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NARRATIVE REVIEW

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Access to quality information on sexual and reproductive health and rights

Share-Net International

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ACRONYMS AND ABBREVIATIONS

CoP	Community of Practice
CSE	Comprehensive sexuality education
FGD	Focus group discussion
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex or questioning
SRH	Sexual and reproductive health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

INTRODUCTION

This review is part of the third International Sexual and Reproductive Health and Rights Co-Creation Conference 'Engaging in knowledge translation together', which will take place in July 2022 in Colombia. For this edition, the topic is 'access to quality information on sexual and reproductive health and rights' (SRHR), recognising that ignorance, misinformation and lack of opportunities to access quality information generate and exacerbate vulnerabilities when it comes to guaranteeing the full exercise of rights.

Sexual and reproductive rights continue to be sensitive and controversial issues, even though they are internationally recognised as fundamental human rights. Their exercise is related to the political, religious, cultural and economic contexts of each society (Amnesty International, 2022a). Even today in many countries it is still illegal to discuss some SRHR topics, and the exercise of some sexual and reproductive rights is penalised within the regulatory frameworks of these countries (UNFPA, 2020; Konowrocka, 2020).

Unsafe abortions, child marriages, restriction of the rights of lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ+) people, female genital mutilation, restricted access to contraceptive methods or family planning, access to medicines and treatments for sexually transmitted infections (STIs) or tests to diagnose them, access to menstrual and sanitary products, ensuring safe pregnancies and childbirth, among others, are recurring issues in many areas of the world, making evident the strong taboo that exists and persists around SRHR, and how it limits the exercise of the rights to health, to life and to bodily integrity of many people around the world.

Access to high-quality SRHR information provides the knowledge needed to understand one's own sexual and reproductive agency, to demand access to sexual and reproductive health (SRH) services, and to make informed decisions. At the community level, it generates capacities and strengthens the ability of groups to hold duty-bearers accountable. The advent of the 'information age'[1] has transformed the way in which many (but not all) people access, communicate and discuss SRHR information, and has created new possibilities in terms of connectivity across time and space. However,while this connectivity creates many opportunities, it also generates uniquechallenges such as the rise of online abuse, misinformation and entrenched disparities in access (sometimes referred to as the 'digital divide').

1. A term coined by Manuel Castells in 1996, in his book The Information Age. Economy, Society and Culture.

A huge amount of information communication now happens via the internet, where the creation and dissemination of digital content is largely unregulated; anyone can create and upload content through applications such as TikTok, Instagram or Twitter, or using blogs and YouTube channels (among others). No specific policies (national or international) delimit or establish the criteria for producing this information [2], which in turn poses a new set of challenges, especially in relation to SRHR:

- What kind of information is being created, and under what conditions?
- What are the channels that are being used to share and disseminate information? And what populations are being reached?
- How can it be guaranteed that the information reaches populations with a sufficient and adequate knowledge base for its interpretation? Information by itself is not a guarantee of the appropriation of knowledge by communities; socialisation and awareness processes are required that allow people to properly understand what is being reported.
- Access to information is controlled via access to digital technology: the internet itself and technological devices. And here it is important to note that many rural, minority and low-income communities do not have that access.

The availability of high-quality, unbiased, relevant and clear information continues to be a challenge in the real and autonomous exercise of sexual and reproductive rights. It can be limited by political will, legal restrictions, economic resources, cultural norms and endless other variables. Therefore, the improvement of information, in terms of quality as well as access, remains a goal and an opportunity to strengthen the full exercise of SRHR.

To improve our understanding of how to achieve that goal, this narrative review explores six main topics, linked through the gaps and the
opportunities in access to quality information on SRHR:

2. In the literature and document review, no documents were found that discussed general rules or policies (local, regional, national or international) for content creation for social media, or to establish ethical criteria to an academic standard for such content. A few documents were found that explore content creation on specific matters, more from an individual perspective, such as regarding marketing and brand positioning impacts, or for privacy policy purposes, but not about restrictions on or specific rules for content creation. This gap means that any kind of content can be produced.

1. Translation of knowledge into culturally sensitive information
2. Sensitive SRHR topics: cultural and religious beliefs and/or customs
3. Translation of public policies and social accountability
4. Comprehensive sexuality education (CSE)
5. Access to technology and innovative approaches to accessing SRHR information
6. SRHR for those left behind.

METHODOLOGY

To conduct this review, a bibliographic assessment of different sources of information produced over the past 10 years was carried out, including documents, papers and research on SRHR.

This included documents prepared by each of the communities of practice (CoPs) of the Share-Net country hubs (Bangladesh, Burkina Faso, Burundi, Colombia, Ethiopia, Jordan and the Netherlands), as well as the international CoP, and official documents produced by national governments, non-governmental organisations, civil society organisations and international cooperation agencies.

A review of media content on platforms and in podcasts, videos and different content of social networks which carry information on SRHR, such as Spotify and SoundCloud, was carried out to identify community-based, local, regional and international networks and organisations that produce and share SRHR content and information in an innovative way. It also highlighted the strategies that those organisations use to reach the most vulnerable populations, empower communities and promote their participation.

In addition to the narrative review, five focus group discussions (FGDs) were conducted. This allowed the exploration of opinions, points of view, beliefs, agreements and disagreements about access to quality information on SRHR in different contexts (Castro et al., 2016).

Twenty people participated in the FGDs, from Bangladesh, Burkina Faso, Burundi, Cameroon, Colombia, Congo, Ethiopia, Jordan, Kenya, the Netherlands and the United Kingdom. The discussions first offered anoverview of each of the contexts, and then provided a more open and general view of the problem, allowing for discussion of the regional/worldwidecontext and identifying the specific needs, challenges and possible alternatives that can improve the creation and dissemination of information on SRHR.

The FGDs provided discussion scenarios on the following four themes:

- Regulation and restriction/prohibition in the exercise of SRHR:
  - are there types of restrictions: institutional, normative, cultural?
  - is SRHR part of the public/political agenda?
  - what is the official government position on SRHR?

- Knowledge generation: official, private, social sources and international organisations, as well as:

  - information censorship processes
  - means of circulation
  - strategic allies or opponents
  - types of information: timely, complete, unbiased

- SRHR is protected/guaranteed in theory, but knowledge of this is limited in practice:

  - local and national scenarios
  - experiences among different population groups
  - greater vulnerabilities and needs

- Gaps, barriers and opportunities regarding access to information:

  - cultural
  - political
  - social
  - technological
  - geographical

Additionally, to ensure that everyone understood key concepts in the same way, definitions were developed and validated together with the participants of the FGDs. For this document the following definitions will be used:

- ***Information:*** Evidence-based, objective and up-to-date data that guarantee knowledge about sexual and reproductive rights.

- ***Access to information:*** Society, as the co-owner of information, has the right to know about all the data, definitions, perceptions, statistics and activities that the government has been carrying out to protect sexual and reproductive rights.

