BRIEFING CARDS:
Sexual and Reproductive Health and Rights (SRHR) and Sustainable Development

1. Sexual and Reproductive Health and Rights (SRHR) and Education

2. Sexual and Reproductive Health and Rights (SRHR) and Economic Benefits

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4. Sexual and Reproductive Health and Rights (SRHR) and Gender Equality

5. Sexual and Reproductive Health and Rights (SRHR) and the Environment
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Sexual and Reproductive Health and Rights (SRHR) and the Sustainable Development

SRHR are integral to the achievement of all shared global development goals.

Sexual and Reproductive Health and Rights (SRHR) encompass the right of all individuals to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence. Specifically, access to SRHR ensures individuals are able to choose whether, when, and with whom to engage in sexual activity; to choose whether and when to have children; and to access the information and means to do so.

SRHR includes the right of all persons to:

1. Seek, receive, and impart information related to sexuality;
2. Receive sexuality education;
3. Have respect for bodily integrity;
4. Choose their partner;
5. Decide to be sexually active or not;
6. Have consensual sexual relations;
7. Have consensual marriage;
8. Decide whether or not, and when, to have children; and
9. Pursue a satisfying, safe, and pleasurable sexual life.

Comprehensive sexual and reproductive health (SRH) services include:

1. Contraceptive information and services, including emergency contraception and a range of modern contraceptive methods;
2. Maternity care, including antenatal and postnatal care, and delivery care, particularly skilled attendance and emergency obstetric care;
3. Prevention and appropriate treatment of infertility;
4. Safe abortion and post-abortion care;
5. Prevention, care, and treatment of sexually transmitted infections, HIV/AIDS, reproductive tract infections, and reproductive cancers;
6. Information, education, and counseling; prevention and surveillance of violence against women (VAW), care for survivors of violence; and
7. Actions to eliminate harmful traditional practices such as FGM and early and forced marriage.

The full achievement of SRHR for all is integral to the achievement of all shared global development goals.

Sexual and reproductive health and rights and empowerment of girls and women are central to sustainable development and creating a world that is just, equitable, and inclusive. This set of briefing cards highlights the links between SRHR and the achievement of other development priorities, including:

1. SRHR and Education;
2. SRHR and Economic Benefits;
3. SRHR and the Broader Health Agenda;
4. SRHR and Gender Equality; and
5. SRHR and the Environment.

Sexual and Reproductive Health and Rights (SRHR) and Education

When girls are healthy and their rights are fulfilled, they can go to school, learn and gain the skills and resources they need to be healthy, productive and empowered adults. In the last two decades, we have seen enormous advances in girls’ educational attainment at the primary level. However, girls in most regions, particularly the poorest and most marginalized, continue to fall behind at the secondary level.

Sexual and reproductive health and rights issues, especially gender-based violence and adolescent girls’ vulnerability to child, early and forced marriage, unintended pregnancy, and HIV and other sexually transmitted infections impede girls’ educational aspirations. The post-2015 development agenda must address sexual and reproductive health and rights issues to meet educational and development goals.

Facts at a Glance

Early pregnancies and child marriage contribute to school dropout.

- A significant proportion of girls become pregnant during the time that they should be in school: About 19% of girls in the developing world become pregnant before age 18, and about 3% become pregnant before age 15.¹
- About one-third of girls in the developing world are married. In South Asia, nearly 50% of girls are married before age 18, and in Sub-Saharan Africa, nearly 40% are.² Not coincidentally, these are also regions where the gender gap is greatest between boys and girls at the secondary level.
- Girls with no education are three times more likely to marry before age 18 than those with secondary or higher education.³
- Girls with only primary education are twice as likely to marry as those with secondary or higher education.⁴

Delaying marriage can enhance schooling.

- A study in Bangladesh found that for each additional year of delay in marriage, a girl will gain an average of 0.22 additional years of schooling, and the probability she is literate will rise by 5.6%.⁵
- A study in India found that a conditional cash transfer program focused on delaying age of marriage also increased the likelihood that girls would stay in school.⁶

Girls and boys often lack access to information and services that would improve their sexual and reproductive health and educational status.

