

 Health Brief:

Sexual and Reproductive Health and Rights: Integral to the Climate and Health Response

The climate crisis is a health crisis. Responses to climate change would be incomplete and ineffective without considering the role that sexual and reproductive health and rights (SRHR) play in strengthening individual and community resilience as well as addressing the health impacts of the climate crisis. Health advocates are essential in advancing SRHR and promoting their integration into climate policy



What are sexual and reproductive health and rights (SRHR)?

Sexual and reproductive health (SRH) is defined as *“a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity”*¹. It relies on comprehensively realizing sexual and reproductive rights (SRR) and requires the provision of essential services, including:

- › Comprehensive sexuality education (CSE)
- › Counseling and services for modern contraceptives
- › Antenatal, childbirth, and postnatal care, including emergency care
- › Safe abortion services and treatment
- › Prevention and treatment of HIV and other sexually transmitted infections (STIs)
- › Prevention, detection, and services related to sexual and gender-based violence
- › Prevention, detection, and management of reproductive cancers
- › Information, counseling, and services for fertility issues and sexual health and well-being

SRHR are integral to universal health coverage (UHC) and must be delivered through accessible, inclusive and climate-resilient health systems. [The right to the enjoyment](#) of the highest attainable standard of physical and mental health and bodily autonomy can only be achieved when SRHR are realized.

I. How does climate change impact SRHR?



Climate change, through both slow and rapid onset events, impacts SRHR in many ways. Heat and air pollution worsen maternal and neonatal health outcomes, including prematurity, low birthweight, stillbirth, and neonatal stress²³⁴⁵⁶⁷⁸. Increased salinity of freshwater sources in coastal areas due to rising sea levels has been linked to increased hypertension and preeclampsia, with a concomitant increase in miscarriage⁹¹⁰¹¹. The climate crisis is also exacerbating disparities associated with the social determinants of health, such as education, food insecurity, and social inclusion, and threatening progress in sustainable development.



Tidal wave means water of every place become one. At that time the water gets polluted and poisonous... Then water goes inside through the uterus. As a result, women faced problems in their uterus.



Community dialogue participant,
Bangladesh¹²

Climate change undermines accessibility, availability, acceptability, and quality (AAAQ) of SRH services, four essential elements of the right to health. For example:

- Climate disasters destroy health infrastructure and disrupt access to essential SRHR services such as safe delivery, STI/HIV treatment¹³¹⁴, and contraception¹⁵¹⁶.
- Worsening access to safe water, SRHR education, and economic opportunity increases menstrual poverty and impacts menstrual health, particularly for adolescent girls¹⁷¹⁸.
- Responding to climate impacts and disasters rather than preventing them, as well as continuing to invest in fueling the climate crisis, diverts resources from and reduces availability of quality SRH services.

I was terrified... Other pregnant women have died. Everyone knows that these [maternal] deaths are high in this area. When the first hospital said no, I was worried that I might end up dying as well, like the others I've heard about. I started praying. My biggest concern was that the child inside me should remain alive and well.

Sonu Bohra,
Sal Village, Champawat, India¹⁹

The impacts of climate change also affect choices related to SRHR and bodily autonomy. When considering the reproductive justice framework – the right to have children, the right to not have children, and the right to parent in healthy, safe environments – climate change limits agency and range of choices:

- Increases in sexual and gender-based violence (SGBV) and human trafficking, leading to unintended pregnancies, STIs, HIV, and unsafe abortions²⁰²¹²²²³²⁴.
- Increases in child, early, and forced marriage, leading to greater need for adolescent SRH services, early pregnancy risks, and limiting education and access to CSE²⁴²⁵.
- Increases in eco-anxiety, leading to shifts in fertility preferences²⁶²⁷²⁸.
- Increases in negative coping mechanisms, such as hysterectomies among agricultural sugarcane workers in India²⁹.



Have a look at the SRHR & CJ Coalition's briefs from [COP26](#), [COP27](#), [CSW66](#), and its [messaging guide](#) for more resources on climate impacts on SRHR.



There are some girls who in the summer become girlfriends of young men from other villages. When their village is flooded, they move with these boys, sometimes they just run away. The girls do that to help their families.