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Access to information will be interpreted as a right:

> "(...) is closely linked to the realization of other human rights, and therefore the lack of respect and guarantee of this right for women can cause a violation of their rights, for example, to personal integrity, private life and family and to live free from violence and discrimination. (...) It is a fundamental tool for the development of citizenship in democratic systems.
>
> The right of access to information is especially relevant in the field of health and specifically in the area of sexuality and reproduction, since it helps people to be able to make free and informed decisions regarding intimate aspects of themselves" (IACHR, 2011).

- ***Quality information:*** To identify the quality of the information, it is necessary to analyse who produces the information (experience, knowledge and studies), how independent the information creation process is (who controls the process, who provides the resources etc.), how the information is verified and what political, economic or cultural interests are involved in the generation of such information.

  Likewise, it is important to understand the concept of SRHR:

- ***SRHR*** "is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not simply the absence of disease, dysfunction or infirmity. (…) 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 realizing sexual and reproductive rights, which are based on human rights" (Starr et al., 2018).

This narrative review aims to identify the barriers in access to quality information on SRHR, and the challenges and opportunities for generating a work agenda that has, in the long term, a positive influence on the formulation of policies and practice that guarantee the full exercise of SRHR. All the information recorded is part of an exercise of systematisation, cross-referencing and analysis of information collected in the FGDs, the national and international recommendations submitted by the CoPs, and the literature and document review.

The document is divided into three main sections. In the first section, the proposed topics and the challenges in accessing SRHR information are presented. The second part details opportunities for strengthening local, national, regional and international processes, as well as the key challenges to advancing strategies for public policy formulation. Finally, the third section presents case studies and successful experiences in the dissemination of information on SRHR which have established creative and diverse channels to guarantee that the most vulnerable communities actually have access to information. These are processes that can also serve as an example for later interventions.

ACCESS TO QUALITY INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Access to information, particularly quality information, is a problem that affects all sectors and directly affects people's daily lives. Laws which protect or guarantee access to information around the world are concentrated in the 'most democratic' countries (Ackerman & Sandoval, 2008), whereas restrictive socio-political contexts limit their populations' access to information and the construction of citizenship (IACHR, 2011). According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2020b), "127 UN Member States have adopted constitutional, statutory and/or policy guarantees for public access to information", but not all of them have created the necessary institutional bodies to guarantee actual access to information for their populations, and do not have the necessary legislation and systems to record requests, process them and disclose information.

Access to information is also a right that allows not only access to greater opportunities but also the ability to make informed decisions. The Model Law of the Organization of American States (OEA, 2020) recognises the fundamental nature of the right of access to public information. Guaranteeing access to information, as well as its generation, in an adequate and timely manner, with a gender, differential[3] and human rights-based approach, is one of the greatest challenges to guarantee the full exercise of SRHR.

Now, based on the fact that access to information can be understood as one of the social determinants of SRH, there are certain elements that limit or are detrimental to information creation and dissemination processes. The main ones, identified in the FGDs, are summarised below and defined within the general thematic lines, as determined by the literature and document review:

- Some national governments, especially in Africa and Latin America, do not consider that access to quality information, as a right itself, can influence the way people experience their sexuality and reproduction. Therefore, there are no concrete public policies or programmes aimed at generating information and guaranteeing its dissemination, or those that exist are insufficient (UNESCO, 2020b).

3 The differential approach seeks to make visible the particular needs of certain population groups in contexts of greater vulnerability. "International Human Rights Law is emphatic in recognizing that certain people and groups have differentiated protection needs based on specific situations of manifest vulnerability or inequities and asymmetries of the historically constituted societies to which they belong", so that the approach "uses a approach of reality that aims to make visible the forms of discrimination against those groups considered different by a majority or by a hegemonic group" (Office of the United Nations High Commissioner for Human Rights, 2022).

- There are cultural stigmas against sexuality, sex and the implementation of gender perspectives, which vary in intensity by region and determine the range of action on programmes created to guarantee access to information. This has an equally negative impact on the formulation of public policies and programmes, which is detrimental to the transformation of social problems, the reduction of discrimination and the systematic exercise of violence, and the improvement of access to SRH services (Amnesty International, 2022a; Mercosur IPPDH, 2014; Benavente & Valdés, 2014).

- Sexuality continues to be linked directly to reproduction, so a wide spectrum is left by the wayside such as bodily self-knowledge, eroticism and pleasure (Philpott et al., 2021). These are topics about which little is talked and little information is produced. This has negative implications for the ways in which people experience their sexuality and its manifestations; female genital mutilation could be one of the most complex examples.

- Conceptions of sexuality and reproduction, as well as the cultural perceptions and norms that surround them, affect women to a greater extent than men (PAHO, 2013), and in more violent ways, since they are most affected by gender-based violence, trafficking for sexual exploitation (UN, 2016) and child marriage, among other issues.

- While CSE defines its main objectives as providing children, adolescents and youth with knowledge on SRHR (UNESCO, 2022), misinformation and social, political and religious discourses around sexuality and reproduction remain a barrier to the realisation of this goal. Full implementation of CSE which goes further than biological processes and contraception (especially in relation to sexual diversity and gender equality) remains limited, which results in teenage pregnancies and even the murder of LGBTIQ+ persons (Colombia and Ethiopia CoP National Recommendations, 2022; International CoP Recommendations, 2022). Adolescents and youth are susceptible to the negative influence of (mis)information circulating through social media, where pornography plays a critical role as a substitute for sexuality education.

- In humanitarian crises and other fragile settings, sexual and reproductive rights are consistently de-prioritised, especially for women. As a result, infringement of SRHR increases (Heidari, et al., 2019; UNFPA, 2020).

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- The presence of diverse local, geographical and cultural contexts implies different readings and positions on ways in which SRHR isexperienced. Talking about contraceptive methods, for example, with women who live in urban areas is not the same as talking with women who belong to minority ethnic groups or who live in rural areas, since social contexts and cultural traditions affect the way in which women perceive contraceptive use (CLACAI, 2021; Juárez-Ramírez et al., 2021; Ononokpono et al., 2020).

- Vulnerable people or those who are strongly influenced by traditional (religious, ethnic) institutions (Metusela et al., 2017) may be unaware of their sexual and reproductive needs and rights. These needs and rights are often de-prioritised in public agendas and by individuals because they are not considered basic or immediate ("you have to think first about buying food before buying condoms, contraceptive methods or sanitary napkins")[4],or they are limited by religious discourses (UNFPA, 2020).

Access to information, then, is not part of a homogeneous process, nor is it linear in its modes of development, but rather it responds to the needs of each context and culture, to regional problems, and according to the particular historical and sociocultural contexts which shape populations.

In this way, the formulation of public policies, actions and intervention programmes must be approached with the aim of generating sustainable andpositive impacts on the specific problem that, while global, respond to the characteristics of each sociocultural context.

