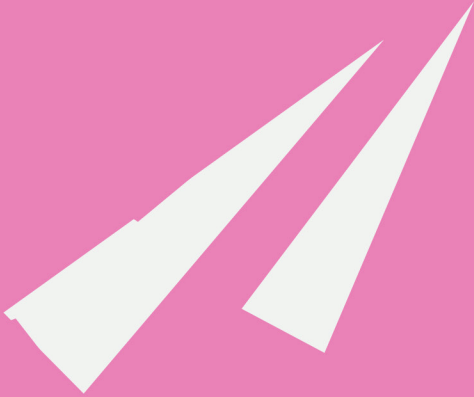
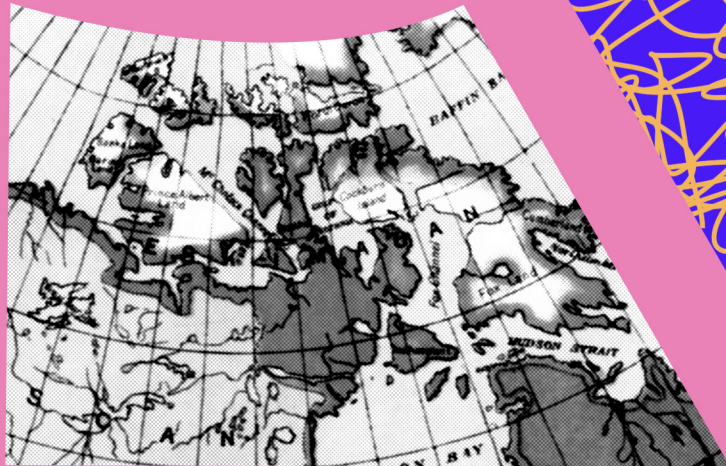
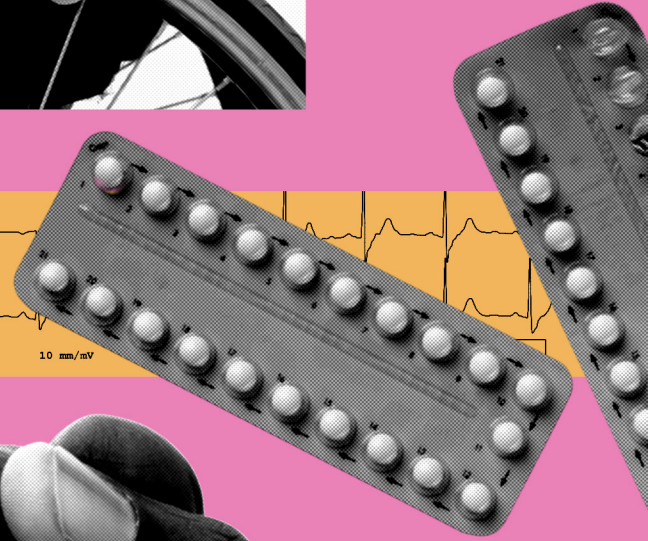
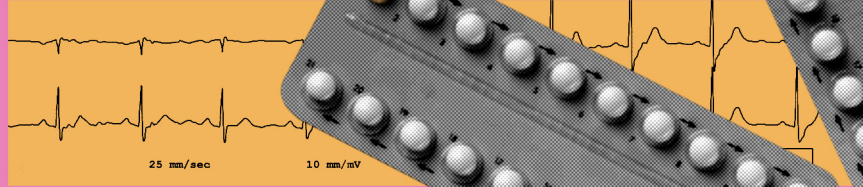
B The Nairobi Global Commitments Monitoring Framework

The HLC included the **Global Commitments Monitoring Framework** in its reports, offering us a way to visualize how close each region is to achieving the Nairobi commitments. It uses a four-color traffic light system to indicate progress regionally and globally on key indicators under each of the 12 Global Commitments. It has an overall score for every commitment. The colors run from green as the most positive to yellow, orange, and red to mark the lowest score. Grey means insufficient data for that indicator for the respective region. Triangles included in the scorecard indicate the direction of change over the past three years: an upward triangle signals improvement and a downward triangle represents a decline. You

can find the Global Commitments Monitoring Framework scorecard in the annexes of the Commission's reports and on an online dashboard^{xiii}, which was under development at the time of writing this report.