Adolescent girl,
Seraxqen Community, Chisec, Guatemala³⁰



Health disparities and marginalized communities

Climate change exacerbates health inequalities, particularly for marginalized groups, inhibiting their adaptive capacity and increasing vulnerability³¹. The impacts outlined above indicate the disproportionate effects, including reduced access to SRHR services and information, experienced by women, girls, adolescent girls, and people with diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC), including people with disabilities. For instance, in the wake of extreme weather events, discrimination, stereotypes and harmful social norms limit access to services provided by relief efforts, for example assuming gender as binary can exclude transgender or third-gender individuals³².



Trying to get the house back to normal, trying to organise children back to school. It was a real struggle, there was some help other children were accessing, but because we are LBT women, we can't really tap into that help."

Participant in the community mapping, story-sharing, and traditional talanoa sessions, Fiji³²

Women and girls in diversities face additional strain due to intersecting climate impacts and systemic inequalities. This includes existing disproportionate responsibility for unpaid care work, which rises with climate-related injury and illness among children, siblings, and elderly. Droughts intensify the inaccessibility, distance, dangers, and toll of collecting water and firewood, worsened by lack of land ownership and rights.



SRHR and climate justice

Though a fundamental human right, access to quality, affordable SRH services remains unequal. This disparity is largely due to intersecting forms of discrimination and marginalization that create structural barriers based on gender, socioeconomic status, race, ethnicity, SOGIESC, disability, and migration status, inter alia. This interconnected system of injustice and inequality, including colonialism, capitalism, and patriarchy, perpetuates health disparities and is responsible for and compounds the climate crisis. While those most affected by climate impacts have contributed least to the crisis, they bear the greatest burden.

II. How are SRHR a Solution to the Climate Crisis?



SRHR are a cornerstone of health and resilience. Where climate change perpetuates cycles of inequality in our systems, comprehensive SRHR offer a solution. Healthy, educated, and empowered communities are more resilient and able to adapt to and minimize the effects of climate hazards. Critically, communities cannot achieve their right to health unless each person can fully realize their SRHR. Prioritizing SRHR as part of a just transition centers women, girls, and marginalized groups and ensures gender equality is central to climate and energy solutions. As climate impacts intensify, SRHR play a vital role in sustaining the health and dignity of individuals and communities through enabling bodily autonomy, access to education, and greater participation in community roles and decision-making, including on climate.

“ *In [pregnant] women ... the strong heat has caused a lot of hot flashes and . . . little food intake, which caused anemia, strong colds and vaginal infections caused by their [bodies'] low defenses.* **”**

Indigenous woman,
Bolivia³³



Ensuring SRHR supports health and well-being, which allows girls and women to make choices about their own lives, education, and livelihoods, and supports them to pursue leadership and economic opportunities, including in climate decision-making and as part of the just and equitable transition to a regenerative economy.

- [SRHR and CJ Coalition at COP27](#)



An intersectional, human rights-based approach to SRHR and climate change is essential. It must recognize, respond to, and proactively transform systemic barriers and hold accountable the perpetrators who cultivate inequalities. This approach ensures the right to health is enjoyed without discrimination, and addresses the underlying systemic causes of negative health outcomes. Human rights, including the right to health and SRHR, are critical to support individuals and communities to withstand climate shocks, respond to their health needs, make informed health choices, and access the full range of SRHR services.



SRHR are inadequately incorporated into climate plans and policy

Global and national progress to integrate SRHR into climate action remains insufficient. At the international level, normative frameworks tend to silo the issues, with few exceptions such as the 66th Commission on the Status of Women held in 2022. While COP28 and the World Health Assembly (WHA) at its 77th meeting heralded much needed steps toward addressing climate impacts on health, the WHA Climate and Health Resolution failed to include SRH, and implementation remains a challenge.

Similarly, there is limited progress on the national level. While 117 of the 119 Nationally Determined Contributions (NDCs) reviewed by UNFPA in 2023 contained health elements, only 38 integrated any SRHR²⁰. An analysis of 58 National Adaptation Plans (NAPs) and 21 Health NAPs found that while the health sector is a priority in adaptation³⁴, none of them incorporated all components of SRHR³⁵. Maternal and newborn health were the most widely incorporated, but other critical elements were completely missing, such as infertility, reproductive cancers, STIs and HIVs, and abortion³⁶.