4. Testimonies collected from Venezuelan migrant women in Colombia (UNFPA, 2020).

PROPOSED TOPICS

In this section of the document, evidenced needs to promote access to quality information on SRHR are presented, which were defined through the data collected from FGDs, as well as through the review of national and international recommendations provided by the Share-Net CoPs.

From this process, five general subjects were defined, which can manifest as barriers to information and include some thematic issues within the framework of SRHR (according to the concept definitions described in the methodology). Likewise, some population groups were identified that, given geographical and economic conditions, or the social determinants of their cultures, are more at risk and require more urgent and forceful action to reduce their vulnerabilities.

The following are general subjects and identified topics:

1. Translation of knowledge into culturally sensitive information

Access to quality information is not only limited by the lack of production and poor standards under which the information is produced, but also to the specific language in which this information is provided, as well as the format, content and the ways in which it is transmitted (Focus Group, 2022). Therefore, understanding knowledge within the cultural contexts ofcommunities is crucial to guarantee adequate access. This highlights problems related to the translation of knowledge (Meijers et al., 2022).

The translation of knowledge, in this sense, can be understood as "a dynamic and interactive process that includes the synthesis, circulation, exchange and ethical application of knowledge to improve health, provide moreeffective health services and products and strengthen the health system" (Straus, 2009), regarding the cultural and socio-political movements of each context, to adapt this knowledge to the community's realities (World Bank, 2018).

In Colombia, for example, a country that has more than 100 indigenous groups[5] , each with its own dialect, communication and dissemination of information is a fairly complex issue, precisely because of the diversity of languages and traditions. In a survey carried out by the United Nations Population Fund (UNFPA, 2020), to identify SRHR needs in the context

5.The National Indigenous Organization of Colombia (Organización Nacional Indígena de Colombia, ONIC) recognises 106 indigenous groups that inhabit Colombian territory.

of the humanitarian crisis generated by the mass migration from Venezuela to frontier municipalities of the country, it was found that women from most of the indigenousgroups in the area[6] do not speak Spanish. Only some men do, and to make information more accessible, it is necessary to use translations carried out by the community themselves. This not only implies an initial translation of information, but also that the information passes through the filter of what men consider (in their own view and according to their culture) should be told to women and what they should know (UNFPA 2020).

Likewise, in one of the FGDs, it was stated that in Burundi translation of SRHR information into local languages is one of the greatest barriers, due to the absence of translators of these dialects, which are not considered languages, and which few people speak. Clearly, this is a problem faced by many groups of different languages and cultures, especially minority groups that are not recognised within national frameworks.

The gaps between culture, language, sociocultural norms and knowledge are one of the challenges in guaranteeing access to quality information on SRHR, particularly considering that:

- Indigenous and traditional communities are extremely vulnerable, due to the dispossession of their lands and their customs, and the lack of support provided by national governments in response to violence and conflict (World Bank, 2018);
- Vulnerable communities do not always have the necessary tools to translate this information and apply it to their own contexts; and
- The context-specific sociocultural norms, where gender and economic inequalities often prevail, and where prejudices and ideologies persist, also represent a barrier in access to information and to SRHR (WHO, 2018a).

It is important to mention that knowledge translation, as a methodology and a category of analysis (Cabral & Cardoso, 2020; Straus et al., 2009), can provide tools focused on the real needs of communities and vulnerable groups, to advance the formulation and strengthening of public policies aimed at guaranteeing access to information on SRHR.

6. In the municipality of Puerto Inírida, in the department of Guaviare, Colombia.

2. Sensitive SRHR topics: Cultural/religious beliefs and/or customs

Countries that have historically and traditionally maintained a strong relationship between the State and religion are those where there is greatest difficulty in implementing processes to guarantee access to information on SRHR (Vaggione, 2014).

Sexuality is often shrouded in silence, sometimes due to religious beliefs that view it as something private, intimate and individual, even within the family, denying its social character and its importance within the framework of socialisation. "It is taboo to talk about sexual and reproductive rights" (FGD participant, 2022). This silence is part of the social determinants that affect experiences around sexuality and reproduction, and the ways in which governments create and implement programmes to respond to their population's needs.

Several FGD participants (2022) stated that "information is led by the churches, and depends on what they want and believe should be told. If some right is not allowed, then there is no information about it." This is particularly apparent in countries such as Jordan, Bangladesh, Burundi and Ethiopia, where religious leaders play a determining role in the ways in which sexuality is experienced and conceived, in processes of information circulation, and in state policies. In Latin American countries, even today, the weight of custom and religious beliefs impacts the social norms and political regulations that govern each country, particularly regarding SRHR. This is particularly the case when it comes to abortion, access to contraception, and diverse gender identities and sexual orientations (UNFPA, 2022).

Knowledge generation, policy formulation and access to services are all still highly influenced by religion, due to the close link that still exists between religion and the State in many countries (Miyares, 2011).

Nevertheless, it is important to mention that religion can also be a platform for improving access to SRHR services and information—for example, through the work of some leaders and authority figures who play an important role in sharing information on SRHR, mainly among adolescents and youth. They also act as key stakeholders in socialisation processes, and can intervene as leaders and guide the choices they make; but also through community networks and organisations, such a Catholics for Choice, that seek to create other ways to relate and experience religion (Baturaine & Kizito, 2021; Sanjakdar, 2016; Cense et al., 2018).

Religious and cultural traditions cannot, therefore, be considered as monolithic structures. It is true that historically there has been an attempt by these authorities to control sexuality and reproduction, framing them only in relation to biology, and that control has been strictly exercised on women, youth and LGBTIQ+ communities. But it is also true that cultural traditions and religious practices can develop innovate ways to widen access to information for vulnerable populations (Denno et al., 2015).

The relationship between religious and cultural practices and access to information and the exercise of SRHR is dynamic and diverse. It interacts with many aspects of the social context, including prevalent ideas about bodies, relations between men and women, and sexuality and reproduction.

Religious and cultural norms, therefore, have direct implications for many issues that affect the full exercise of SRHR. The most relevant for the purposes of this document are examined below.

Child marriage

Around 21% of adolescent women globally are married before the age of 18, and close to 12 million girls under the age of 18 get married each year (UNICEF, 2019a).

This practice, which is anchored in traditional customs and often linked to religious beliefs (Paul, 2019), is particularly engrained in some regions of Africa and Asia (UNICEF, 2022), and in rural areas of Latin America (UNICEF, 2019b), even in places where it is illegal. In this case, lack of access to information is a key driver of the problem. A lack of knowledge of children's rights, the conditions of poverty that result in low levels of formal education, and the gap between laws and awareness and implementation of those laws are all central to the continued existence of this practice (Paul, 2019; Hossain-Patoari, 2020).