xiii <https://www.nairobisummiticpd.org/gcmf-dashboard>



A Call for Action

Despite the difficult circumstances in recent years, the HLC has recognized the positive steps some countries have made to achieve the Nairobi commitments, and hopes that it will lead to further progress. At the same time, these positive steps are fragile. There are increasing challenges to their implementation due to many different factors ranging from a lack of funding to a rise in opposing political movements. The HLC strongly believes that achieving the

commitments is crucial to achieving the 2030 Agenda for Sustainable Development. Its demand for sexual and reproductive justice as the vehicle to deliver the Nairobi Summit Commitments represents an important step in creating a fairer world where everyone can make informed decisions about their bodies and sexual and reproductive rights. To this end, the Commission has formulated **A Call for Action** with six recommendations to help achieve these goals.

1 •

MAKE SEXUAL AND REPRODUCTIVE JUSTICE THE GOAL

Conduct all work on sexual and reproductive health and rights through the justice framework!

It is crucial to work toward a structural rather than individualistic solution to these issues while using monitoring to determine the success of these solutions.

We must support and uplift people's movements for sexual and reproductive justice, especially from disadvantaged groups who may need unique solutions to their sexual and reproductive needs. Similarly, we must support lawmakers who value sexual and reproductive justice to push forward laws and funding that advance sexual and reproductive justice and all other forms of justice.



2 •

PUT RIGHTS AND DEVELOPMENT AT THE CORE

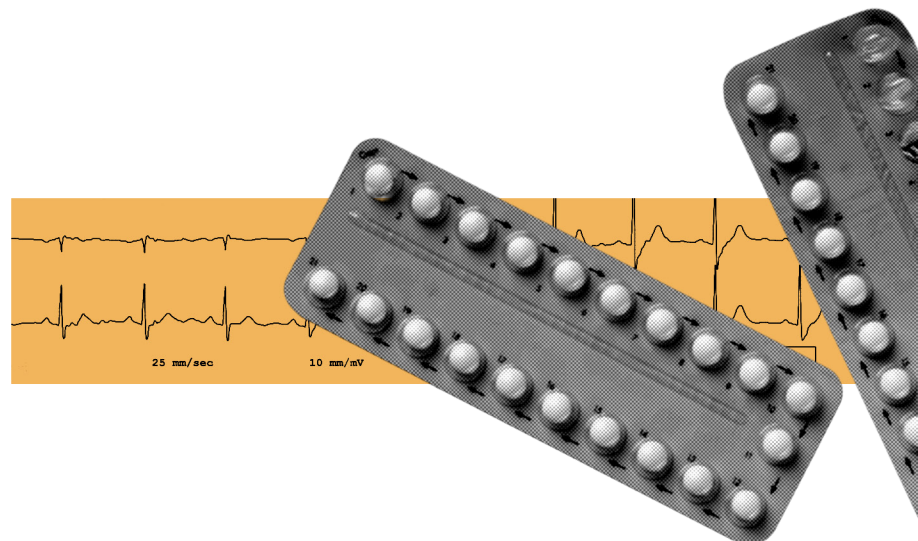
Develop universal health coverage for essential sexual and reproductive health services!

Universal health coverage can include many cost-effective measures, such as training midwives, that can greatly improve access to sexual and reproductive health

services and also play a role in advancing gender equality. Regular surveys or text forms can be a valuable feedback system for improving healthcare services because they enable patients to express their needs better.

Midwives

Midwives, despite the crucial work they do, remain undervalued compared to other medical personnel²⁸. They can play a valuable role in improving sexual and reproductive health services by providing 90% of sexual and reproductive healthcare needs. Increasing the number of trained midwives in low- and middle-income countries could prevent 41% of maternal deaths. Since most midwives are women, employing more can ensure more women work.



3 •

THINK DIFFERENTLY

Pursue innovations in providing healthcare services! The COVID-19 pandemic showed new possibilities for providing self-managed sexual and reproductive healthcare, such as at-home abortions. These innovations proved to be cost-effective and a better way of meeting the needs of many people,

particularly previously excluded communities like gender-diverse people. The expansion of digital health services during the pandemic was similarly helpful. However, since many people do not have easy access to the internet, we must also work to end this **digital divide**.

