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BRIEFING CARDS:

Sexual and Reproductive Health and Rights (SRHR) and the Post-2015 Development Agenda

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Sexual and Reproductive Health and Rights (SRHR) and the Post-2015 Development Agenda

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.[1] 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:[2]

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

Comprehensive sexual and reproductive health (SRH) services include:[3]

- Contraceptive information and services, including emergency contraception and a range of modern contraceptive methods;
- Maternity care, including antenatal and postnatal care, and delivery care, particularly skilled attendance and emergency obstetric care;
- Prevention and appropriate treatment of infertility;
- Safe abortion and post-abortion care;
- Prevention, care, and treatment of sexually transmitted infections, HIV/AIDS, reproductive tract infections, and reproductive cancers;
- Information, education, and counseling; prevention and surveillance of violence against women (VAW), care for survivors of violence; and
- 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:

- SRHR and Education;
- SRHR and Economic Benefits;
- SRHR and the Broader Health Agenda;
- SRHR and Gender Equality; and
- SRHR and the Environment.

Recommendations for the Post-2015 Development Agenda

- Ensure that SRHR are prioritized during key upcoming negotiations.
- Ensure that universal access to SRHR is addressed comprehensively in the post-2015 development framework and is not limited to access to family planning.
- Ensure that youth access, including adolescent girls' access to SRHR, is prioritized.
- Ensure that SRHR is represented under all relevant goals, such as Gender, Health (including a possible Universal Health Coverage goal), Education, Environment, etc.

1 Definition taken from the International Conference on Population and Development, *Summary of the Programme of Action* (New York: United Nations Department of Public Information, March 1995). http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm#chapter7; and World Health Organization, *Defining Sexual Health: Report of a Technical Consultation on Sexual Health* (Geneva: WHO, 2006), 5.

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Sexual and Reproductive Health and Rights (SRHR) and Education

Child marriage, adolescent pregnancy, HIV and GBV all undermine girls' access to 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]
- A review of 87 studies of comprehensive sexuality education (CSE) programs around the world showed that CSE increased knowledge, and two-thirds had a positive impact on behavior. Many programs delayed sexual debut, reduced the frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk-taking.[8] However, in most 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]

Post-2015 goals and targets should address and measure the strong connections between sexual and reproductive health and rights and education.

- 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]

Recommendations for the Post-2015 Development Agenda

We recommend goals and targets that reinforce the strong connections between girls' education and their sexual and reproductive health, both of which have lifelong implications for girls' well-being as well as for that of future generations.

- Ensure that universal access to sexual and reproductive health services for all, including adolescents, is included as a core strategy in broader efforts to address education.
- Ensure that all girls complete free, high-quality secondary school, prioritizing the most marginalized (e.g., rural, poor, married and at risk of marriage, disabled or conflict-affected girls).
- Ensure that all girls achieve recognized and measurable learning standards.
- Ensure the provision of and access to rights-based comprehensive sexuality education for all girls and boys.
- Eliminate violence, sexual exploitation and harassment at schools.
- Reduce the number of unintended pregnancies among adolescent girls.
- Provide, monitor and evaluate universal access to youth-friendly health information and services, including comprehensive, rights-based sexuality education and sexual and reproductive health, for all girls and boys—in and out of school and regardless of marital or pregnancy status.
- Improve the links between schools and youth-friendly health services.
- End the practice of child, early and forced marriage by 2030.
- End harmful traditional practices, including female genital mutilation/cutting, for all girls.

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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.[1]

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.[2] If current trends continue, by 2020, an additional 142 million girls will be married before their 18th birthday.[3]
  - » Approximately 16 million adolescent girls aged 15 to 19 give birth each year—almost 95% of whom live in low- and middle-income countries.[4]
- Girls who stay healthy and avoid early marriage and pregnancy stay in school longer. Each additional year of schooling for girls improves their employment prospects, increases future earnings by about 10%[5] and reduces infant mortality by up to 10%.[6]

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.[7]
- Providing family planning information, services, and supplies to the more than 200 million women who want to use family planning but do not have access could reduce maternal mortality by up to one-third[8] and infant mortality by one-fifth,[9] while significantly reducing maternal and newborn healthcare costs.
- 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.[10]
- 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.[11]

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

Women are better able to participate in the economy when they can plan their families.

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]
- Closing the gender gap in the labor market would raise GDP in the U.S. by 5%, in the United Arab Emirates by 12% and in Egypt by 34%.[15]
- Doubling current investments in family planning would save the global economy $15 billion due to improved productivity.[16]

Recommendations for the Post-2015 Development Agenda

- Ensure that universal access to sexual and reproductive health services for all, including adolescents and youth, is included as a core strategy in broader efforts to address economic growth in the post-2015 development framework.
- Achieve universal access to sexual and reproductive health and rights by:
  - » Ending child marriage,
  - » Ending female genital mutilation/cutting,
  - » Ending sexual violence and exploitation,
  - » Providing access to family planning education and services,
  - » Providing access to safe and legal abortions, and
  - » Providing rights-based comprehensive sexuality education for girls and boys.
- Prioritize SRHR during key upcoming negotiations.