It is closely related to unequal gender relations, since girls are more likely to be considered an economic burden and are, therefore, most regularly exchanged within 'agreements' established between elders, families and clans (Hossain-Patoari, 2020). It also reduces their opportunities, by restricting their access to education and, consequently, to economic independence (Plan International, 2022). And it puts their lives and health at risk, not only because married adolescents have less access to quality information on SRHR,

but also because they are exposed to greater risks of violence, sexual violence and teenage pregnancy (World Vision, 2019; WHO, 2020a).

Given the strong traditions that sustain child marriage, there is a fundamental need to guarantee full access to SRH services for those married as children. Reaching children and teenagers who are already married, to guarantee their access to quality information on SRHR, is one of the key challenges.

Voluntary interruption of pregnancy (abortion)

> "Six out of ten unwanted pregnancies are terminated voluntarily. About 45% of abortions are performed in unsafe conditions, and 97% of those abortions are performed in developing countries" (WHO, 2021).

In Latin America there are five countries where abortion is still prohibited without exception: El Salvador, Honduras, Nicaragua, Haiti and the Dominican Republic (Center for Reproductive Rights, 2022)—all Central American countries where religion and traditional customs continue to have a dominant weight in politics, through the influence of conservative political groups (del Cid Castro, 2019). Europe, the continent that has led the movement for the decriminalisation of abortion, still has 16 countries that regulate abortion through their penal code (SEDRA, 2022). Malta is the only country in the European Union that retains a total ban, with prison sentences of between 18 months and 3 years (Doctors for Choice, Malta, n.d.). In Asia, most countries have totally decriminalised abortion, with the exception of the Lao People's Democratic Republic and Iraq, which have total restrictions (Center for Reproductive Rights, 2022), while another 13 countries, mainly those of the Arabian Peninsula, have legislation that allows abortion only in certain circumstances (ibid.). In Africa, in contrast, only three countries (South Africa, Tunisia and Mozambique) have decriminalised abortion; the others have very restrictive laws (ibid.). (See Appendix 1.)

Therefore, the voluntary interruption of pregnancy is one of the most contentious and prohibited reproductive rights around the world. The barriers arise from prejudices and religious positions regarding female sexuality and reproduction, and include legislation, normative positions and constitutional declarations prohibiting or restricting abortion (UNFPA, 2022).

This debate is commonly framed in terms of:

- ethical and moral positions, where the discussion focuses on what is right and wrong, based on the belief that women are 'good mothers' by nature and must become mothers to be fulfilled as women;

- legal debates in which the individual rights of women are weighed against the right of the unborn child, protected by the right to life and imbued with religious content; and

- a social discussion, where traditional conceptions and religious beliefs, regarded as part of common sense, permeate the individual exercise of decision-making.

These elements ignore the material conditions of women's existence and fail to address their actual needs or consider social vulnerabilities, and the contexts in which they generally find themselves when accessing an abortion and do not have the financial resources to do so safely (Moore et al., 2021). In this way, abortion is an issue that should be understood not only in terms of women's right to decide about their own bodies, but also as a public health issue that affects women in conditions of extreme poverty and vulnerability (Fathalla, 2020). Both issues are related to misinformation and gaps in access to quality information on safe abortion and SRHR.

It is important to mention that, as highlighted by FGD participants, mis information undermines efforts to tackle stigmas around abortion, and this affects women who (want to) abort, medical personnel who carry out the procedure, and the sectors that (theoretically) support freedom of autonomy and decision-making about women's bodies. As a result, even in countries that have partially decriminalised abortion, the processes for legitimisation and implementation of decriminalisation regulations are very incipient. This means that most women are unaware of their right to end their pregnancy and that they can access the procedure. Health service providers are either unaware of or misunderstand the law, and the police and judicial sectors punish and persecute without heeding the legal and regulatory guidelines that have been established (Fathalla, 2020).

Restrictions and misinformation about abortion put women at high risk. This is also due to the lack of quality information regarding SRHR and how this can be a trigger, not only for systematic rights violations, but for the maintenance of restrictive scenarios. The persistence of restrictions contributes to:

- the systematic exercise of sexual violence towards women, girls and adolescents, who face unwanted pregnancies as a result;
- the socio-economic conditions of many women, who do not have the resources to provide for their children, do not have food security and live in conditions of extreme poverty and vulnerability;
- the lack of economic means needed to access contraception and fertility regulation, according to their individual needs;
- the lack of information and education on SRHR, specifically regarding contraceptive methods and their proper use, which occurs mainly in rural and poor areas;
- teenage pregnancies, which often occur due to a lack of sexuality education and access to contraception, and imply, in the long term, greater susceptibility to gender-based violence and poverty;
- geographical barriers, which imply scenarios of greater vulnerability for those living in rural areas and/or belonging to ethnic minority communities; and
- the lack of adequate health infrastructure to provide services in a timely manner and in suitable conditions (Moore et al., 2021; Osuagwu & Amakiri, 2019).

Prejudices about abortion begin with the lack of access to adequate and timely information, and women who seek it are often judged, while their diversities and particular needs are not recognised.

There are many websites, organisations and women's collectives around the world producing information on medical abortion, and abortion in general. It is a challenge, and an opportunity, to use those platforms which aim to create awareness on abortion as a fundamental woman's right and guarantee access to safe abortion for all women.

Access to and use of contraception

To the topics previously mentioned, we must add cultural positions regarding contraception. These often imply that women, as well as youth, do not have the power to decide, in an autonomous and informed manner, how to regulate their fertility. They also often deny the role of enjoyment and pleasure in sexuality, focusing instead on reproduction as the sole purpose of sexual activity (Darteh et al., 2019; Philpott et al., 2021). This contributes to the low availability of contraceptives (e.g. in public health systems), and the lack of knowledge about contraception among women and youth, including about the available methods and how they are used (WHO, 2020b).

According to FGD participants (2022), in Jordan, for example, access to contraception is restricted to married couples, due to norms that prohibit sexual relations outside marriage. In Burundi, there are very low rates of access to contraception; in general, certain population groups, in particular youth, have limited access to contraceptive supplies and information (MPBGP Burundi et al., 2017).

Likewise, it is necessary to consider the high levels of misinformation that circulate in the contexts of greater vulnerability and among youth, which explain some of the barriers to accessing contraceptive methods and information (Darteh et al., 2019; Müller et al., 2018).

In fieldwork carried out with women in four cities in Colombia (Rivillas-García et al, 2020), it was found that they frequently change their brand and type of contraceptives, injectable and oral, seeking more affordable options. This is fairly common practice among adolescents, migrant women (in precarious situations), and women with few economic resources, and shows how the main gap is not only in access to contraceptives themselves, but also in knowledge of proper use. This is one aspect of the importance of access to quality information, because there is a higher chance that these women will get pregnant even though they are using contraception. Therefore, even in scenarios where fertility regulation and access to contraception have been achieved, continuous and consistent education is needed that provides sufficient tools so that women are aware of different types of contraception, their effectiveness and side effects, and how to use them effectively.

