By the Women and Gender Constituency and the SRHR & Climate Justice Coalition

Climate change, gender equality, and sexual and reproductive health and rights (SRHR) are inextricably linked. SRHR must be considered as a key component of climate adaptation and resilience action and of climate justice.

Understanding the intersections between climate justice and Sexual and Reproductive Health & Rights (SRHR)

Climate change has a serious impact on SRHR. The climate crisis is worsening maternal health outcomes, jeopardising progress on sexual rights and exacerbating inequalities. The realisation of SRHR is crucial for strengthening resilience and improving the adaptive capacity of marginalised people and communities who are already experiencing the disproportionate impacts of climate change.

The climate crisis is underpinned by grave injustices, with those who contributed the least to the climate crisis suffering first and worst from its consequences, and with limited access to the resources needed to adapt. This includes the ability to maintain good health and safeguard human rights. Within countries and communities, risks from climate change are greater for “people who are socially, economically, culturally, politically, institutionally or otherwise marginalized”.

The Sexual and Reproductive Health and Rights and Climate Justice (SRHR & CJ) Coalition is a global network committed to collective action and coordinated advocacy to advance SRHR and gender equality in the context of climate change from an intersectionality and climate justice approach.

The Women and Gender Constituency is one of the nine stakeholder groups of the United Nations Framework Convention on Climate Change (UNFCCC), consisting currently of 33 women’s and environmental civil society organizations and a network of more than 600 individuals and feminist organizations or movements focusing on gender equality and women’s human rights to achieve climate justice.
Definition of sexual and reproductive health and rights

According to the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, “sexual and reproductive health is [defined as] a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity”.

And “[a]chievement of sexual and reproductive health relies on the realisation of sexual and reproductive rights, which are based on the human rights of all individuals to:

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

How the climate crisis impacts sexual and reproductive health and rights

The climate crisis affects the enjoyment of a wide range of human rights, including the rights to health, food, water and sanitation, a healthy environment, self-determination, development, and the advancement of gender equality. Structural discrimination means that women and girls, in all their intersecting diversities, are at a higher risk of experiencing the harmful effects of the climate crisis. People who experience multiple and intersecting forms of discrimination, such as on account of their ethnicity, disability or migrant status, see their vulnerability heightened even more. Many of these adverse impacts relate to their SRHR.
Climate change affects a wide range of SRHR issues. For example:

- When vital infrastructure, such as clinics and highways, are destroyed by extreme weather events, access to sexual and reproductive health services can be obstructed, leading to negative sexual and reproductive health outcomes. For girls and women who are displaced and living in humanitarian settings, lack of access to SRH services is the leading cause of death. Disasters hit girls and women harder over both the immediate and long term as they are often poorer than men and yet may have larger burdens of care.

- Pregnancy presents a biological vulnerability to climate change impacts. Poor maternal and neonatal health are increasingly associated with extreme heat, smoke inhalation as a result of wildfires and air pollution. Saline contamination of drinking water as a result of saltwater intrusion from rising sea levels can also have a negative impact on maternal health, resulting in premature deliveries and possibly maternal death. Recent studies conducted in the United States discovered substantial links between air pollution and heat exposure caused by climate change and the risk of adverse pregnancy outcomes such as preterm birth, low birth weight, and stillbirth. Black women, who already face far higher rates of adverse birth outcomes in the US, were found to have a larger risk of negative outcomes than white women, demonstrating how discrimination in many forms exacerbates susceptibility to poor health outcomes.

- The climate crisis is also increases the incidence of sexual and gender-based violence including sexual violence, transactional sex, and sex trafficking. This is sometimes related to how girls and women travel farther distances to secure food and water when natural resources become scarce. These risks are also heightened during humanitarian crises and in times of displacement. We can expect to see increases in the violation of human rights as a result of the rapid and slow onset effects of the climate crisis.

- The effects of climate change are also an indirect driver of early, forced and child marriage. When extreme weather events destroy livelihoods, the financial distress of local communities and families can lead them to consider marrying girl children as a coping strategy. Marriage increases the risk of early pregnancy, and when girls become pregnant before the age of 15, they are more susceptible to placental tears, obstruction at the time of delivery, and maternal mortality.

