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PUBLIC HEALTH AGENCY OF SWEDEN

# National Strategy for Sexual and Reproductive Health and Rights (SRHR)

Good, fair, and equal sexual and reproductive health throughout the population



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# Summary

To achieve good and equal health, people must be provided with equal conditions and circumstances. Sexual and reproductive health is a fundamental component of life-long general physical, psychological, and social health and well-being. The interactions between structural, biological, and individual factors determine the conditions for sexual and reproductive health. To be able to achieve positive sexual and reproductive health, sexual and reproductive rights must be at the core.

Unequal health is the result of different groups in society – created, for example, based on gender and socioeconomic circumstances – having systematically different living conditions and habits. Broad health promotion and preventive work contributes to strengthening an individual's opportunities to exercise their rights, achieve positive sexual and reproductive health, and, consequently, improve their overall health. Hence, sexual and reproductive health and rights (SRHR) are an essential part of the work with public health. The work must have a positive and responsible approach to sex that includes consent based on freedom of choice, reciprocity, empowerment, and respect.

The overall objective of this strategy is to achieve good, fair, and equal sexual and reproductive health throughout the population. The overall objective has been broken down into four sub-targets that follow the international definition of SRHR, which in turn is based on human rights. The sub-targets are long-term, visionary, and interdependent. Seven actions are then proposed to support the continuing work, and combined they will contribute to attaining all the sub-targets. Regular follow-ups of the overall objective and sub-targets must take place based on a number of indicators.

## Sub-targets

### Sexuality and sexual health

Everyone has the freedom to decide if, when, and how they want to be sexually active; to choose their sexual partners with a focus on equality and consent; and to have pleasurable sexual experiences without risk of sexually transmitted infections and unwanted pregnancies.

### Reproduction and reproductive health

Everyone has the right to positive reproductive health, and can choose if, when, how many, and in what way they wish to have children, just as they are entitled to safe and secure healthcare during pregnancy, childbirth, and abortion.

### Empowerment, integrity, and identity related to health

Everyone must be respected and their empowerment, bodily integrity, and private lives strengthened, as well as their sexual and gender identities – without

restrictions and stigma. Everyone is entitled to freedom from discrimination, including harassment and sexual harassment, violence, or oppression.

#### Fair and gender-equal relationships related to health

Everyone has the right to freely choose if, when, and with whom they wish to have relationships and co-habit, in equality. Furthermore, everyone is entitled to freely choose if, when, and whom they marry or divorce.

# Sexual and reproductive health and rights

Sexual and reproductive health is a fundamental component of life-long general physical, psychological, and social health and well-being.

The interactions between structural, biological, and individual factors determine the conditions for sexual and reproductive health. To achieve good and equal health, people must be provided with equal conditions and circumstances. In order to achieve positive and equal sexual and reproductive health, both sexual and reproductive rights must be at the core.

Unequal health is the result of different groups in society – created, for example, based on gender and socioeconomic circumstances – having systematically different living conditions and habits. Broad health promotion and preventive work contributes to strengthening an individual's opportunities to exercise their rights, achieve positive sexual and reproductive health, and, consequently, improve their overall health. Hence, sexual and reproductive health and rights are an important part of the work with public health. The starting point for the work must have a positive and responsible approach to sex that includes consent based on freedom of choice, reciprocity, empowerment, and respect. Freedom from discrimination, harassment, sexual harassment, violence, and oppression are vital for health and well-being.

The promotive and preventive public health work intends to change the underlying conditions that affect health and includes improving societal and social factors that strengthen the possibility to assert the rights of the individual. There should be a special focus on those who are less likely to have their rights fulfilled and those who are suffering from or who are at risk of suffering from ill health.



### **Definition of sexual and reproductive health and rights**

In 2018, the Guttmacher-Lancet commission launched an integrated definition of SRHR:

Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction must take into account the role that enjoyable sexual relationships, trust, and communication play in self-esteem and general well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right.

Achieving sexual and reproductive health relies on realising sexual and reproductive rights, which are based on the human rights of all individuals to:

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

## **Sexual and reproductive health and rights in Sweden**

In order to achieve the objective of good, fair, and equal sexual and reproductive health, there needs to be long-term, targeted, and cross-sectoral work in society. In turn, systematic and coordinated work can have a decisive influence on public health development.

Over the years, the national work by the government, regions, municipalities, and civil society has focused on certain sub-areas, but the comprehensive SRHR work must be developed nationally, regionally, and locally.

Knowledge about sexual and reproductive health and rights in Sweden has developed with a focus on certain sub-areas, such as care during childbirth, contraceptive use, sexually transmitted infections, men's violence against women, and LGBTIQI issues. The collected knowledge was partly framed in SRHR2017, a representative population study of sexual and reproductive health in Sweden in 2017. A high-quality national knowledge base is now available for continuing work in this area.