Even more, it is important to guarantee that contraceptive information involves a translation of knowledge, ensuring that women and youth in their diversities (e.g. ethnic

minority, rural, those with disabilities, gender minorities) can make informed decisions about the contraceptive method that they want to use, based on their own needs (Ahmed et al., 2014).

Additional challenges exist for sexual and gender minorities, especially youth. Due to restrictions and marginalisation, there is a lack of information on the proper use of contraceptives (e.g. for protection against STIs) in same-sex/gender sexual activities (Müller et al., 2018).

3. Translation of public policies and social accountability

In 2015, the United Nations approved the Sustainable Development Goals (SDGs), giving nations a framework with which to promote and protect human rights (UN, 2015).

Within these goals, it is important to analyse objectives 3 (health andwell-being), 4 (quality education), 5 (gender equality), 9 (industry, innovation and infrastructures) and 10 (reduction of inequalities) in relation to access to quality information as a human right.

In this context, the legal and political development of countries that have signed these goals has been extensive. However, more efforts are needed to ensure implementation at local, regional and national levels, through specific regulations and solid public policies, especially in contexts that are vulnerable due to social and civil conflicts, humanitarian crisis and extreme poverty (as highlighted by FGD participants).

"The right of access to information empowers citizens to obtain information held by public bodies (with limited exceptions). It encompasses a right to request and receive information, as well as an obligation for governments to publish information proactively" (UNCAC, 2022). In this regard, as most of the FGD participants from Africa mentioned, it must be considered that, in general, governments do not produce information without delegating, contracting or establishing agreements with private entities and international organisations (often the United Nations), so that they can produce the required information in diagnoses, protocols, guides and care models (FGD participants, 2022; UNFPA, 2022; UNESCO, 2022; UNICEF, 2022; UN Women, 2022).

Decentralising the production of official information may be quite appropriate and timely, thanks to the expertise of international organisations, which collect and produce information in each territory. This is often the case with SRHR information: UNFPA,

through each of its local country agencies, produces several documents, diagnoses and protocols on SRHR, with an emphasis on national issues (UNFPA, 2022).

These public policies require translation and dissemination to guarantee that everyone has access to quality information on SRHR. Unfortunately, information about policies does not always reach all populations and every territory and region of their respective countries. It is necessary to strengthen the dissemination process to guarantee actual and adequate access to information.

4. Comprehensive sexuality education

Education is a crucial variable in the access to and dissemination of information. It allows for the provision, discussion and processing of information: "there is strong evidence for the positive effects of CSE on increasing adolescents' knowledge and improving their attitudes related to sexual and reproductive health" (WHO, 2018b: 5). Nevertheless, education is not always an ally, as public and private educational institutions have their own regulations and interests that mediate, in positive or negative ways, access to information on SRHR (according to FGD participants), as well as the implementation of CSE. Implementation is often dependent on teachers' personal views about the programme, as well as the particular position of the school (Zulu et al., 2019). Educational infrastructure is not always of high çquality, and there are many rural areas that do not have schools or colleges at all. This is even more of an issue in areas inhabited by indigenous and ethnic minority communities. In these settings, implementation of CSE is rarely a priority (OECD, 2021).

When it comes to CSE, the barriers are even greater, given the social and institutional resistance to talking about sexuality at school and during childhood. This is often linked to fears that such discussions will encourage the development of minority sexual orientations and gender identities, and also due to the general taboo around sexuality (Wangamati, 2020), but also because CSE is often viewed as a 'Western' topic, imposed on the local population (International CoP Recommendation, 2022).

In addition, the guidelines and thematic axes of CSE programmes are often built under the precepts of control, surveillance and repression (Becerra & Peña, 2013). Further, there are some traditions that disagree on what kind of sexuality education should be offered. In several sub-Saharan Africa countries, it is only seen as appropriate when young people are being prepared for marriage, and when delivered by close relatives(Wangamati, 2020).

Because of this:

- education is subject to the political will of governments, so the content of CSE responds to regulations, official interests and social traditions, and not necessarily to the localised needs of children and adolescent groups (Zulu et al., 2019; O'Sullivan et al., 2018; Wangamati, 2020);

- many educational institutions have a religious character, which imposes a bias on approaches to SRHR from the outset (Zulu et al., 2019); and

- there is strong resistance from parents, relatives and teachers to full implementation of CSE programmes: "many countries that have implemented large-scale CSE programs struggle with ensuring quality and fidelity" (WHO, 2018).

Likewise, we must take into account the high rates of school drop-out in the world, which increased during the COVID-19 pandemic[7]. This means that not all children and adolescents attend school, and many attend under quite complex conditions, which involve walking for hours and not having basic educational tools (including access to the internet and information technology).

According to the World Health Organization (WHO, 2018), "the most marginalized adolescents, who are often most at risk of adverse sexual and reproductive health outcomes, are often the least likely to be in school". Such conditions tend to be worse in rural areas and those that experience armed conflict. In the case of girls, dropping out of school or failing to enrol are often associated with the prevalence of sexual violence and harassment, and with cultural customs regarding the management of menstruation or the assignment of gender roles (Human Rights Watch, 2020).

7. According to UNESCO (2020c) projections, "covering 180 countries and territories, [UNESCO] estimate[s] that about 24 million students (from pre-primary to tertiary education) will be at risk of not returning to education institutions in 2020, including care centers, schools, universities or other training institutions."

5. Access to technology and innovative approaches to access SRHR

This topic was identified by the CoPs of Colombia and Jordan, and the international CoP. They mentioned the clear relationship that exists between barriers to access to information in the digital universe and access to digital media and devices (UN, n.d.).

As a result, it is necessary to consider:

- ignorance regarding the use of devices, which impacts older adults the most;
- economic challenges in accessing digital devices, due to their high costs. Mobile phones can be a luxury in some contexts, and many families only have one device;
- the lack of infrastructure to guarantee internet coverage; and
- the lack of time to dedicate to learning how to use devices, particularly for women due to their workloads and care tasks, meaning women are more affected by the digital divide (Passey, 2018; Moore et al., 2018).

It is important to mention that digital platforms have opened the possibility of circulating information around the world, in an effective and immediate way, connecting cultures and processes, and reaching large and diverse communities. This represents a great advance in access to information on SRHR. The internet is a massive platform that guarantees that information circulates and reaches many people (Aguilar, 2020).

However, this poses two problems: on the one hand, security - for example, virtual crimes that, in the case of sexual exploitation and human trafficking, have led to the opening of a huge market without borders that is much more difficult to monitor (UN, 2021). In addition, there are concerns about the (lack of) filters for the information that circulates. As an open space where anyone can create content, it is very difficult to verify the quality and veracity of information that is produced in digital spaces (Nothias, 2020).

6. SRHR for those left behind

Although the need to promote greater opportunities for the generation and distribution of quality information on SRHR, and for this to be public, updated and evidence-based, is widely acknowledged, it was identified that there are some communities that are in

positions of greater vulnerability and risk. These groups face more barriers to accessing SRH services and information, and do not have, in most cases, services designed to meet their particular needs. They are those left behind.

