



Mansi Midha/Getty Images/Images of Empowerment

## Why language inclusion matters for sexual and reproductive health and rights (SRHR)

Effective SRHR services support the right to health, promote gender equality, and reduce vulnerability for people experiencing marginalization. Yet without language awareness, these services never reach some of those most in need.

Residents of the 10 countries with the highest maternal mortality rate<sup>1</sup> speak **more than 850 languages**.

Every week, 4,000 adolescent girls and young women become infected with HIV. Over 75% live in sub-Saharan Africa<sup>2</sup> - a region of **up to 2,000 languages**.

Though child marriage is declining globally, it is increasing among girls from the poorest backgrounds<sup>3</sup> - who are also among the most likely to **face exclusion due to language**.

- Clear, accessible information in the right language enables people to make informed choices about contraceptive use, recognize symptoms of sexually transmitted infections or reproductive cancers, participate in their maternity care, and understand their right to a healthy life free from violence. Lack of accessible, actionable information **worsens health outcomes, spreads distrust and disinformation, and increases the burden on health systems**.
- Most SRHR services target **women and girls, who are at heightened risk of exclusion due to language**. Because of barriers to education, they are consistently less likely to speak national or dominant languages, be literate, or be comfortable using digital technologies. In restrictive environments, they may have to rely on male relatives for access to information and services.
- Other **groups already experiencing vulnerability are also likely to risk exclusion due to language** - especially migrants, refugees and asylum seekers, ethnic minorities, people with disabilities, Indigenous communities, and rural and remote populations.
- **Poor access to SRHR services reinforces language exclusion**. Millions of girls are forced to drop out of school every year due to issues related to menstruation and teenage pregnancy. This educational exclusion reinforces language barriers girls face when they lose the opportunity to learn a national language or key communication skills such as digital literacy.
- Digital resources like apps, chatbots and telemedicine improve accessibility - if they're in the user's language. And even in the right language, these tools still do not work for people with no education, irregular device access or little familiarity with technology. Digital SRHR services need to address **both language exclusion and digital exclusion** to be suitable for all user groups.

<sup>1</sup>UNICEF 2020,

<https://data.unicef.org/topic/maternal-health/maternal-mortality/>

<sup>2</sup>UNAIDS 2022,

<https://www.unaids.org/en/resources/fact-sheet>

<sup>3</sup>UNICEF 2021,

<https://data.unicef.org/resources/towards-ending-child-marriage/>

Language, communication style and channel influence [how satisfied Rohingya patients feel](#) with sexual and reproductive health services.

Developing our Shehu chatbot in Kanuri in northeast Nigeria allowed us to hear concerns from women about breastfeeding and COVID-19, and deploy content that answered their questions.

Everyone deserves to be free from the threat of sexual violence - but survivors in crisis and displacement contexts rarely have access to reporting channels in their first language.

- **Language barriers compound the sensitivities and social norms** restricting communication on SRHR. People may use vague, coded or euphemistic words to talk about their bodies or sex, so care providers may not recognize when someone is trying to describe a concern or violation. Understanding the words people feel safest using is critical to providing services that meet their needs.
- Without systemic provision to understand and address language issues, **health workers themselves struggle to manage language barriers** on top of other pressures. Relying on untrained family or community members to interpret leads to mistakes and miscommunication, which threatens people's health and wellbeing. Inadequate communication also increases demand on health facilities when patients cannot understand or follow their prescriptions and treatment.



## Do you want to support sexual and reproductive health and rights in every language? Here's how CLEAR Global can help:

Providing **language services** like translation and voiceover so your information is in formats and languages that work for the people who need it.

**Assessing the language and communication needs and preferences** of communities you work with so you can plan the most impactful communication.

Using that data to develop **communication planning tools** like language maps.

Testing SRHR **terminology** to develop multilingual glossaries that support consistent, clear, accurate communication using words people are familiar with.

Helping build **language technology** like automatic speech recognition in marginalized languages to hear from those most at risk.

**Testing communication materials** with different language groups to see how language barriers may exclude the people you're trying to reach.

**Training** on translation, humanitarian interpreting, plain language, and communication in emergencies, to support teams to better manage language challenges.