The main SRHR2017 findings showed that sexual and reproductive health in Sweden was relatively good, although unevenly distributed. There were differences in sexual and reproductive health between groups based on gender, age, socioeconomic conditions, and sexual identity. These differences are the result of unequal conditions. Major gender-based differences could be seen in areas such as vulnerability to sexual harassment and violence, as rates were significantly higher among women than men. The majority were happy with their sex life, although gender differences could also be seen here – young men and older women and men were the least satisfied. Furthermore, women felt more open to initiating sex and saying no than men.

The strategy links to the SRHR2017 and the shortcomings, challenges, and possibilities that it and other documented information has identified.

# Sexual and reproductive health and rights in public health policy objectives

The overall national public health policy objective is to create the conditions society needs to ensure good and equal health throughout the population, and to put an end to the controllable public health gaps within a generation. The public health framework comprises eight significant target areas for good and equal health and demonstrates the course of the work to promote these. Sexual and reproductive health and rights link to several of these target areas.

The public health policy framework stresses that all children must have a good start in life and grow up in a positive environment that stimulates their early development, learning, and health (target area 1). This involves creating the right conditions for children and young people to be able to strengthen their empowerment and integrity, shape a positive and responsible approach to sex and sexuality, and develop their identity free from limiting gender and sexuality norms.

The foundations of good sexual and reproductive health are created as a child grows up, not least by securing the right to knowledge early on (target area 2). All children, young people, and adults must have the chance to develop their knowledge, skills, and competence around sexual and reproductive health at all stages of their lives. This in turn will enable them to make conscious and balanced decisions about sexuality and relationships.

Furthermore, the framework highlights how the conditions necessary for good health are influenced by ways of life (target area 6) and people's ability to control, influence, and participate in society and everyday life (target area 7). Public health work must promote the possibility to achieve these conditions regardless of a person's socioeconomic background, sex, transgender identity or expression, religion or belief, disability, sexual orientation, age, or area of residence. Good and equal health is achieved through promoting an individual's room for manoeuvre and providing the opportunities for healthy living habits. Enabling people to take control over their own lives, empowering them, and creating autonomy together with providing the conditions for trusting, fair, and gender-equal relationships are central to achieving equal health. This is particularly the case for sexual and reproductive rights that give all people – regardless of their circumstances – the right to decide over their own identity, body, and sexuality without risk of discrimination, harassment, sexual harassment, violence, oppression, or stigma.

Sexual and reproductive health and rights must be a natural part of proactive healthcare (target area 8). Healthcare must be based on the needs of the individual and be equal and available to everyone. It must include health promotion, preventive measures and high-quality interventions.

## Conditions for equal health

Fundamentally, health disparities are the result of differences in ways of life, living conditions, and habits between social groups. These in turn can lead to differences in morbidity and mortality. Health is linked to both an individual's current social position and the position they held earlier in life. Different people are vulnerable to the various health-determining factors in different ways. These factors, such as socioeconomic conditions or sexual identity, can influence the risk of ill health. However, the strength of the factor's impact will depend on whether a person is exposed to other factors. Different factors can cooperate and strengthen each other. Consequently, the causes of health inequalities can be found, in part, in the unequal distribution of social determinants among the population.

## Links to other targets and strategies

SRHR in Sweden covers several areas governed by area-specific targets and strategies. Hence, the work with sexual and reproductive health and rights needs to link to and coordinate with areas such as gender equality, mental health, equal rights and opportunities for LGBTQI people, the work against HIV/AIDS, and the work to combat men's violence against women. Some of the areas are described in more detail below.

### Gender equality policy and the work to combat men's violence against women

The overall objective of gender equality policy is for men and women to have the same power to shape society and their own lives.

The equal health sub-target relates to physical, mental, sexual, and reproductive health and intends for women and men and boys and girls to have the same conditions for good health and access to care and treatment on equal terms. Currently, sexual and reproductive health and rights is an area that shows major gender differences with regards to conditions and health outcomes. While gender-equal health is a target in itself, it also links to equal and active participation in society. The gender-equal health sub-target comprises both preventive public health work aimed at the general public and measures and interventions aimed at individuals.

Another sub-target of the gender-equality policy involves attaining an equal distribution of power and health in society, and women and men are to have the same rights and opportunities to be active citizens and to shape decision-making conditions in all sectors of society. The possibility for control, participation, and influence are also important aspects of both general health and sexual and reproductive health, hence they are also highlighted in public health policy.