- In Sub-Saharan Africa and South Central and Southeast Asia, more than 60% of adolescents who wish to avoid pregnancy do not have access to modern contraception.⁷
- Comprehensive sexuality education (CSE) around the world reduces risky behaviors. About 62 percent of programs had a positive effect on at least one behavioral or biological outcome, such as increased condom use or reduced unplanned pregnancies.⁸ However, in many countries, such programs are unavailable.

Gender-based violence is a major deterrent to education.

- Violence undermines access to school as well as learning.⁹
- A recent nationwide study in Tanzania reported that three of every 10 Tanzanian females age 12 to 24 had been victims of sexual violence. Of these, almost 25% reported an incident while traveling to or from school, and 15% reported an incident at school or on school grounds.¹⁰
- A similar study in Kenya found that females and males age 18-24 who had experienced unwanted sexual touching most often reported that the incident occurred in school.¹¹


3 UNFPA, 2012.

4 UNFPA, 2012.


7 UNFPA, 2013.


Sexual and Reproductive Health and Rights (SRHR) and Economic Benefits

Realizing SRHR increases rates of education, reduces other healthcare costs, promotes gender equality and leads to economic gains.

Sexual and Reproductive Health and Rights (SRHR) encompass the right of all individuals to make decisions about their sexual activity and reproduction free from discrimination, coercion and violence, and to achieve the highest attainable standard of sexual health. Access to SRH services allows individuals to choose whether, when and with whom to engage in sexual activity; to choose whether and when to have children; and to have access to the information and means to make those choices.

Protecting sexual and reproductive health and rights of all individuals not only saves lives and empowers people, but it can also lead to significant economic gains for individuals, families, and nations. It has been shown to reduce healthcare costs, improve productivity, and increase rates of education which lead to greater economic growth. However, universal access to SRHR is still not fully realized in many parts of the world, despite the potential benefits to wellbeing and economics.

Facts at a Glance

**Realizing SRHR increases rates of education which leads to a more productive and healthy workforce.**

- Preventing child, early and forced marriage and ensuring access to voluntary contraceptive services allows girls to attend and stay in school longer, delays the age of pregnancy, and allows for more bargaining power in intimate relationships.

  » Approximately one in three girls is married by age 18 in developing countries. If current trends continue, by 2020, an additional 142 million girls will be married before their 18th birthday.

  » Approximately 16 million adolescent girls aged 15 to 19 give birth each year—almost 95% of whom live in low- and middle-income countries.

- Girls who stay healthy and avoid early marriage and pregnancy stay in school longer. Each additional year of female education improves a girl’s employment prospects, and increases her future income potential by 10 to 20 percent.

**Realizing SRHR reduces other healthcare costs.**

- Pregnancy-related complications are a leading cause of death for adolescent girls and women. Close to 300,000 girls and women—or 800 every day—die each year due to pregnancy- and childbirth-related causes.

- Providing information, tools, and services to all 225 million women who want to delay or avoid pregnancy but are not using modern contraception with unmet needs for family planning would reduce maternal deaths by more than two-thirds, and would reduce newborn deaths by more than three-fourths.

- Investments in contraceptive and family planning services have been shown to save anywhere from $4 for every dollar invested in Zambia to $31 for every dollar invested in Egypt across other sectors, including education, food, health, housing, and sanitation.

- In one study, families that experienced a maternal death reported spending approximately one-third of their total annual consumption expenditure to access pregnancy and childbirth care—that’s between three and six times more than households where a woman gave birth safely.