- Due to their frequent marginalization, sexual and gender minorities are often more severely affected by disasters and extreme weather events that result in humanitarian situations. Neglecting their needs in disaster risk reduction policies and practices can further compound their vulnerability. The continued criminalization of same-sex sexual activity in various jurisdictions presents a major barrier to the needs of sexual and gender minorities being acknowledged and addressed.
Sexual and reproductive health and rights are core requirements for climate resilience and adaptation

Countries need to be ready for specific climate change-driven sexual and reproductive health impacts, for example delivering adequate sexual health services for adolescent migrants from drought, financially supporting research on harms from wildfire smoke and extreme heat on pregnancy health, and implementing the Minimum Initial Service Package (MISP) for Reproductive Health (RH) in the context of natural disasters.

Climate health adaptation should be part of broad adaptation efforts, and understood as part of article seven in the Paris Agreement, saying that “adaptation action should follow a country-driven, gender-responsive, participatory and fully transparent approach, taking into consideration vulnerable groups, communities, and ecosystems.” To fulfill this vision and protect human health and rights against slow-onset crises and sudden disasters, countries need to make faster progress in improving comprehensive sexual and reproductive health and gender equality.

Inadequate progress globally on equitable access to affordable, quality comprehensive sexual and reproductive healthcare results in a range of health injustices, including high rates of maternal deaths, premature birth, unsafe abortions, and high HIV transmission to girls and women. Women and girls are the majority of those impoverished globally and often bear heavy care-taking responsibilities. Strong and accessible health systems that serve their specific health needs, whether for contraception, antenatal care, or infertility, are required to build resilience against direct and indirect climate impacts.

Partial or inequitable access to sexual and reproductive healthcare also creates barriers for the achievement of gender equality and the empowerment of women and girls and drives poverty, deepening vulnerability. For sexual health to advance, gender equality interventions beyond the health sector will also be required, including in climate policy. These should address the structural barriers embedded in norms, laws, and policies that currently contribute to and uphold inequality and injustice.

Contraception should not be seen as a strategy for climate change mitigation

Family planning services such as contraception is an essential part of the SRHR agenda and of bodily autonomy, when it is voluntary, rights based and the choice of the individual.

Some stakeholders suggest that contraception and girls’ education are important interventions for climate change mitigation since it reduces fertility, which leads to lower population growth, and lower levels of greenhouse gas emissions. Women and girls in lower-income nations, where fertility rates are comparatively high, are the main focus of such narratives.
Advocating for restrictions on women’s and girls’ fertility as a means to solve social and environmental problems has a long, racist and violent history, evoking population control and eugenics. Policies and practices driven by a desire to stem population growth have led to countless human rights violations. The International Conference on Population and Development (ICPD) in 1994 represented a move away from a population-focus toward a SRHR agenda based on individual human rights.

Climate change mitigation necessitates tackling unsustainable consumption and production habits, particularly in high-income countries, where per capita greenhouse gas emissions substantially surpass those of lower-income countries. The promotion of contraception as a climate mitigation solution places the burden of solving the crisis on those who are least responsible for it but are most affected by its consequences.

Status of SRHR considerations in Nationally Determined Contributions (NDC) documents and National Adaptation Plans (NAP)

In a recent review of 50 NDC documents, only six contained references to SRHR, including references to maternal mortality, access to family planning services, gender-based violence, and people living with HIV. Further, a recent review of all NAP documents submitted to the UNFCCC, a selection of health sector NAPs, and NAP readiness proposals submitted to the Green Climate Fund had very limited references to SRHR. The most commonly cited issues related to pregnancy and infant care, and associated vulnerabilities.

Recommendations for COP26

The Women and Gender Constituency and the SRHR & Climate Justice Coalition recommends the following critical actions at COP26 for Parties to demonstrate their commitment to SRHR.