Sexual Justice Online

Online media creates unique opportunities for people, especially young people around the world, to connect and spread their messages. People have used social media to organize and communicate during protests, raise funds, share personal stories, and even conduct research. Social media can also bring community and acceptance for LGBTQI people, who may feel excluded in their offline communities. **Thinking differently** means recognizing the power of new tools and their use in empowering people and movements for sexual and reproductive justice.

With this in mind, it is important to recognize that communities opposing sexual and reproductive justice also thrive on social media. As a result, gendered violence is also commonplace online. In 2021, a poll of women journalists in 125 countries found that 73% faced online violence²⁹. Stopping harmful activity online requires regulations on issues such as transparency in algorithmic decision-making. Private firms should be held accountable for online violence and take steps to help prevent it. To tackle digital harassment and violence, we need more awareness. As young people, many of us have grown up with the internet and social media, giving us a unique understanding of the digital world. We should strive to find solutions because, as the most tech-savvy generation, social media affects us the most.³⁰

4 •

REACH FURTHER

Focus on the groups facing the most significant challenges in sexual and reproductive justice. Healthcare programs must always prioritize inclusivity and intersectionality, especially when responding to humanitarian crises. Stakeholders must reach out to young people on their own terms and meaningfully involve them in relevant policies and sexual and reproductive health services. It is particularly essential to engage with and support younger adolescents, especially those with diverse sexualities and

gender identities, who remain shut off from services and information in many parts of the world due to political opposition, poverty, and social marginalization. Implementing comprehensive sexuality education in schools helps equip young people with knowledge on these issues, which may not be discussed in other contexts. It is equally important that young people outside formal education can also avail of comprehensive sexuality education.

Representation

Representation is one way to achieve sexual and reproductive justice by representing marginalized or underrepresented groups in positions of power. Having positive representations of these groups increases self-esteem for their members, particularly for young people.³¹ Additionally, members of a community are more likely to represent their communities' interests. Therefore, there are many benefits to broadening the identities of decision-makers as they often champion previously ignored issues. For example, despite women making up half the world's population, they comprise only 26.5% of members of parliament worldwide, which may explain why issues such as gender-based violence and childcare are not prioritized.³² Women, young people, sexual and racial minorities, and many other identities continue to be underrepresented in positions of power around the world.^{xiv} We must fight for more equal representation if we want to have equal and just outcomes!

xiv A way to measure political participation in a country is to look at the proportion of representatives of a certain group, such as gender-diverse people, young people, racialized people or indigenous people.

5 •

SHOW THE MONEY

Make spending commitments visible and measurable, ensuring transparency.

It is necessary to provide free sexual and reproductive health services. Implementing such programs has proved to be cost-effective and has many positive impacts on society. Experts should develop new forms of financing for these essential services to make sure that they are sustained consistently

over time. Campaigns to encourage financial support from donors are also important to gain longer-term and greater financing for these programs. Transparency also allows young people to monitor and evaluate the spending commitments made by governments and hold them accountable if they fail to demonstrate the necessary progress.

6 •

TELL A NEW STORY

Create and spread new and engaging narratives around sexual and reproductive justice —this is the most effective way to create a deeper understanding of these issues!

Gathering more precise data related to sexual and reproductive justice can also help represent the importance of these services. Data can also help counter growing opposition. Similarly, hearing stories from different countries and contexts can go a long way in increasing understanding between and within communities of their needs. Uplifting historically marginalized voices is a powerful way to reduce inequalities, encourage support for these groups, and expand essential programs. Young people are too often unheard; they have a distinct perspective and experience of the world, which can reshape narratives around sexual and reproductive justice, among other issues!



Youth Empowerment with Pleasure-based Activism

Traditionally, discussions about SRHR focus on negative outcomes such as sexual violence, unwanted pregnancies, or disease transmission.

Pleasure-based activism wants to bring more positivity and empowerment into the narrative. It does so by recognizing that pleasure is integral to sexual health and well-being. It also encourages us to acknowledge and celebrate sexuality as a positive human experience, which should never lead to discrimination or stigma. In short, pleasure-based activism asks, “**How can everyone have the best experience possible?**” By comparison, traditional approaches tend to ask, “How to prevent violence and pain?” Many youth and youth-focused groups worldwide, such as the Young and Alive Initiative in Tanzania and Feminist Futures Nepal, are striving to create sex-positive and hopeful narratives to help young people feel safe and fully free in their bodies.

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