As part of the focus of the gender equality policy, the Government has designed a national strategy to prevent and combat men's violence against women. The strategy includes work against honour-related violence and oppression, as well as work against prostitution and human trafficking for sexual purposes. It contains actions that strengthen the protection and support available to women and children who have experienced violence, measures against violence in same-sex relationships, and steps to combat destructive masculinity and honour ideology. The strategy also focuses on men's participation and responsibility to put an end to violence. As a complement to the strategy, the Government has formulated an action plan against female genital mutilation.

The targets and actions in this SRHR strategy link to gender equality policy together with the national strategy to prevent and combat men's violence against women and the accompanying action plan.

## Equal rights and opportunities regardless of sexual orientation, gender identity or expression

In 2014, the Government adopted a strategy on equal rights and opportunities regardless of sexual orientation, transgender identity, or expression in a bid to strengthen LGBTIQ rights. Homosexual, bisexual, and trans people often experience worse sexual and reproductive health and are more vulnerable to discrimination, sexual harassment, abuse, and violence than the rest of the population. The strategy points to a number of focus areas, of which health, care, and social interventions are one, and strategic public authorities have been designated to create the conditions for increasing knowledge and equal treatment. The aim is for LGBTIQ people to have the same conditions and chances for achieving good health as the rest of the population.

## Strategy against HIV/AIDS and certain other infectious diseases

In 2006, Sweden introduced a national strategy against HIV/AIDS and certain other infectious diseases. An updated strategy from 2017 states that one basic requirement for limiting the spread of sexually transmitted infections is to guarantee equal rights and opportunities for good sexual health. Sexual rights include individuals being able to decide over their own body and sexuality and to have access to the necessary knowledge for making informed choices and decisions. The strategy also highlights that the important principles of the strategic work include the protection of sexual rights and an individual's empowerment, as well as a personal responsibility to respect and protect oneself and others. It also highlights the links between preventive work against HIV and STIs and broader work with SRHR.

## International governing documents relevant to SRHR in Sweden

Sweden has adopted several international policy documents, strategies, and UN conventions, all of which highlight human rights, the right to healthcare, and the prohibition of discrimination on the grounds of sex, transgender identity or expression, ethnic background, religion or other belief, disability, sexuality, or age. These governing documents link to the work with sexual and reproductive health and rights, meaning they are also significant to national SRHR work.

The Agenda 2030 sustainable development goals focus on increasing equality and gender equality and strengthening sexual and reproductive health and rights. Sexual and reproductive health and rights touch upon many of the goals, particularly Goal 3 – ensuring healthy lives and promote well-being for all at all ages, Goal 5 – achieving gender equality and empowering all women and girls, Goal 10 – reducing inequality within and among countries, and

Goal 16 – peaceful and inclusive societies free from violence, abuse, and human trafficking. Developments in Sweden must be followed in order to both improve sexual and reproductive health nationally and to contribute to global follow up and attainment of the goals. The message of Agenda 2030 to “leave no one behind” makes it clear that the goals will only be attained once the results apply to the entire population.

Sweden is also working with a common European action plan to strengthen SRHR in the WHO member countries. The vision is that all people will be supported to achieve the best possible sexual and reproductive health and well-being. Human rights related to sexual and reproductive health will be respected, protected, and fulfilled, and each country will work to reduce inequalities in SRHR.

# The strategy's starting points

## Rights

Human rights – more specifically, the rights linked to sexual and reproductive health – must permeate the work to achieve the strategy's objectives.

This perspective builds on the principles of non-discrimination, participation, openness, transparency, and taking and demanding responsibility. If everyone is to have access to their rights, work needs to take into account the differences that relate to socioeconomic conditions or the grounds of discrimination, including gender, transgender identity or expression, ethnic background, religion or other belief, disability, sexual orientation and age.

## SRHR from a life course perspective

Health and health inequality are the result of life-long processes, where factors such as upbringing, family, school, work, and housing shape the conditions for a healthy life. Sexuality and reproduction are fundamental parts of life for most people. The meaning of sexuality, the needs it encompasses, and how it is expressed varies over time depending on context and between different individuals.

Periods of sexual exploration arise during childhood and adolescence, although these vary depending on age and level of maturity. Adults need to create a supportive environment for children and young people, and they need to be able to talk about sexuality from the child's perspective without transferring guilt and shame.

Various life events and changing or limiting everyday life can affect sexuality and reproduction during adulthood, both from a psychosocial and physical perspective. The attitudes of the surrounding environment influence older people's rights to sexuality and sexual and reproductive health, with sexuality becoming largely invisible.

Generally, sexual and reproductive health interventions are widely available for adolescents and young adults. However, similar interventions for adults and elderly people are less common. Despite knowing that sexuality and reproduction affect health and well-being throughout life, there are seldom discussions about sexuality in healthcare settings and social services. This silence creates invisibility and can contribute to a deterioration in the population's sexual and reproductive health.