**Realizing SRHR promotes gender equality and leads to economic gains.**

- Investing in voluntary family planning services can lead to a demographic dividend—the accelerated growth of a country’s economy. This occurs when fertility rates decline due to investments in SRHR, changing the population’s age structure. When declining fertility rates are coupled with investments...
in education and other social policies, the next generation of highly educated youth contributes more to the workforce, as well as becomes the next generation of consumers.12

• In 1960, there were between 1.3 and 1.4 working-age adults for each child in South Korea, Taiwan, Singapore and Hong Kong. Due to investments in SRH programs, by 1995 there were between 3.0 and 3.7 working-age adults for each child, dramatically reducing the dependency burden and allowing families to save more of their incomes. Several economists have credited about one-third of the Asian Tigers’ impressive economic growth from the mid-1960s to the mid-1990s to demographic changes alone.13

• Women are better able to participate in the economy when they have the ability to plan their families. Globally, female labor force participation decreases with each additional child by about 10 to 15 percentage points among women aged 25 to 39.14

• The reduction in the male-female employment gap has been an important driver of economic growth in the last decade. Fully closing this gap would raise U.S. GDP by as much as 9 percent, euro zone GDP by as much as 13 percent, and Japanese GDP as much as 16 percent.15

• Increasing expenditures for reproductive, maternal, newborn and child health services by just $5 per person each year up to 2035 in 74 countries with very high maternal and child mortality could yield up to nine times that value in economic and social benefits, including greater GDP growth through improved productivity.16

11 Ibid.
Universal access to comprehensive sexual and reproductive health services would enable individuals to lead healthier lives and contribute to better global health and achievement of the Millennium Development Goals.

Ensuring that sexual and reproductive health and rights are prioritized in the post-2015 agenda is crucial for achieving progress on the overall health and development agenda. The global community has made major strides in improving sexual and reproductive health outcomes since the International Conference on Population and Development (ICPD) in 1994, but millions of people, mostly women and adolescents, still lack access to comprehensive sexual and reproductive health information and services.

Sexual and reproductive ill health accounts for more than a third of the global burden of disease for women of childbearing age, and one-fifth of the burden for the whole population. Further, investments that have yielded tremendous gains in child survival since 2000 could be wasted unless adequate attention is paid to adolescent health, including sexual and reproductive health.

Universal access to comprehensive sexual and reproductive health services would enable individuals to lead healthier lives and contribute to better global health and achievement of the Millennium Development Goals.

Facts at a Glance

Access to SRHR services saves women’s and newborns’ lives.

- Complications from pregnancy and childbirth are a leading cause of death and disability for women age 15-49 in most developing countries. Each year, at least 289,000 women die during pregnancy and childbirth, with 99% of these deaths occurring in developing countries.
- Every year, 2.9 million newborn babies die and 2.6 million babies are stillborn. Newborn mortality accounts for 44% of deaths of children under five.
- Quality family planning services, counseling and information would reduce maternal and newborn deaths.
- In 2014, the use of modern contraceptives by 652 million women prevented 231 million unintended pregnancies, of which 144 million would have ended in abortion (106 million safe and 38 million unsafe). Modern contraceptive use also averted 1.6 million stillbirths, 1.1 million newborn deaths, 100,000 maternal deaths and other poor health outcomes for infants and mothers.
- Modern contraceptive use also prevented an estimated 1.1 million neonatal deaths (those within 28 days of birth) and 700,000 postneonatal infant deaths (those from 28 days to one year of age).
- Access to comprehensive sexual and reproductive health services, including maternal health services, is especially important for adolescents.
- The risk of maternal death for mothers under age 15 in low- and middle-income countries is double that of older females.
- Stillbirths and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20-29 years.
- In 2013 alone, 670,000 young people between the ages of 15 to 24 were newly infected with HIV, of whom 250,000 were adolescents between the ages of 15 and 19. 2.1 million total adolescents were estimated to be living with HIV.
- Most HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding.

SRHR integration with HIV/AIDS, tuberculosis, and malaria services can reduce the impact of these diseases.

- As of 2013, 35.3 million people were living with HIV, half of whom are women. More than half of those newly infected were age 15-24.
- Most HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding.
• Women and girls have a greater physical vulnerability to HIV infection than men or boys. This risk is compounded by gender inequality, poverty, and violence.