1. Apply a human rights and social-justice based approach to climate action that includes the full range of SRHR

Fulfill ‘the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and inter-generational equity’ as articulated in the Paris Agreement and state obligation under international law to ‘respect, protect and fulfill human rights’, and recognize that these are only achieved with the realization of the full range of SRHR. Do not consider contraception as a climate change mitigation strategy or solution, and abandon the patriarchal and racist framing of pursuing population control, as it violates bodily
autonomy and undermines girls’ and women’s human rights, particularly of girls and women in the Global South. Applying a social justice framework to climate action recognizes that the responsibility for reducing global greenhouse gas emissions should not be placed on people, particularly women, in low-emitting countries who contribute very little to the causes of climate change but are highly vulnerable to its effects.

2. Commit robust and feminist financing for the climate and SRHR intersection

Allocate the funding needed to implement holistic and integrated efforts that cut across the climate, health and gender equality sectors. **Invest in climate resilient health systems.** When health systems are resilient to climate disasters, sexual and reproductive health services are more likely to be preserved. Investments should address underlying systemic causes of vulnerabilities to the climate crisis, including for women and girls and Indigenous people.

3. Ensure SRHR is integrated into specific UNFCCC Gender Action Plan activities

The Gender Action Plan²⁰ (GAP) provides a clear existing pathway to integrate gender perspectives into climate action. Activities under all priority areas within the GAP—including capacity-building, knowledge management, coherence, gender-responsive means of implementation, and monitoring and reporting must integrate SRHR considerations. This Coalition looks forward to supporting additional resources specific to each Priority Area.

4. Engage girls and women, in all their intersecting identities, and youth- and gender-focused organizations in climate processes

Engaging those who are impacted the most by climate change in climate policy and processes ensures that their needs are recognized, prioritized, and addressed. This can be done through a range of actions from focused stakeholder consultations in NDC and NAP development processes to promoting women’s leadership on these issues at the local-, national-, and global levels.

5. Continue raising awareness on the intersections between climate change and SRHR

Promote collaboration between government entities working on climate change, gender, health, and SRHR so that SRHR considerations can be integrated in country-level climate policy and programs, including NDCs and NAPs. Invest in more data collection and research that shed light on the nuances of the interlinkages on these issues, with an intersectional lens. Hold spaces in global development processes such as COP, Generation Equality Forum follow-up, and other UNFCCC climate platforms to discuss and raise awareness on these issues.
Additional resources on the intersections between climate justice and SRHR


- Hwei Mian Lim and Mangala Namasivayam. (2017) *Sex, Rights, Gender in the Age of Climate Change*. ARROW.


- Heather McMullen, Hélène Vannier Ducasse, Daniel Pope, David McCoy, Chiagozie Udeh, Angela Baschieri, Daniel Schensul. ‘*Sexual and Reproductive Health and Rights in National Climate Policy - A Review of 50 Nationally Determined Contribution Documents*’ (July 2021)


- Women Deliver. ‘*The Link Between Climate Change and Sexual and Reproductive Health and Rights - an evidence review*’ (January 2021).
Position papers of various organisations and other stakeholders

- **Feminist Green New Deal Principles**
- **Sex & Samfund** (the Danish Family Planning Association) position paper on SRHR and climate change.
- **UNFPA UNFPA and the Climate Crisis: Strengthening Resilience and Protecting Progress within the Decade of Action.**

Resources specifically on the population narrative

- “Climate change is worsening, but population control isn't the answer.” Interview with Jade S. Sasser. (2018).
- Ms. Magazine. Population Control Isn't the Answer to our Climate Crisis. (2019).
- Opinion piece by Kelsey Holt in Los Angeles Times, Scientists suggest fertility control as a way to combat climate change. Now that's alarming. (Dec. 11th 2019)
Endnotes


11 Ibid.


14 UNHCR.


16 *See World Bank data on CO2 emissions (metric tons per capita).*


19 OHCHR: “The obligation to respect means that States must refrain from interfering with or curtailing the enjoyment of human rights. The obligation to protect requires States to protect individuals and groups against human rights abuses. The obligation to fulfill means that States must take positive action to facilitate the enjoyment of basic human rights.

20 UNFCCC Gender Action Plan (2019).