## Conditions for fair and gender-equal sexual and reproductive health

Structural, individual, and biological factors affect an individual's sexual and reproductive health. People's living conditions and habits are essential for creating freedom, control, and power over their sexuality and reproduction. This in turn influences sexual life, communication, relationships, and family life.



Structural conditions manifest as norms and expectations that affect access to rights, which in turn affects the freedom to act and can lead to health inequality. These conditions depend on a person's socioeconomic circumstances, ethnic background, any disabilities, age, sex, sexual identity, and gender identity. These conditions can cooperate and strengthen each other, which can affect an individual's position and possibilities.

The individual conditions are a matter of acquired knowledge, capacity, feelings of empowerment, confidence, self-esteem, integrity, communicative ability, and powers of action. Structural conditions affect these individual circumstances.

The biological conditions address the body and its functions and can enable or limit things such as sexual practice and reproduction. The biological conditions also influence vulnerability to disease and clinical profile. Physical and mental illnesses can, in turn, affect both sexuality and reproduction.

The structural, individual, and biological conditions can create differences with regards to equality and gender equality. Sexuality and relationships are characterised by expectations and norms about masculinity, femininity, and heterosexuality. These norms manifest in ways such as gender patterns and notions of how sexual acts are to be performed, which affects an individual's empowerment and freedom to act.

# Groups whose health and rights need strengthening

This strategy applies to the entire population and focuses on universal good, fair, and gender-equal sexual and reproductive health. However, there are groups in society whose sexual and reproductive health is worse than the remainder of the population and whose rights are often neglected. Hence, these groups need to be strengthened. The groups include people with poor socioeconomic conditions, those with experience of migration, people with disabilities, LGBTQI people, and young people.

The challenges these groups face often depend on the factors, expectations, or limitations in the world around them. It is also important to note that individuals can belong to several of these groups during certain periods or throughout their lives, and these groups can overlap and influence each other.

They share the common ground of experiencing poorer health than other members of the population, and health promotion efforts often do not reach these groups to the same extent. These groups may require targeted efforts in order to increase awareness of societal structures and where a person can – and is entitled to – turn for information, support, care, and treatment. There may be little trust in social institutions, which risks resulting in people not seeking care, support, or other interventions. Efforts may need to be adapted to the target groups and be aimed at the most vulnerable groups whose participation in shaping the efforts is essential. For example, this involves identifying and addressing obstacles in order to strengthen accessibility to the initiatives available to each individual.

## People with poor socioeconomic conditions

A person's health links closely to their educational background and financial circumstances. Those with poor socioeconomic conditions can find themselves in situations with less security, can experience vulnerability, and can have limited ability for control, participation, and influence. This can affect living conditions as well as sexual and reproductive health and overall health.

There is a two-way connection between socioeconomic conditions and health; positive socioeconomic conditions can lead to good health just as good health can lead to better socioeconomic conditions.

## People with experience of migration

Migration processes, from departure to establishment in a new society, can come with the risk of ill health and sexual vulnerability. Sometimes the health of certain groups of those with experience of migration is poorer than the rest of the population, and they face an increased risk of discrimination and hate crimes.

There may be limited knowledge about sexual and reproductive health and less awareness of the rights regarding support, care, and treatment. Furthermore, the ability to be able to take in knowledge and information in Swedish may also be limited.

## People with disabilities

People with physical, mental, or intellectual disabilities risk encountering negative attitudes and notions about sexuality, relationships, reproduction, and parenthood. Often, these notions are based on ideas of desexualisation, oversexualisation, or heterosexualisation and need to be counteracted by a promotive and inclusive understanding of sexuality. Access to conversations about SRHR must be guaranteed and knowledge exchanges strengthened. Integrity, self-determination, and the right to a private life need to be strengthened for individuals with a significant need for support and service from others in their everyday life.

Compared to other members of the population, people with disabilities also run a greater risk of exploitation or experiencing discrimination, harassment, and abuse.

## LGBTQI people

Individuals are often aware of not following the norms and expectations related to gender identity and expression or sexual identity, and this can lead to alienation, victimisation, and stigmatisation. This can have consequences for both sexual and reproductive health and overall health. Homosexual, bisexual, and trans people rate their overall health lower than the rest of the population, and they are more vulnerable to mental health problems, discrimination, sexual harassment, and violence.

Trans people form a particularly vulnerable group and the right to support and equal care – paying particular consideration to the individual’s bodily integrity – must be safeguarded.

## Young people and young adults

Sexuality is particularly significant when a person is young. It impacts the development of a person’s identity in various ways, as well as their social development, meaning it is significant to sexual health throughout life.

