Invest in Girls and Women: EVERYBODY WINS

The Path to Sustainable Development
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Invest in Girls and Women: EVERYBODY WINS

Imagine a world where no woman dies giving life, where no baby is born with HIV, where every girl is able to attend school and receive a quality education, and where everybody—including girls and women—has the opportunity to fulfill their potential. That world is within reach—if we want it.

Within the next few years, the global development landscape will change dramatically. As development drivers such as the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDGs) are revisited, reviewed, and reframed, there is an opportunity to reflect on progress and ongoing challenges—and to make sure that a new development framework prioritizes the health and rights of girls and women.

The past two decades have shown that it pays to invest in girls and women, and we have seen tremendous improvement in some areas. However, challenges remain, and progress has been uneven across regions and within countries.

Every day, 800 women still die needlessly during pregnancy or childbirth, with thousands more experiencing long-lasting injury or illness; 222 million women still have an unmet need for modern contraceptives; and many girls never finish secondary school.¹

The time is now to learn from our shared experiences, replicate and scale-up successful interventions, apply new technologies, and develop innovative processes and partnerships. When we invest in girls and women, everybody wins!
THE ACTION PLAN

Invest in the cross-cutting issues of health, education, and equality for girls and women—and act now:

► Ensure skilled and quality care before, during, and after childbirth, and safe abortion services when legal.

► Prioritize universal access to family planning, including access to comprehensive information about contraceptive options, and to a variety of affordable contraceptives.

► Secure girls’ and women’s access to nutrition and comprehensive health services, including preventive care and treatment.

► Close the gender gap and provide quality education at all levels of schooling—for example, through promoting gender equality in secondary and tertiary education, lowering school fees, working to end early and forced child marriage, and ensuring schools have sanitary and safe facilities.

► Implement policies and programs that promote sexual and reproductive health and rights, gender equality, support greater female leadership, and prevent gender-based violence.

► Promote young people’s access to comprehensive sexuality education and youth-friendly sexual and reproductive health services.
INVEST IN MATERNAL AND NEWBORN HEALTH

289,000+
WOMEN DIE FROM
PREGNANCY AND
CHILDBIRTH-RELATED
COMPLICATIONS
EACH YEAR.

⇒ That’s 800 women a day.
⇒ 99% of these deaths occur in developing countries.
⇒ Nearly 90% are preventable.

NEARLY THREE MILLION
NEWBORN BABIES
DIE EVERY YEAR.

For every maternal death, approximately 20
women suffer severe illness, injury, or disability.

THE 3 DELAYS
When a woman seeks care, she faces:
1. Delay in seeking help
2. Delay in reaching a health care facility
3. Delay in receiving appropriate care upon arrival

STRATEGIES TO IMPROVE
MATERNAL & NEWBORN HEALTH

Increase access to family planning
Increase access to quality care for pregnancy and childbirth
Increase access to safe abortion services

THE CONNECTION
Motherless children are up to 10 TIMES more likely to die within 2 years of their mother’s death.

INVESTING IN MATERNAL AND NEWBORN HEALTH:

Saves women’s & children’s lives
Strengthens health systems
Improves economies
Invest in Maternal and Newborn Health

In recent years, substantial progress has been made in maternal and newborn health. The number of maternal deaths has dropped by nearly half, from 543,000 in 1990 to 289,000 in 2013, and the number of newborn deaths has also substantially decreased, from 4.4 million per year in 1990 to 2.9 million per year in 2012.\(^2\)\(^3\) Yet each of these deaths is still one too many, and for every maternal death, approximately 20 women will experience severe injury or disability.\(^4\)

Young women are especially at risk for maternal death: complications during pregnancy and childbirth are a leading cause of death for young women aged 15–19 in developing countries, and girls under the age of 15 are up to five times more likely to die of these complications.\(^5\)

Poor, rural, and marginalized women are most prone to maternal deaths because of inadequate access to maternal health care. Globally, 40 million women give birth at home each year without a skilled birth attendant.\(^6\) Indirect causes, such as HIV, diabetes, malaria and obesity account for more than a quarter of maternal deaths.\(^7\) Another significant factor is nutrition: half of all pregnant women in developing countries are iron deficient, which increases their risk of dying during childbirth due to hemorrhage.\(^8\)

The good news is that the vast majority of these deaths are preventable, and proven, lifesaving solutions exist. Quality care before, during, and after childbirth; access to safe abortion services when legal; access to family planning; and investing in preventive care and treatment options for non-communicable diseases (NCDs) are crucial in turning maternal and neonatal death rates around, and in making sure that women and babies alike can live long, healthy lives.