Access to family planning is integral to SRHR, but not a climate mitigation strategy

Contraception and family planning have often been positioned as mitigation measures to control population growth. While rights-based voluntary contraception and family planning are essential components of SRH, this narrative places an unjust burden of climate mitigation on the people and communities least responsible and distracts from the true drivers of the climate crisis. Climate mitigation requires tackling the unsustainable and damaging production and consumption patterns of high-income countries. Redirecting attention away from the perpetrators of climate change to controlling people's bodies, especially those already in vulnerable situations, will not solve the climate crisis.



The realization of SRHR is a goal in itself, and population control should never be an objective."



Read more on the dangers of the "population control" narrative and strategies for addressing and challenging it [here](#).

III. What is the way forward?

The systematic lack of comprehensive, quality healthcare, including SRHR, hinders well-being in the face of climate challenges. We must invest in accessible, equitable, and integrated health systems that effectively deliver comprehensive SRHR care and education. It is crucial to meaningfully engage women, adolescent girls, girls and people with diverse SOGIESC in the design, implementation, and monitoring of all climate and health interventions. The following are recommendations to create an enabling environment that supports SRHR and climate resilience:

A. Bring the importance of SRHR into climate and health conversations.

Advocating for SRHR is critical to advancing its integration in climate action and policy. Whenever health is part of the call to action on climate change, SRHR should be included as a vital part of health rights and services, and as a key entry point for highlighting gender-differentiated impacts of climate change. SRHR is critical for building resilience to health-related effects of climate catastrophe and enabling individuals to participate in and lead climate action. The SRHR & CJ Coalition offers key language and messaging to support advocacy in its messaging guide.

B. Amplify advocacy for Universal Health Coverage (UHC)

UHC guarantees quality healthcare for all without financial hardship and is essential for ensuring access to comprehensive SRH services throughout the life course. Yet, UHC is threatened by the climate crisis. The health community is well positioned to advocate for comprehensive UHC that includes SRHR, while calling for climate resilient health systems that deliver rights and services for all people in all their diversity.

C. Strengthen capacity of the health workforce on climate change impacts on SRHR and disaster preparedness

Training and expanding the health workforce is vital to enhancing health system resilience and ensuring access to quality, resilient, responsive, and comprehensive SRH services, especially for marginalized populations. Educating health workers about the climate impacts on SRHR and preparing them to respond equips them to address challenges more effectively during climate crises. With targeted training, health workers can provide crucial SRHR care that addresses compounded climate-related health needs of all genders. This involves designing and implementing emergency response plans, managing surges in SRH service demand during climate-related crises, and responding to heightened risks of SGBV. For example,

- › Training midwives, frontline service providers, and doulas to prepare, protect, and support pregnant individuals from climate threats such as heat waves
- › Strengthen capacity of community health workers (CHWs), often responsible for providing primary SRH care and ensuring continuity of care during climate-related disruptions, to defend the right to health, dignity, and informed choices and advance equitable SRHR access

D. Implement the Minimum Initial Service Package (MISP) for reproductive health (RH) following climate-related crises

Prioritizing SRHR needs in disaster risk reduction and recovery plans and climate-induced humanitarian situations requires the implementation of the [MISP for RH](#). This standard set of priority activities should be implemented in the onset of a humanitarian crisis, including conflicts and weather disasters. The MISP can save lives and prevent

illnesses. It should be scaled up and sustained to ensure equitable SRHR coverage during crisis and recovery, while planning to reliably deliver comprehensive SRHR services.

E. Advocate for the integration of SRHR in National Adaptation Plans and Health NAPs (HNAPs)

As primary frameworks for climate resilience plans and policy, NAPs and HNAPs offer key opportunities to address climate impacts on SRHR. Comprehensive SRHR should be integrated as a core health component. The needs of groups made climate-vulnerable must be centered, using an intersectional, gender-responsive, and human rights-based approach. Mainstreaming SRHR in NAPs and HNAPs will support resilient delivery of comprehensive, equitable, and accessible SRH services and information. Prioritizing SRHR in adaptation will actively improve maternal, newborn, child, adolescent, and overall health and wellbeing.

F. Support ambitious climate action in NDCs to limit warming below 1.5°C

Given the direct and indirect impact of climate change and fossil fuel extraction on SRHR, global climate action must limit warming to below 1.5°C to achieve realization of SRHR. NDCs should prioritize consideration of health impacts, and developed countries must contribute adequate climate finance to ensure achievement of the Paris Agreement goals.

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Endnotes

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