• Increased access to modern contraceptives, comprehensive sexuality education, and the prevention, diagnosis and treatment of sexually transmissible infections are crucial for ending the HIV/AIDS epidemic.

• Each year, malaria kills about 10,000 mothers and 75,000 to 200,000 infants in Africa.11

• Efforts to prevent and control malaria, especially for pregnant women, and TB, especially for HIV-positive women, can reduce malaria- and TB-related maternal, neo-natal and infant deaths.

• Breast and cervical cancer are leading and often preventable causes of death for women, especially young women, in low- and middle-income countries.12

• More than 500,000 women develop cervical cancer annually, leading to more than 270,000 deaths, 85% of which occur in developing countries.13

Broader efforts to address health should incorporate comprehensive SRH services and ensure the right of all to access those services and to make decisions about their sexual and reproductive health.

SRH services that prevent, diagnose, and treat reproductive cancers can help alleviate the global burden of non-communicable diseases.
Inequality between women and men undermines all development goals. When women and girls lack access to education, information and services, their health and rights suffer. When women and girls do not have full access to sexual and reproductive health and rights, their ability to contribute economically, socially and politically to their communities is severely constrained.

To achieve goals of gender equality, which underpin all other development objectives, it is critical to guarantee women and girls access to the full range of sexual and reproductive health and rights, including access to sexual and reproductive health services. These services must go beyond access to contraceptive methods to integrate other actions across sectors, such as sexual and reproductive health education.

Sustainable, meaningful and rights-driven development will be possible only by addressing gender inequality, which denies women and girls the opportunity to make decisions about their bodies and live free from violence.

Facts at a Glance

**Realizing SRHR promotes gender equality and vice versa.**

- Women are better able to participate in the economy when they can plan their families. Female labor force participation declines 10-15% with each additional child among women age 25-39.

- Programs such as life-skills training and local market-informed vocational training provide women and girls with new information and opportunities as well as economic benefits. They give participants increased control over their sexual and reproductive health, reducing rates of early childbearing, marriage and the share of girls reporting sex against their will.

- Data from 33 developing countries reveal that almost a third of women and girls cannot refuse sex with their partners, and more than 41% say they could not ask their partners to use a condom.

- Education levels correlate closely with sexual autonomy. Multiple studies show that 61-80% of women with no education lack sexual autonomy; fewer than 20% of women with higher education lack it.

**Gender inequality and power imbalances endanger women’s health throughout the life cycle.**

- Women’s and girls’ lack of sexual and reproductive agency shows in high levels of maternal mortality and morbidity, HIV/AIDS, unintended pregnancy and unmet need for contraceptives, as well as in challenges to accessing other health services such as safe abortion and post-abortion care.

- Maternal mortality is a leading cause of death for 15-19 year old girls, second only to suicide. Worldwide, more than a third of women die in their reproductive years.

- Unsafe abortion is a major cause of maternal mortality. Nearly half of all abortions worldwide are unsafe, and nearly all unsafe abortions (98 percent) occur in developing countries. Complications from unsafe abortions account for an estimated 13 percent of all maternal deaths.

- An estimated 225 million women in developing countries have an unmet need for contraceptives, either because the services are unavailable or cannot be accessed, or because of social barriers such as the need for parental or spousal consent.

- Educated women are more likely than uneducated ones to take preventive actions and seek medical services for themselves and their children, as well as to marry later and have fewer children.
Gender-based violence is a consequence and cause of gender inequality and a hindrance to development.

- More than 30% of women and girls worldwide have experienced either physical and/or sexual intimate-partner violence or non-partner sexual violence.\textsuperscript{10}
- Intimate-partner violence cuts across socioeconomic, religious and ethnic groups and across geographic areas, but women living in poverty, women with disabilities and adolescent girls are especially vulnerable.\textsuperscript{11}
- Women and girls make up almost half the HIV-infected population age 15-49 worldwide, and the persistence of gender-based violence contributes to women’s increased risk and vulnerability.\textsuperscript{12}
- The estimated cost of gender-based violence runs from 1.2% to 3.7% of gross domestic product, equivalent to what many governments spend on primary education.\textsuperscript{13}
- Child, early and forced marriage—a violation of the rights of the child and often a consequence of gender inequality—remains common in many countries. Every year, 14 million girls are married and 16 million adolescent girls give birth, with 90% of these pregnancies occurring within marriage. Such unions curtail girls’ ability to access education or employment outside the home.\textsuperscript{14}

\textsuperscript{1} UN, 2014. Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and development beyond 2014.