Young people and young adults tend to have more sexual partners and take more sexual risks, and they are at a greater risk of contracting sexually transmitted infections. Unwanted pregnancies are more common, and there is greater vulnerability to harassment and violence.

Knowledge, attitudes, and values are often established early on in life and can be influenced by the surrounding environment – which should have a positive approach to sexual and reproductive health and rights. Consent is one aspect, where reciprocity, freedom of choice, empowerment, and respect must be established.

Life online is an integrated part of daily life for people of all ages, but especially for young people and young adults. This should be taken into consideration in the promotive and preventive work.

# Objectives and sub-targets

## Overall objective

Universal good, fair, and gender-equal sexual and reproductive health.

## Sub-targets

The overall objective has been broken down into four sub-targets based on the international definition of SRHR. The sub-targets are long-term, visionary, and interdependent. Seven actions are then proposed to support the continuing work, and combined they will contribute to attaining all the sub-targets.

### Sexuality and sexual health

Everyone has the freedom to decide if, when, and how they want to be sexually active; to choose their sexual partners with a focus on equality and consent; and to have pleasurable sexual experiences without risk of sexually transmitted infections and unwanted pregnancies.

### Reproduction and reproductive health

Everyone has the right to positive reproductive health and can choose if, when, how many, and in what way they wish to have children, just as they are entitled to safe and secure healthcare during pregnancy, childbirth, and abortion.

### Empowerment, integrity, and identity related to health

Everyone must be respected and their empowerment, bodily integrity, and private lives strengthened, as well as their sexual and gender identities – without restrictions or stigma. Everyone is entitled to freedom from discrimination, including harassment and sexual harassment, violence, or oppression.

### Fair and gender-equal relationships related to health

Everyone has the right to freely choose if, when, and with whom they wish to have relationships and co-habit in equality. Furthermore, everyone is entitled to freely choose if, when, and whom they marry or divorce.

# Areas of action

A number of actions must be taken to achieve universal good, fair, and gender-equal sexual and reproductive health. Together they will contribute to attaining all of the sub-targets, and they are grouped into the seven overlapping areas below:

- Strengthen the structural conditions for SRHR
- Recognize SRHR as part of public health
- Guarantee the skills amongst the relevant professions
- Protect the right to knowledge and information
- Promote sexual and reproductive health throughout life
- Prevent poor sexual and reproductive health throughout life
- Ensure equal and accessible care, support, and treatment

## 1. Strengthen the structural conditions for SRHR

Structural, long-term, and systematic work creates the right conditions for achieving the comprehensive objective by creating equal access to health promotion, prevention, and treatment. Legislation provides a framework that clarifies the rights and responsibilities, the division of responsibilities, and the roles, but it can also have a normative function and consequently contribute to changing society's attitudes in the long term.

### Develop SRHR action plans

The national SRHR strategy needs to be supplemented with regional and municipal SRHR action plans that establish the priorities, activities, and measures to be taken.

### Systematic, coordinated, and cross-sectoral SRHR work

Work should be systematic, coordinated, and cross-sectoral. Depending on the organisation and needs, it can involve the government, regions, municipalities, society at large, and other relevant organisations. SRHR initiatives require greater links or integration with other public health work, including promotive, preventive, and treatment measures.

## 2. Recognize SRHR as part of public health

The aim of public health policy is to create the social conditions for universal good and equal health. The work with SRHR contributes to achieving this goal and must therefore be part of public health work.

### **Strengthen holistic attitudes to sexual and reproductive health**

Advice and support with holistic approaches for matters related to identity, sexuality, relationships, gender equality, parenthood, and family should be implemented because conditions and possibilities differ depending on factors such as social circumstances, age, or experience of empowerment. It is a case of a holistic approach towards an individual's health, in which the sexual and reproductive aspects are included regardless of the individual's circumstances.

### **Safeguard the rights perspective**

It is important to strengthen the understanding of why sexual and reproductive rights form the basis of the work towards attaining sexual and reproductive health and work to ensure that the work with promotive and preventive measures and treatments uses this as a starting point.

## **3. Guarantee the skills amongst the relevant professions**

In order to implement promotive and preventive measures and treatment grounded in rights, and with the aim of improving sexual and reproductive health, SRHR skills need to be safeguarded in the relevant professional groups.

### **Strengthen vocational and professional training**

All relevant vocational and professional training programmes need to strengthen pupils' and students' sexual and reproductive health and rights competence. Those who are already active in the professions should have access to skills development.

### **Create openness and respectful treatment**

Everyone must be treated with respect. Trust establishes the conditions for conversations about sexual and reproductive health and rights, which in turn can contribute to combatting limiting norms and stigma. The conversations must be characterised by inclusivity, openness and respect and professionals must dare, be willing to and be skilled in raising these issues.