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Sexual and Reproductive Health and Rights (SRHR) and the **Broader Health Agenda**

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.[1] 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.[2]
- 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.[3]
- Quality family planning services, counseling and information would reduce maternal and newborn deaths.
  - » According to 2012 estimates, the use of modern contraceptives in the developing world prevented an estimated 218 million unintended pregnancies, which in turn averted 55 million unplanned births, 138 million abortions (40 million of them unsafe), 25 million miscarriages, and 118,000 maternal deaths.
  - » 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).[4]
- 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.[5]
  - » Stillbirths and newborn deaths are 50% higher among infants of adolescent mothers than among infants of women aged 20-29 years.[6]
  - » About 300,000 adolescents aged 10-19 are infected with HIV annually.[7] In 2012, 2.1 million adolescents were living with HIV.[8]

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

- As of 2012, 35.3 million people were living with HIV/AIDS,[9] and almost half were women. More than half of those newly infected were age 15-24.[10]
- 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.

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.

- 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.

SRH services that prevent, diagnose, and treat reproductive cancers can help alleviate the global burden of non-communicable diseases.

- 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 275,000 deaths (95% of them in developing countries).[13]

Recommendations for the Post-2015 Development Agenda

Universal access to sexual and reproductive health and rights can positively affect maternal, newborn, and child health, HIV/AIDS, TB, malaria and non-communicable diseases, because all involve similar underlying gender, cultural, and social factors. In most cases, care for these health issues can be delivered by the same personnel and facilities.

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.

- Ensure that universal access to sexual and reproductive health and rights for all, including adolescents, is included as a core strategy in broader efforts to address health in the post-2015 development framework.
- Implement fully the ICPD Programme of Action and its Key Actions, as well as the Beijing Declaration and its Platform for Action and the recommendations of their subsequent reviews.
- Include quality, comprehensive and integrated sexual and reproductive health services in any Universal Health Coverage package in the post-2015 framework.
- Build the capacity of primary healthcare systems to deliver quality, integrated SRH services through maternal, newborn and child health, HIV/AIDS, TB, malaria and non-communicable disease programs.
- Prioritize the SRH needs of poor and marginalized groups, including adolescents and people living with HIV/AIDS, and address inequities in access to quality SRH services.
- Ensure the supply of SRH commodities, including a full range of safe, effective contraceptives, including male and female condoms, and increase funding to cover existing shortfalls.

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

Sustainable, meaningful, and rights-driven development will not be possible without ensuring gender equality, including sexual and reproductive health and rights for all.

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.[1]
- 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.[2]
- 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.[3]
- 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.[4]

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.[5]
- Maternal mortality is a leading cause of death for 15-19 year old girls, second only to suicide.[6] Worldwide, more than a third of women die in their reproductive years.[7]
- Unsafe abortion is a major cause of maternal mortality. In 2008, 49% of abortions were unsafe and contributed to 13% of maternal deaths.[8]
- An estimated 222 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.[9]
- 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.

Realizing SRHR promotes gender equality and vice versa.

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.[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.[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.[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.[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.[14]

Recommendations for the Post-2015 Development Agenda

The Post-2015 Development Agenda should reinforce the strong intersections between gender equality and SRHR by including the following goals and targets:

- Include universal access to SRHR under a stand-alone gender equality goal that addresses the structural causes of gender-based inequality, while mainstreaming gender equality throughout.
- Ensure that universal access to sexual and reproductive health and rights for all, including adolescents, is included as a core strategy in broader efforts to address health in the post-2015 development framework.
- Ensure that all sources of law adhere to principles of gender equality, support effective implementation and enforcement and expand access to justice for all women, including through customary practices.[15]
- Seek to end the practice of child, early and forced marriage by 2030, and include a separate target under any proposed gender equality goal to address this explicit objective.
- Include the target of eliminating gender-based violence in any proposed gender-equality goal.
- Ensure that all girls complete free, high-quality secondary school, prioritizing the most marginalized (e.g. rural, poor, married and at-risk of marriage, disabled and conflict-affected girls).
- Provide, monitor, and evaluate universal access to youth-friendly health information and services, including comprehensive, rights-based sexuality education and sexual and reproductive health care, for all girls and boys—in and out of school and regardless of marital or pregnancy status.

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universal access project

Sexual and Reproductive Health and Rights (SRHR) and the Environment

Meeting the sexual and reproductive health and rights needs of every individual is essential in promoting healthy families, healthy communities and a healthy planet.

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

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.

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.[12]
- Female agricultural workers are at increased risk for sexual and reproductive health problems, especially while pregnant and breastfeeding.[13]

Recommendations for the Post-2015 Development Agenda

The focus on climate and environment in the post-2015 development process provides a unique opportunity to integrate sexual and reproductive health and rights into efforts to ensure healthier communities and a healthier planet. Women who have the ability to 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.

The resulting healthier environment in turn benefits women's health and livelihoods. Incorporating SRHR services into environmental initiatives is a win-win global development strategy. To ensure this integration, we recommend:

- Include universal access to sexual and reproductive health services for all as a core strategy in broader efforts to address climate disruption and environmental degradation in the post-2015 development framework.
- Increase female participation in local, regional, national, and international decision-making bodies related to climate disruption, resource management, agriculture, and the environment.
- Promote environmentally sound, zero-carbon economies that fully engage women and respond to their health and economic needs.
- Reduce exposure to toxic substances and improve water and sanitation to decrease infant and child mortality and improve women's health, including maternal health.
- Keep women and girls in school, and ensure the inclusion of agricultural, environmental, and economic education in both male and female curricula.

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