Access to quality, affordable maternal and newborn health care is a human right.

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INVEST IN FAMILY PLANNING AND REPRODUCTIVE HEALTH

222 MILLION

WOMEN IN DEVELOPING COUNTRIES HAVE AN UNMET NEED FOR FAMILY PLANNING.

OF THESE, 162 MILLION WOMEN LIVE IN THE WORLD’S POOREST COUNTRIES.

BARRIERS TO CONTRACEPTION

- FINANCIAL
- SPOUSAL APPROVAL/PARENTAL CONSENT
- STOCKOUTS
- STIGMA

IMPACT OF UNMET NEED

- 80 MILLION UNPLANNED PREGNANCIES
- 30 MILLION UNPLANNED BIRTHS
- 40 MILLION ABORTIONS EVERY YEAR

INVESTING IN FAMILY PLANNING

FOR EVERY $1 SPENT ON FAMILY PLANNING, $6 IS SAVED.

REDUCING UNINTENDED PREGNANCIES BY MORE THAN 66% OR 6,000,000 EACH YEAR

PREVENT 30% OF MATERNAL DEATHS

AVERT 20% OF NEWBORN DEATHS

REDUCE UNSAFE ABORTION BY 40% (AN ESTIMATE OF 16,000 DEATHS)

AS WELL AS INCREASE PRODUCTIVITY FOR GIRLS AND WOMEN, DEVELOP A MORE SUSTAINABLE WORLD, AND POSITIVELY AFFECT POPULATION DYNAMICS.
Voluntary family planning is a proven strategy that can prevent maternal deaths, positively affect population dynamics, and enhance women’s opportunities to get an education and participate in the labor market. Yet there are still 222 million women in the developing world who do not want to become pregnant but are not using a modern method of contraception.

This unmet need, in combination with contraceptive failure, results in 80 million unplanned pregnancies, 30 million unplanned births, and 40 million abortions every year.9

Access to family planning is restricted for a number of reasons. In some cases, people cannot afford the cost of contraceptives, or clinics run out of supplies. In others, women are not allowed by their spouse or family to use family planning, or young people are stigmatized by health workers when trying to access services.

If women’s unmet need for family planning were met, unintended pregnancies would drop by two-thirds, and hundreds of thousands of lives could be saved.10 Family planning is also incredibly cost-effective: the world saves $6 for every $1 invested in family planning.11

Women’s and young people’s ability to access and choose sexual and reproductive health services is critical in shaping their own present and the future of families, communities, nations, and our world.
GLOBALLY, GIRLS AND WOMEN HAVE LESS ACCESS TO HEALTH CARE.

TODAY, WOMEN ARE MORE LIKELY THAN MEN TO:
- Acquire HIV
- Suffer from malnutrition
- Experience severe complications from diabetes
- Die from heart disease

By 2030, A HALF MILLION women will die of cervical cancer, with more than 98% of deaths in developing countries.

WHY DO WOMEN LACK ACCESS TO CARE?
- High user fees
- Severe health worker shortages
- Spousal abuse & control
- HIV/AIDS-related stigma

LIFESAVING SOLUTIONS
When women have access to comprehensive health services, preventive care, and treatment, it saves lives, time, and money.
**INVEST IN WOMEN’S HEALTH**

The right to health is a human right, and the health of a nation is determined by the health of its girls and women. When women are healthy, they are more likely to fulfill their potential, have healthy families, and contribute to their local and national economies.