People with disabilities

People with disabilities require specific and timely information, since they can suffer double discrimination: first, for their disability itself, and the lack of adequate approaches to address their particular SRHR needs; and, second, they are infantilised and desexualised. Therefore, their sexual and reproductive needs are often ignored (Carter et al. 2022).

In general, the information that exists does not take into account, for example, visual and hearing disabilities, much less other types of diseases and disability—both in the content of the information and the ways in which it is communicated (Gartrell et al., 2017). It is necessary to consider the full range of disabilities, using a differential approach to guarantee access to quality information on SRHR based on their particular needs. It is also necessary to produce information regarding these particular SRHR needs for health workers, teachers and relatives, to overcome the stereotypes that infantilise and desexualise people with disabilities (ibid.).

LGBTIQ+

Given widespread prejudices and prohibitions, this is a population that requires particular and centralised approaches catering to their specific needs. According to the Office of the United Nations High Commissioner for Human Rights, in its information series on SRH (OHCHR, 2022):

- 76 countries in the world have laws that are used to penalise and harass people because of their sexual orientation and gender identity;
- there are five countries in the world where consensual same-sex relationships are punishable by death; and
- in 4 out of 10 countries in the world, being homosexual is a crime punishable by imprisonment.

In many parts of the world, even where there are no legal regulations against LGBTIQ+ people, frequent hate crimes and persecution persist, often due to tacit approval from

authorities and the negligence of institutions. This evidences the lack of information around sexual orientation and gender identities (IACHR, 2022).

Related to debates about identity and the free exercise of sexual orientation, issues such as same-sex marriage and adoption are contentious in many societies (Brewer, 2014). Religious discourses that privilege traditional conceptions of the family and reproduction have often intensified prejudices against LGBTIQ+ groups, and have limited, due to the high levels of misinformation, the free construction of sexual orientation and gender identity (Higa et al., 2014).

There are many ways in which access to information for and about LGBTIQ+ groups needs to be strengthened; for example, there is a lack of credible data about hate crimes and persecution due to underreporting and poor processing of information (for example, sexual orientation is often confused with gender identity). This also relates to the lack of training of police officers, and poor access to justice and forensics for people who are victims of such crimes (Amnesty International, 2022b).

Youth and adolescents

As is widely recognised, this population requires specific, contextualised approaches regarding their SRHR due to a range of vulnerabilities:

- Many are forced into marriages at a young age, with no freedom of choice in their marriage partner or the development of their sexuality.
- It is a population at high risk of commercial sexual exploitation (Colombia CoP Recommendations, 2022).
- Teenage pregnancy is a very complex issue, often related to sexual violence, gender-based violence, and contexts of greater vulnerabilities and risk (Ethiopia CoP Recommendations, 2022).
- Their access to contraception is limited, and they lack sufficienti information, which exposes them to unwanted pregnancies and STIs.

Women

The Inter-American Commission on Human Rights recognises that access to information is particularly complex for women who are poor, indigenous or Afro-Latina (who belong to

ethnic minority communities), in rural communities, migrants (in irregular situations) or refugees (IACHR, 2011).

It is relevant to mention here that, although most homeless women do not live on the streets (also known as street homelessness), street homelessness does represent a scenario of extreme vulnerability (Misganaw & Worku, 2013). People in this situation typically lack access to information, and do not have theeconomic or technological resources required to access content. Histories of psychoactive substance use are common, which makes establishing dialogues a more complex task, and the very exercise of living on the street involves a dynamic of fluctuation and mobility that makes contact and follow-up from service providers difficult. They are also frequent victims of sexual violence, a phenomenon that is largely invisible due in part to their difficulties in accessing health services and other vulnerabilities (ibid.).

Migrants (in irregular situations) and refugees, like women who live on the street, do not have access to the most basic implements for managing their menstrual cycles, or to the hygienic conditions necessary for the healthy management of their menstruation (Sommer et al., 2018). They also do not have access to contraception, gynaecological or prenatal controls, or abortion. Because of their situation, they are easy victims of human trafficking networks (Ivanova et al., 2018).

In the same way, we must consider women who are sex workers. Given their working conditions, they are at high risk of contracting STIs, becoming pregnant, suffering sexual violence (Dulli et al., 2019) and being trafficked (Sarkar et al., 2008).

Older adults

The United Nations (2019) categorises older people as those aged over 60. As with children and adolescents and people with disabilities, sexuality and reproduction in this population group can an invisible issue that is rarely addressed. Strategies are not implemented to generate awareness regarding issues experienced at this stage of the life cycle, because it is assumed that sexuality almost disappears in older adults. There is no mention of menopause, erectile dysfunction, or the transmission of STIs in older adul twomen, including older sex workers. This is exacerbated for those with multiple vulnerabilities, such as rurality or experience with other chronic diseases.

KEY CHALLENGES AND OPPORTUNITIES

In this section, challenges and opportunities are presented to consolidate a work agenda that aims to overcome the main gaps and barriers in access to quality information on SRHR identified above. The following discussion points come from the previous analysis, which was structured around issues considered to be possible topics of discussion during the Co-Creation Conference. As with the rest of the document, the information presented is a result of the systematisation, cross-referencing and analysis of information gathered from the three principal sources used for this narrative review: the CoP recommendations, the FGDs, and the documentary and literature review.

The following recommendations form the basis of a proposal to address the gaps in access to quality information on SRHR. They are intended to raise awareness of the relevance of access to information in overcoming problematic SRHR issues.

- Harness the power of social networks and digital platforms as potential tools that enable the dissemination of information in a creative and appropriate way for different population groups. They are in themselves the most powerful mass communication channels that exist today (Gerardo & Díaz de Souza, 2020). The internet is a medium which involves different population groups, and powerful and enriching dialogues can be established regarding SRHR. Due to its immediacy, these can reach many people. It is, however, also a communication medium that implies great challenges, such as:

  - how to ensure that information is evidence-based, and culturally and age-appropriate;

  - how to guarantee that the populations, communities or groups to whom the information is addressed have the necessary tools to understand it; and

  - how to bring that information to groups in contexts where there is no digital coverage or electronic means to access it.

- Public policy translation and dissemination processes should be enforced, to guarantee suitable impacts and results, and ensure that everyone, regardless of their diversity, has access to SRHR information and services. To achieve this, it is essential to take into account the mechanisms through which the information will reach the local level, which includes consideration of the format and content, as

well as the particular cultural characteristics of the groups for whom the information is intended.

- Work on the formulation of peer strategies, where horizontal dialogues are established between institutions, communities and community-based organisations which work in local contexts and know the reality of social processes. To do this, it is necessary to:

  - create dialogues with communities, reevaluating the stance that knowledge is constructed unilaterally by, for example, academics, ministries, researchers or health workers; and

  - let communities themselves define and mediate the production of the processes, in ways which prioritise their needs.