\textsuperscript{3} World Bank, 2014.

\textsuperscript{4} World Bank, 2014.

\textsuperscript{5} World Bank, 2014.


\textsuperscript{12} USAID, 2012.

\textsuperscript{13} World Bank, 2014.

Meeting the sexual and reproductive health and rights needs of every individual is essential in promoting healthy families, healthy communities, and a healthy planet. As the primary resource managers for households around the world, women are disproportionately affected by environmental degradation, water scarcity, and natural disasters—challenges that are compounded when women have larger families than desired. Ensuring access to sexual and reproductive health and rights leads to increased investments in education, economic and social gains, and improvements in health, helping women and their families become more resilient to climate disruption and get involved in environmental conservation and community resource management initiatives. Protecting the health and rights of individuals and protecting our planet go hand-in-hand.

**Facts at a Glance**

**The health of women and the environment go hand in hand.**

- Only 10% of foreign aid for forestry, fishing, and agriculture goes to women.¹
- Women are more responsive than men to changing their behaviors toward more environmentally friendly practices.
- Community water and sanitation projects designed and run with the full participation of women are more sustainable and effective than those that do not.²
- A study of 130 countries found that countries with higher female parliamentary representation are more prone to ratify international environmental treaties.³
- Access to SRHR fosters a woman’s ability to participate in these projects and processes by improving her health, freeing up time for education and income-generating activities, and empowering her to make decisions about her own future and that of her community.

**Connecting SRHR and women’s empowerment helps communities adapt to and mitigate climate disruption.**

- Women are 14 times more likely to die in natural disasters than their male counterparts.⁴ Women and girls also suffer more from shortages of food and economic resources in the aftermath of disasters.⁵
- Climate disruption is having a profound effect on water availability, access, and quality. Women and children bear the primary responsibility for water collection in 76% of households in the developing world.⁶ The ability to have one’s desired family size helps ease this burden.
- More than 40% of pregnancies worldwide are unintended.⁷ Lowering the rate of unintended pregnancy leads to slower population growth, which could provide 16-29% of the emissions reductions suggested as necessary by 2050 to avoid dangerous climate disruptions.⁸

**SRHR access contributes to improved food security.**

- Women produce 60-80% of the food in developing countries, while owning less than 2% of the land.⁹ The economic and educational gains associated with access to SRHR help equip women with the necessary knowledge and skills to own property and more effectively manage resources.
- If women had the same access to productive resources as men, they could increase yields on their farms by 20-30%. This could raise total agricultural output in developing countries by 2.5-4%, which could in turn reduce the number of hungry people in the world by 12-17%.¹⁰
- Investments in voluntary family planning and the resulting decreases in fertility—especially in countries with the highest per capita resource consumption—will help to slow the growth in greenhouse gas emissions and reduce pressure on already-scarce food and water resources.¹¹
Environmental toxins have detrimental consequences on women’s SRH.

- Industrial chemicals, air pollution, pesticides, and other toxins in the environment are linked to numerous health problems, including infertility, reproductive cancers, and birth defects.
- 41% of the world’s energy is generated from coal. Toxins associated with coal extraction, combustion, and disposal disproportionately affect women, and have been linked to fertility problems, fetal abnormalities, and asthma in children.\(^\text{12}\)
- Female agricultural workers are at increased risk for sexual and reproductive health problems, especially while pregnant and breastfeeding.\(^\text{13}\)

Women who can plan their family size are more resilient to climate disruption, more likely to participate in local conservation efforts and better able to manage resources for their families.

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11. Ibid.