## **4. Protect the right to knowledge and information**

Knowledge about sexual and reproductive health and rights is central to meeting the strategy's overall objective. Throughout their lives, people must be aware of, be able to express their need for, and have access to targeted and evidence-based knowledge and information in both physical and online arenas.

In addition, people must be able to develop their capacity, personal tools, and skills to be able to make well-informed decisions and to develop their communication about sexuality and relationships.

### Talk about bodies, identities, integrity, and relationships early on

All children must have the chance to talk about bodies, identities, integrity, and relationships in different contexts. Values and norms take root early on, and questions and reflections need to be addressed to promote a child's development.

### Develop how sexuality and relationships are taught

Education on gender equality, identity, sexuality, and relationships needs to be improved in lower and upper-secondary schools and their equivalent, as well as in adult education. Comprehensive, recurring, and inclusive teaching about sexual and reproductive health and rights forms the basis of SRHR knowledge. All pupils, regardless of their circumstances, must have access to high quality, evidence-based teaching that aims to safeguard their knowledge, their ability to act, and their awareness of norms.

### Provide targeted information

Targeted knowledge and information must be available in several arenas, for example, online or via healthcare or social services. This can include knowledge, personalised advice, and support with sexual and reproductive issues.

## 5. Promote sexual and reproductive health throughout life

Health promotion work benefits sexual and reproductive health and can strengthen an individual's awareness, empowerment, communication, and ability to act. Eventually, it can also reduce the need for support, care, treatment, and other interventions.

Throughout life, everyone must have the conditions necessary to make sure they are aware of, can express the need for, and have access to interventions in both physical and online arenas. Health promotion work must convey a positive, norm-aware, and responsible outlook on sex with respect for an individual's freedom.

### Increase the understanding of sex and sexuality

Highlight, include, and represent different sexual and gender identities, as well as how masculinity and femininity are expressed in society with the aim of strengthening identity and empowerment.

### Enable conversations in safe contexts

Strengthen communication about sexuality and reproduction by providing everyone with the opportunity to have health-promotive conversations that address issues related to gender equality, identity, relationships, and norms. It may be necessary to direct particular focus towards the groups whose health is generally worse, hence where the needs may be greater. Consequently, it is especially important to create inclusive and safe spaces and activities for young adults, LGBTQI people, people with disabilities, and people with experience of migration.



### Safeguard the work for fair and gender-equal relationships

Highlight and create room for reflection on the limitations caused by gender patterns and traditional views on masculinity and femininity in a bid to strengthen the opportunities for fair and gender-equal relationships.

### Safeguard sexual freedom and security

Develop work that strengthens a positive, norm-aware, and responsible outlook on sex, especially with young people. Central elements that require promoting include the freedom to choose when, how, and if a person wishes to be sexually active; to choose sexual partners based on consent; and to be able to communicate about sex and have pleasurable sexual experiences.

## 6. Prevent poor sexual and reproductive health throughout life

This area is based on providing everyone with the conditions for knowing and being able to express their needs and to have access to preventive measures in both physical and online arenas throughout their lives. Strong preventive work can reduce the need for support, care, treatment, and other interventions.

### Safeguard the work against harassment and violence

Prevent and discover all forms of vulnerability, discrimination, harassment, sexual harassment, hate crimes, violence, and oppression. Measures should be both general and targeted because discrimination, hate crimes, and harassment affect certain population groups more than others.

*\*This refers to gender-related violence and oppression, such as men's violence against women and domestic violence, other sexual violence and duress, sexual exploitation or human trafficking for sexual purposes, honour-related violence, and oppression, including genital mutilation and child and forced marriage.*

### Work with norms in mind

Make it clear that norms and power structures encompass sexual and reproductive health and rights. Work to counteract these structures requires strengthening in order to challenge, highlight, and change limiting stereotypical and destructive patterns of gender and sexuality. This may include gender roles in relationships, expressions in popular culture, or pornographic material.

### Prevent sexual problems

Prevent physical or psychological sexual problems and stigma by developing measures to increase knowledge about bodies, sexuality, sex, and symptoms and complaints that may be signs of ill health.

### Develop work with preventing infection and protecting health

Guarantee access to advice, support, testing, treatment, vaccination, and screening. Access to preventive measures with the purpose of increasing condom use and decreasing risk-taking is essential in order to reduce the transmission of HIV and STIs. Knowledge about and access to testing, contact tracing, and treatment must also be assured.

### Prevent unwanted pregnancies and reproductive ill health

Provide knowledge, tailored advice, and support with reproductive matters by offering individuals the chance to choose an effective and suitable form of contraception and the opportunity to talk about menstrual health, fertility, pregnancy, and the possibility of becoming a parent.