- Position access to quality information as a priority need within the framework of strengthening processes around SRHR. In general, access to information is not recognised as a necessity in itself, nor as a vital tool for approaches and overcoming barriers. Rather, it is understood in reference to the very experience of SRHR and the most vulnerable groups.

CONCLUSIONS

- Access to information, despite being a fundamental right and being closely connected to the experience and full exercise of all rights (not only SRHR), is an issue that is often not addressed in a focused way and as a problem in itself, but in reference to other identified issues.

- The production of laws and the ratification of international treaties that promote SRHR have increased at the global level, so their formal recognition is growing more widespread. However, when assessing implementation and reviewing material protection, there is a wide gap between formal legislation and agreements, and implementation as experienced by communities. These frameworks are fundamental to guaranteeing the creation of quality information on SRHR, as well as processes to access it, since they provide the tools to demand investments and programmes from the government, including public policies that address the needs of the most vulnerable populations and the main SRHR issues in each country and region.

- Information continues to be subject to the interest of governments and is often limited to official languages. This limits and restricts the ability of ethnic minority communities or other diverse populations to improve their knowledge regarding their SRHR, since the information produced is often inaccessible, and efforts are not made to translate texts or create appropriate alternatives.

- Even in countries where the components of the essential package of SRHR nterventions have been addressed, these are often limited to reproduction, ignoring autonomous and independent sexuality as a right.

- It is necessary to carry out direct dialogues with communities to understand their specific needs, and allow their direct participation in intervention projects to ensure sustainable impact.

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ANNEX 1. CASE STUDIES

Colectivo Wainpirai
Guajira, Colombia
https://www.facebook.com/CCZahino/

Colectivo Wainpirai is a group of young women from the Wayuu indigenous ethnic group, from the Zahino[8] Indigenous Reservation; they work through communication and the production of content built from their worldview, to make issues relevant to their community, as well as their needs and problems.

The group has made several audiovisual pieces, positioning in the visual space the specificities of the approaches to sexuality in situated ethnic cultural contexts; in these, they address problematic issues for their culture, such as women's exercise of sexual and reproductive rights, and gender-based violence. Their products can be seen on the collective's YouTube channel: https://www.youtube.com/channel/UCYzFS-o25yb6FB8244wLnfA/featured.

Since 2019, with funding from the Lunaria Fund[9] , the group has been working on the project 'The voice of wolunka[10] ,demystifying the cultural imaginary about sexuality', a commitment to discussing the sexuality of Wayuu women, starting from conceptions of their culture regarding SRHR. From the project, a booklet was made, which is part of the material of so-called ethno-education, with which they work with young people from some of the Wayuu reservations to talk about sexuality, and who seek to be able to take it to the rest of the department of La Guajira.

The Wayuu indigenous ethnic group is one of the most recognised in Colombia, but it continues to be-like all indigenous communities in thecountry-a marginalised population in a high-risk context[11].Starting from this context, and even when thegroup has little recognition, this is a powerful piece of work with indigenous women and with vulnerable populations.

8. Located in the municipality of Barrancas, in the south of the department of La Guajira, Colombia.
9. A feminist organisation "that mobilizes resources to support organizations of the diversity of young Colombian women, who work autonomously for the full exercise of their citizenship as subjects of rights and actors in the construction of a country in peace and with social justice…" (available from https://fondolunaria.org/).
10.The name of a Wayuu woman, part of their mythology: the woman had teeth in her vagina, so men could not have sex with her. The wolunka is a myth that speaks of sexual relations.
11. Due to the extractivist policies that prevail in the area, the proliferation of coal extraction, and a complex history of corruption in the department, the Wayuu indigenous ethnic group finds itself in a position of vulnerability in a high-risk situation. According to a report by the Johns Hopkins Center for Humanitarian Health and Human Rights Watch, collected in Semana magazine in its special Rural Week edition of 13 August 2020, multidimensional poverty exceeds 90%, children are six times more likely to die than other Colombian children, and 96% of the inhabitants of rural areas do not have access to drinking water. The levels of malnutrition in children under 5 have been so scandalous that the National Indigenous Organization of Colombia (Organización Nacional Indígena de Colombia, ONIC) estimates that more than 5,000 children died

Afroféminas
https://afrofeminas.com/

Afroféminas is a Spanish-speaking, anti-racist and Black Feminist media outlet. It is an organisation of Afro-descendant women that extends its presence throughout Europe and America. Its main objective is to give Spanish-speaking Black women a voice and represent them, in addition to serving as a source of information for them and other people who want to learn, reflect and deconstruct racist beliefs and behaviours. Currently, more than 50 women from Spain, Mexico, Colombia, Argentina, Puerto Rico, Chile, Ecuador, the Dominican Republic, Costa Rica, Uruguay and Cuba participate in Afroféminas.

It has very successful channels on social networks such as TikTok (where it has more than 11 million followers), where it shares videos that reach millions and garner thousands of views. We highlight this example as a case study due to the organisation's ability to generate content that engages, and translate information and theories into very clear language that anyone can understand.

Falcoh Foundation Sexual and Reproductive Rights Community Clinics
South-west region of Cameroon

This programme was created to bridge the gap of accessibility and knowledge of SRHR in schools and communities. SRHR education for young people focused on just those who were in school; then in 2016 the region was affected by violence that closed schools for 3 years. There were high rates of rape, and transactional sex in exchange for food/accommodation or even protection, and young girls became pregnant, giving birth to dead babies in the forest.

The Falcoh Foundation created SRHR clinics in host communities to educate young girls and boys on CSE, designing messages that could guide their daily actions (designed by the participants) under the supervision of staff.

The initiative aims to tackle knowledge, accessibility and stigmatisation (such as period shame). Previously, adolescents were often educated by peers or untrained persons, who distributed materials without a comprehensive understanding of how they related to individual cultural practices, which is ineffective in most contexts, especially in central Africa, due to the diversity in cultures and languages.

The organisation also opened its first SRHR Friendly Spot, where it received over 300 girls in 12 months, but it had to close it. Adolescents are, therefore, still in need of a safe space where they can seek information. The SRHR Friendly Spot included a CSE programme adapted to the local context, and established a monthly meeting in a safe space, where participants were allowed to speak without judgement about their experiences and doubts with a group of peers, promoting conversations around topics that concerned them, with the guidance of experts.

The SRHR Clinic is still available for adolescents with sexuality issues who need psychosocial support, to talk about their particular needs and doubts, or just need some material to read. The organisation uses a WhatsApp group for sharing information, peer-peer bonding, urgent issues or to speak with experts. It also organises a weekly school for knowledge-sharing sessions, and a monthly community clinic meeting.

ANNEX 2.THE WORLD'S ABORTION LAWS

Source: Center of Reproductive Rights as of 23 February 2021. Obtained from:https://reproductiverights.org/sites/default/files/WALM_2021update_V1.pdf.