However, malnutrition, heart disease, diabetes, and breast and cervical cancer continue to plague girls and women at alarming rates. Women are often more severely affected by diabetes complications, and in 2013 there were 21 million cases of high blood glucose in pregnancy. This can lead to severe complications for both the woman and the child, including preeclampsia and preterm labor. Women have become the face of HIV/AIDS, and are often denied the preventive care and treatment that is available to men, due to gender-based discrimination, stigma, or unaffordable user fees. This access is particularly limited for poor women, women living in rural areas, and women who cannot read or write.

Lifesaving solutions exist. Making sure that all health facilities have basic, essential medicines and supplies would improve the health of girls and women. Delivering family planning and HIV antiretroviral therapy together would prevent mother-to-child transmission of HIV, save lives, and save money. Instituting preventive screening programs has shown a decrease in cervical cancer rates by as much as 65%. Addressing deficiencies of iron and calcium and supplying multiple micronutrients could result in substantial reductions of maternal deaths. Diagnosing and treating diabetes early improves the health of women and children and reduces risk of future disease.

In general, working toward an affordable, universal, and integrated health care system would bring better access to care and better health outcomes for women—and for all.

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**OUR GOAL:**
Universal access to comprehensive, integrated health care services for girls and women

**OUR ASKS:**
Increase investments in integrated health care services, including:
- Stigma-free reproductive health care
- Prevention and treatment options for communicable and noncommunica
cable diseases
- Efficient service delivery
31 MILLION GIRLS OF PRIMARY SCHOOL AGE ARE NOT ENROLLED IN SCHOOL.

THE PICTURE IS DIFFERENT FOR GIRLS AND BOYS

{Enrollment rates in sub-Saharan Africa}

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
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<td>100</td>
<td>92</td>
</tr>
<tr>
<td>Primary School</td>
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<tr>
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<td>84</td>
</tr>
<tr>
<td>Tertiary Education</td>
<td>100</td>
<td>61</td>
</tr>
</tbody>
</table>

WHY DO GIRLS DROP OUT?

- Child marriage
- School fees
- Sexual violence
- Lack of sanitary facilities

BUT... IF WE COULD KEEP GIRLS IN SCHOOL BEYOND GRADE 7, THEY WOULD BE:

- More likely to marry 4 years later
- Less likely to die in pregnancy/childbirth
- More likely to have an average of 2.2 fewer children
- More likely to have healthier children
- More likely to send their children to school

WHO WINS? EVERYBODY.
To live long, healthy lives, girls must first be educated.

The longer a girl stays in school, the more likely she is to marry later, survive childbirth, and raise healthy children. Each additional year of a mother’s schooling will reduce the probability that her newborn will die by up to 10%.

When a woman has a secondary education or higher, her children are twice as likely to survive past age five as those of a woman with no education.

Educating girls also benefits society as a whole: secondary and higher education, especially for girls, leads to greater health outcomes, economic growth, and poverty reduction.

Today, nearly equal numbers of girls and boys are attending primary school. But as children move on to secondary and tertiary education, the gaps widen. For every 100 boys attending secondary school in sub-Saharan Africa, 84 girls enrolled, and that disparity increases significantly at tertiary levels. Girls drop out of school or fail to enroll for a number of reasons, such as unaffordable school fees and cost of supplies, a lack of safe and sanitary facilities, sexual harassment or abuse at school, or cultural beliefs.

Early and forced child marriage is a serious barrier to girls’ education. Child brides are often forced to drop out of school, and are unable to complete their schooling.

A quality education means more than just reading and writing. A critical aspect of educating girls is making sure that they are aware of their rights and are able to make their own decisions about their bodies, their health, and their relationships. Young people under 30—nearly half the world’s population—need access to sexual and reproductive health information and services to be able to live safe and healthy lives.

OUR GOAL:
Close the gender gap and ensure quality education at all levels of schooling

OUR ASKS:
- Achieve gender equality in secondary and tertiary education
- Lower school fees for girls and boys
- Ensure schools are violence-free and contain appropriate sanitary facilities
- Strengthen programs and policies that prevent early and forced child marriage
INVEST IN EQUALITY

WOMEN MAKE UP HALF OF THE WORLD'S POPULATION AND YET REPRESENT 70% OF THE WORLD'S POOR.