## 7. Ensure equal and accessible care, support, and treatment

This assumes that throughout their lives, everyone will have knowledge of, be able to express the need for, and have access to support, care, treatment, and social interventions related to sexual and reproductive health nationwide.

Care, support, treatment, and other measures must be safe, inclusive, and accessible to all regardless of background and circumstances, for example, physical accessibility or language and information-based accessibility. Participation and tailored information are important in general, but this is especially the case for the most vulnerable groups.

### Ensure support, care, and treatment for sexual and reproductive health

Guarantee access to support, care, and treatment for physical or psychological sexual problems, which includes the possibility of being referred to specialist advice services and treatment.

Guarantee access to support, care, and treatment for sexually transmitted infections.

Safeguard access to advice, support, and any treatment for problems related to sexual and reproductive health in care settings where diseases or the conditions being treated can affect sexuality or reproduction.

Ensure that everyone has the same conditions for safe and secure pregnancy and childbirth. If all parties have and are familiar with a clear chain of care before, during, and after childbirth, this creates security and enables the detection and treatment of any complication. The work with providing new parents with information and psychosocial support must also be improved.

Ensure fair access to safe and secure abortions and abortion care, which includes personalised contraception advice in conjunction with an abortion.

Safeguard advice and support for those who are involuntarily childless and offer them care, support, or the chance to access other solutions following assessment.

### Strengthen the supportive and active work against harassment and violence

Strengthen access to social interventions, support, treatment, and other measures for people who have been the victim of discrimination, harassment, sexual harassment, hate crimes, or violence and oppression\* and for people who receive payment for sex. This also includes support with filing reports and legal processes.

Social interventions, support, treatment, and other measures should also be targeted towards people who have discriminated against, harassed, sexually harassed, committed a hate crime against, been violent to, or oppressed another person or who are at risk of doing so, as well as those who pay for sex.

*\*This refers to gender-related violence and oppression, such as men's violence against women and domestic violence, other sexual violence and duress, sexual exploitation or human trafficking for sexual purposes, honour-related violence, and oppression including genital mutilation and child and forced marriage.*

## Arenas and those involved

To attain good, fair, and gender-equal sexual and reproductive health throughout the population, the government, regions, municipalities, and civil society need to take action. The work should be systematic, coordinated, and cross-sector, and SRHR measures need to be integrated into other promotive and preventive measures and treatments.

Healthcare is a central arena for strengthening sexual and reproductive health and rights. Other arenas relevant to SRHR in different ways include the home, school, leisure sector, sports, the workplace, and cultural venues. Online meeting spaces are another important arena for much of the population – especially the young.

## Division of responsibilities and roles

In Sweden, the regions and municipalities perform the majority of the work to improve sexual and reproductive health and to safeguard the accompanying rights. By creating or developing existing action plans that support the operative work with sexual and reproductive health and rights, the regions and municipalities can contribute to meeting the targets in this strategy in a systematic and cohesive way. The work can develop and its quality can be assured by systematically following up on measures in sexual and reproductive health and rights.

The individual regions are responsible for healthcare as per the Health and Medical Services Act (2017:30), as well as the Communicable Diseases Act (2004:168), the Patient Act (2014:821), the Patient Safety Act (2010:659), the Abortion Act (1974:595), the Act (1993:387) concerning support and service for persons with certain functional impairments, and the Discrimination Act (2008:567). This responsibility includes guaranteeing universal access to equal health promotion and prevention measures and sexual and reproductive health interventions. This also includes targeted and tailored measures. Sexual and reproductive health is a fundamental component of general health, and healthcare and other work conducted by the regions needs to communicate SRHR knowledge.

The municipalities have the ultimate responsibility for ensuring that an individual receives the support and help they need as per the Social Services Act (2001:453), as well as the Act (1993:387) concerning support and service for persons with certain functional impairments, the Discrimination Act (2008:567), the Care of Young Persons (Special Provisions) Act (1990:52), the Act on Care of Addicts in Certain Cases (1988: 870), and the Medical Services Act (2017:30).

In many ways, the task of Social Services is to play a supporting and promotive role in improving living conditions, health, and well-being. Hence, SRHR is something that should be integrated into their work. Sexual and reproductive health and rights play an important role in the responsibility for providing care and support to families, new arrivals, children and young people, elderly people, people with disabilities, those who are socially and financially vulnerable, and people who

abuse drugs. The municipal healthcare mission also links to sexual and reproductive health and rights.

