



1. Program Name

Realizing Sexual and Reproductive Health and Rights

2. Background

According to UNFPA, “good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so”.¹

Every individual has the right to make autonomous, informed choices regarding their sexual and reproductive health and rights. In order to do so they need access to accurate information and health care services as well as the attitude and social context to exercise those rights.

3. Problem Statement

Sexual and reproductive health is still a subject that is difficult to discuss in many contexts. There is a significant taboo surrounding it that stems from culture, religion, tradition and the often personal matter of its’ many subtopics.

Many people do not have access to scientifically correct information and there are still many myths regarding sexual and reproductive health (e.g. around menstruation, virginity, etc.). Existing educational efforts still focus on abstinence only programs and apply a risk-based approach, even though there is “a significant body of evidence that Comprehensive Sexuality Education enables children and young people to develop: accurate and age appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive, relationships”.²

Due to a disbalance of power, there can be inequalities based on Sexual orientation and Gender identity, that can ultimately lead to unhealthy relationships. Legislation and policies that address the free expression and realization of sexual and reproductive health and rights often only adds to the problem.

4. Stakeholder Analysis, Target Group & Beneficiaries

Target groups

- Children and young people
- LGBTQ*
- Sex workers
- General population
- Populations at risk (women, asylum seekers, migrants, people with disabilities, etc.)
- Health care providers
- Medical schools
- Parents
- Teachers
- NGOs
- Governments and Government Agencies

Stakeholders

- Religious groups
- Organizations with traditionally oriented values and goals
- NGOs
- Government Agencies

Beneficiaries



- everyone

5. End Goal

The end goal is an empowered society in which everyone can realize their sexual and reproductive health and rights freely. Every individual has the attitude, information, legal and social context as well as access to the health care services needed to make informed and autonomous decisions regarding these rights.

Through a rights- and evidence-based, gender-focused, sex-positive approach in comprehensive sexuality education, every individual is committed to promote, protect and uphold their own as well as other people's sexual and reproductive health and rights to make sure everyone is able to obtain sexual well-being that includes sexual pleasure and fulfillment. There is no stigma or discrimination related to sexual orientation, gender identity and gender expression. People are able to negotiate in their relationships for joint and equal decision-making.

6. Objectives, Activities & Indicators

Objective 1: Healthcare students and current healthcare providers getting equipped with knowledge and skills about issues people face in healthcare related to gender identity and sexuality in general, in a respectful and non-confrontational manner, to improve sexual health and general healthcare outcomes.

Activities: Training sessions (e.g. Sexual History Taking), Awareness Campaigns, Campaigns to change the curriculum of health care professionals.

Indicators: Number of training sessions given, pre and post training tests, health parameters for Sexual Health. Health Care Curriculums that include SOGI specific lessons.

Target Groups: Future and current healthcare providers. Medical Schools.

Objective 2: Students provide target groups named above with Comprehensive Sexuality Education.

Activities: Peer Education Programs.

Indicator: Number of CSE Sessions Conducted. Number of participants. Pre and post training tests.

Target Group: Young people. Populations at risk. LGBTQ*.

Objective 3: Healthcare students and providers aware and empowered to take actions to decrease stigma and discrimination of people based on gender identity and sexuality (including sexual orientation)

Activities: Awareness Campaigns. Training Sessions. Campaigns to include this in the curriculum of health care professionals.

Indicator: Number of NMOs organizing education activities, incl. their reach. Number of NMOs organizing visibility activities, incl. their reach. Health Care Curriculums that include SOGI specific lessons. External institutions reports.

Target group: Healthcare Students and Providers. General Populations. Medical Schools. Governments.

Objective 4: Students advocate for Comprehensive Sexuality Education.

Activities: Awareness Campaigns. Information Campaigns. Advocacy Efforts. Research.

Indicator: Number of NMOs organizing activities. Number of Policies and laws contributed to.

Target Group: Policy and Law Makers.

Objective 5: Students advocate for inclusive policies and laws regarding sexuality and gender identity.

Activities: Awareness Campaigns. Information Campaigns. Advocacy Efforts. Research.



Indicator: Number of NMOs organizing activities. Number of Policies and laws contributed to.

Target Group: Policy and Law Makers.

Objective 6: CSE projects share best practices regarding methods, trainer education and internal organization.

Activities: Cooperation projects. Conferences. Workshops.

Indicator: Number of co-operations. Number of conferences, incl. number of participants with pre and post tests.

Target Group: CSE peer educators.

7. Assumptions

Assumption 1:

Training healthcare students and providers in SOGI topics will improve the health of LGBTQ* individuals.

Assumption 2:

Providing Comprehensive Sexuality Education will help young people to make informed decisions about their sexual and reproductive health and rights and negotiate in their relationships.

Assumption 3:

Conducting informational activities about Gender identity and sexuality will reduce the taboo and stigma associated with these topics.

Assumption 4:

Advocating for the inclusive policies and laws touching on sexuality and gender identity will improve the health of LGBTQ* individuals.

Assumption 5:

Advocating for the inclusion of CSE in policies and laws will improve the health of young people by enhancing their knowledge, skills and attitudes about sexuality.

Assumption 6:

Sharing best practices will ensure quality in the cooperating CSE activities and therefore improve the positive outcomes achieved.

8. References

1. Sexual & reproductive health | UNFPA - United Nations Population Fund. Available at: <https://www.unfpa.org/sexual-reproductive-health>. (Accessed: 20th April 2018)
2. UNESCO. *International technical guidance on sexuality education: An evidence-informed approach*. (2018).