Category I: **Prohibited altogether.** The laws of the countries in this category do not permit abortion under any circumstances, including when the woman's life or health is at risk

Category II: **To save the woman's life.** The laws of the countries in this category permit abortion when the woman's life is at risk.

Category III: **To preserve health.** The laws of countries in this category permit abortion on the basis of health or therapeutic grounds. Countries in bold explicitly permit abortion to preserve the woman's mental health. Countries with a permit abortion only when the woman's physical health is at risk.

Countries with a † are based on Rex v. Bourne. The World Health Organization advises that countries permitting abortion on health grounds should interpret 'health' to mean "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Category IV: **Socio-economic grounds.** These laws are generally interpreted liberally to permit abortion under a broad range of circumstances. These countries often take into account a woman's actual or reasonably for eseeable environment and her social or economic circumstances when considering the potential impact of pregnancy and childbearing.

Category V: **On request** (gestational limits vary). All countries in this category have gestational limits of 12 weeks unless otherwise indicated.

Category I Prohibited altogether	***Category II To save the woman's life***		***Category III To preserve health***	
24 countries	*42 countries*		*51 countries*	
Andorra	*Afghanistan*	*Micronesia: ?, u*	*Algeria*	*Kenya*
Aruba	*Antigua & Barbuda*	*Myanmar*	*Angola: R, I, F, PA*	*Kuwait: F, SA, PA*
Congo (Brazzaville)	*Bahrain*	*Nigeria*	*Bahamas*	*Lesotho: R, I, FLiberia: R, I, F*
Curaçao	*Bangladesh*	*Oman*	*Benin: R, I, F*	*Liechtenstein: R, PA, +*
Dominican Republic	*Bhutan: R, I, +*	*Panama: R, F, PA*	*Bolivia: R, I*	*Malaysia*
Egypt	*Brazil: R, +*	*Papua New Guinea*	*Botswana: R, I, F*	*Mauritius: R, I, F, PA*
El Salvador	*Brunei Darussalam*	*Paraguay*	*Burkina Faso: R, I, F*	*Monaco: R, I, F, Ý*
Haiti	*Chile: R, F*	*Solomon Islands*	*Burundi*	*Morocco: SA*
Honduras	*Côte d'Ivoire: R*	*Somalia*	*Cameroon: R*	*Namibia: R, I, F*
Iraq	*Dominica*	*South Sudan*	*Central African Rep.: R, I, F, +*	*Nauru: R, I, F, +*
Jamaica	*Gabon: R, I, F, +*	*Sri Lanka*	*Chad: R, I, F*	*Niger: F*
Laos	*Gambia: F*	*Sudan: R*	*Colombia: R, I, F*	*Pakistan*
Madagascar	*Guatemala*	*Syria: SA, PA*	*Comoros*	*Peru*
Malta	*Indonesia: R, F, SA*	*Tanzania*	*Costa Rica*	*Poland: R, I, PA*
Mauritania	*Iran: F*	*Timor-Leste: PA*	*Dem. Rep. of Congo: R, I, F*	*Qatar: F*
Nicaragua	*Kiribati*	*Tuvalu*	*Djibouti*	*Rep. of Korea: R, I, SA, +*
Palau	*Lebanon*	*Uganda*	*Ecuador: +*	*Saint Kitts & Nevis: †*
Philippines	*Libya*	*United Arab Emirates: F, SA*	*Equatorial Guinea: SA, PA*	*Saint Lucia: R, I*
San Marino	*Malawi*	*PA*	*Eritrea: R, I, +*	*Samoa*
Senegal	*Mali: R, I*	*Venezuela*	*Eswatini: R, I, F*	*Saudi Arabia: SA, PA*
Sierra Leone	*Marshall Islands: ?*	*Yemen: SA*	*Ghana: R, I, F, +*	*Seychelles: R, I, F, +*
Suriname	*Mexico: R, F, u*		*Grenada*	*Togo: R, I, F*
Tonga			*Guinea: R, I, F*	*Trinidad & Tobago: †*
West Bank & Gaza Strip			*Israel: R, I, F, +*	*Vanuatu*
			Jordan	*Zimbabwe: R, I, F, Ý*

Category IV Socio-economic grounds	Category V On request (gestational limits vary)		Key
13 countries	42 countries		
Barbados: R, I, F, PA	Albania: PA	Spain: W14, PA	R: Abortion permitted in cases of rape
Belize: F	Greece: PA	China°: SX	I: Abortion permitted in cases of incest
Ethiopia: R, I, F, +	Puerto Rico∞	Maldives: D120	F: Abortion permitted in cases of foetal impairment
Fiji: R, I, F, PA	Argentina: W14	Sweden: W18	SA: Spousal authorisation required
Finland: R, F, +	Guinea-Bissau	Croatia: W10, PA	PA: Parental authorisation/notification required
Great Britain: F	Republic of North	Moldova: PA	+ Abortion permitted on additional enumerated grounds relating to such factors as the woman's age or capacity to care for a child
Hong Kong: R, I, F	Armenia: PA	Switzerland	SX: Sex-selective abortion prohibited
India: R, F, PA	Guyana: W8	Cuba: PA	Legislation explicitly permits abortion only to protect the physical health of the woman
Japan: R, SA	Macedonia: PA	Mongolia: D90	? Law unclear
Rwanda: R, I, F, +	Australia: u	Tajikistan	u Federal system in which abortion law is determined at state level; classification reflects the legal status of abortion for the largest group of people
Saint Vincent & Grenadines: R, I, F	Hungary	Cyprus	
Taiwan: R, I, F, SA, PA	Romania: W14	Montenegro: PA, SX	
Zambia: F	Austria: D90	Thailand	
	Iceland: W22	Czech Rep.: PA	
	Russian Fed.	Mozambique	
	Azerbaijan	Tunisia: D90	
	Ireland	Dem. People's Rep. of Korea°	
	Sao Tome & Principe	Nepal: SX	
	Belarus	Turkey: W10, SA, PA	
	Italy: D90	Denmark: PA	
	Serbia: PA	Netherlands	
	Belgium: W14	Turkmenistan	
	Kazakhstan	Estonia	
	Singapore: W24	New Caledonia	
	Bosnia-Herzegovina: PA	Ukraine	
	Kosovo: W10, PA, SX	France: W14	
	Bulgaria	New Zealand: W20	
	Kyrgyzstan	United States∞:PA, u	
	Slovak Rep.: PA	French Guiana	
	Cambodia: W14, PA	Northern Ireland	
	Latvia: PA	Uruguay: PA	
	Slovenia: PA	Georgia: PA	
	Canada°	Norway: PA	
	Lithuania: PA	Uzbekistan	
	South Africa	Germany: W1	
	Cape Verde	Portugal: W10, PA	
	Luxembourg: W14	Vietnam°	