The Education Act (2010:800) together with the current curriculum and other legislation stipulate that public and private education providers must ensure equal conditions for children and pupils to acquire knowledge in various fields, including subject-integrated knowledge about sexual and reproductive health and rights, based on their age and level of maturity. Teaching sexuality and relationships needs to be developed in primary, lower-secondary, and upper-secondary schools and their equivalents, as well as in adult education. Additionally, it must be part of the systematic quality-assurance work. Health promotion work in schools, where pupil health has a central role, should also include sexual and reproductive health and rights.

Civil society has several roles in the work towards good sexual and reproductive health. One function civil society fills is to act as the representative for specific groups or for the population in general. It is a case of pursuing rights issues and highlighting the needs of different groups. Additionally, civil society operates in several welfare-related areas such as healthcare, social care, culture, sports, and leisure. Through political influence, interaction with other operators and authorities, public education, and spreading information and knowledge, civil society can contribute to increased health promotive and prevention work. Furthermore, it can create access to supportive, strengthening, and therapeutic interventions for people's sexual and reproductive health and rights.

Several public authorities address and work with sexual and reproductive health and rights. Authorities need to pay attention to sexual and reproductive health and rights and where possible integrate them into their organisation in order to contribute to the objectives of this strategy. Part of the authorities' work also includes contributing to the development of regional and local organisations through knowledge, guidelines, and other support with the aim of promoting national equality.

Freedom from discrimination, harassment, sexual harassment, and various forms of violence and oppression are central public health issues and form an important basis for sexual and reproductive health. Employers and education providers play an important role in promotive work, and the Discrimination Act (2008:567) assigns them the responsibility to work proactively to prevent discrimination and harassment.

Higher education institutions have an important function in the work with SRHR in part by developing knowledge about SRHR through research and strengthening the subject field, but also by ensuring that students of the relevant professional and vocational subjects receive training in SRHR. Additionally, many higher education institutions have specialist knowledge in subjects included in SRHR, and in turn have specific tasks in international networks and workgroups.

## Collaboration

Cross-sector collaborations at the national, regional, and local levels are necessary in order to develop the work with sexual and reproductive health and rights in Sweden. Collaboration should include public authorities, public and private entities, and civil society organisations, and should be both internal and external.

Authorities need to collaborate strategically and complement each other by drawing on their respective strengths in the effort to drive SRHR work forward. There is also a need for collaborations between regional and local entities and civil society organisations that work with SRHR. The Public Health Agency of Sweden has been tasked with promoting the national coordination of SRHR work.

## International collaborations

Sweden has long held a prominent role in international SRHR work, and Sweden pursues SRHR issues globally through its financial, political, and diplomatic support – primarily via Sida and the Ministry for Foreign Affairs. The Swedish research community also plays a vital role in international development work. International collaboration and cooperation at many levels is critical for the development of SRHR as a field, including Agenda 2030 and WHO governing documents.

# Follow up and indicators

## Starting points for the follow up

The development of sexual and reproductive health throughout the population needs to be followed up continually in order to create the conditions necessary for effective work. Appendix 1 presents a number of indicators that have been established to measure progress. The aim is to provide a support tool for planning and follow up for SRHR that takes a rights perspective and equal health as its starting points.

The follow up of the objectives and sub-targets in the strategy coincides with the follow-up of the SRHR-related sustainable development goals, including Goal 3 on health, Goal 5 on gender equality, and Goal 10 on reducing inequality, as well as the gender equality policy sub-targets of equal health and violence against women.

The SRHR follow up also links to other follow-up systems, including the follow up of the national strategy on HIV/AIDS and other infectious diseases, the strategy on men's violence against women, and the health of LGBTIQI people within the strategy for equal rights and opportunities regardless of sexual orientation, gender identity, or transgender expression.

## Selection of indicators

Appendix 1 contains a matrix of proposed indicators. It contains structural indicators, process and results indicators, and development indicators. The link to the follow up of the strategic public health work also needs to be clear in the selection of indicators.

Certain indicators are already in place with existing data, whereas others require improvement so they can be measured. The selection of indicators may need revising and updating depending on the area's development and access to data materials and accessible resources.

In order to follow up the distribution of sexual and reproductive health among the population, it needs to be possible to break down the indicators into different groups. This breakdown should provide a picture of differences based on, for example, the grounds of discrimination and socioeconomic conditions.

## Appendices

Appendix 1. Follow up to SRHR 

The appendixes indicated by paperclips below are embedded in this file. To access them we recommend you to first download this file and opening it using Adobe Acrobat Reader. Double click on each paperclip to open the appendix of choice.

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The Public Health Agency of Sweden is an expert authority with responsibility for public health issues at a national level. The Agency develops and supports activities to promote health, prevent illness and improve preparedness for health threats. Our vision statement: a public health that strengthens the positive development of society.



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