64% OF ILLITERATE ADULTS ARE WOMEN.

THAT'S 2 OUT OF 3

Women work 2/3 of the world's hours yet earn 1/10 of the world's income.

VIOLENCE
ONE IN FOUR WOMEN is physically or sexually abused during pregnancy.

Globally, NEARLY 40% of murders of women are committed by an intimate partner.

EVERY DAY, 39,000 GIRLS ARE FORCED INTO EARLY MARRIAGE.
THAT'S 27 GIRLS A MINUTE

INCLUSION & PARTICIPATION
Women make up only 21.9% of Parliamentarian seats, and 8% of the world's executives.

95% of countries have a male head of state.

More than 100 countries have laws on the books that restrict women's participation in the economy.

WOMEN IN POWER = GREATER OPPORTUNITIES FOR GIRLS' EDUCATION, HEALTH, AND EQUALITY
INVEST IN EQUALITY

From the moment a girl is born, her health and her opportunities to live life to her fullest potential are limited because of her gender. In most parts of the world, girls and women do not have the same access to health services, education, employment, and leadership positions as men and boys.

Instead of receiving an education, 27 girls under the age of 18 are married each minute, with little if any say in the decision. At least one woman in every three has been subjected to physical or sexual violence. Women are also more likely than men to live in poverty, and less likely to learn how to read and write.

Addressing these inequalities requires tackling the root of the problem: that girls and women are not seen as deserving of the same rights as boys and men. Discrimination and violence against girls and women not only abuse their rights, but also significantly inhibit their full participation as healthy and equal citizens of their communities. If human rights are universal, then they must apply equally to both genders.

It is proven that when girls and women are able to exercise their rights, they live longer, healthier, and more fulfilled lives. Women who can plan the number and spacing of their children have greater opportunities for work, education, and civil involvement.

A critical aspect of equality is equal representation in leadership positions. Currently, only 21.9% of Parliamentarians are female, and roughly 10% of countries have a female head of state or head of government. Women represent half the population, and deserve a representative voice in decision-making.

Investing in equal rights for girls and women is not only the right thing to do—it’s a smart investment in a more equitable world for all.
TODAY’S GENERATION OF YOUNG PEOPLE IS THE LARGEST IN HISTORY.

THERE ARE 3 BILLION YOUNG PEOPLE UNDER 30 ON THE PLANET TODAY, MOSTLY IN DEVELOPING COUNTRIES. Their choices and opportunities define the present and future of our world.

...YET YOUNG PEOPLE, AND SPECIFICALLY YOUNG WOMEN, FACE BARRIERS TO FULLY REALIZING THEIR RIGHTS.

More than 39,000 girls under 18 are married each day, violating their fundamental human rights.

Pregnancy- and childbirth-related complications are one of the leading causes of death among girls 15-19.

Young women make up more than 60% of all young people living with HIV, or 72% in sub-Saharan Africa.

In some countries, nearly half of girls report that their first sexual encounter was coerced.

HOW CAN WE CHANGE THIS?

GUARANTEE ACCESS TO:

Meaningful youth participation

Education, including comprehensive sexuality education

Youth-friendly health services

Sexual and reproductive health and rights
**INVEST IN ADOLESCENTS AND YOUNG PEOPLE**

Today’s young people under the age of 30 are three billion strong and represent almost half of the world’s population. Their needs, choices, and opportunities regarding health, education, and employment will define not only their own lives, but the present and the future for all and for the planet.

Young people are powerful drivers for social change. Yet, the needs, rights, and voices of youth, particularly young women, are often overlooked. They face discrimination and stigma on multiple levels simply because of their age.

Around the world, millions of young people lack access to youth-friendly sexual and reproductive health information and services. This means that far too many young women do not have access to modern contraceptives, resulting in unwanted pregnancies, unsafe abortions, and unnecessary maternal deaths. Complications during pregnancy and childbirth are one of the leading causes of death among girls aged 15–19, and in 2013, almost 60% of all new HIV infections among young people aged 15–24 occurred among adolescent girls and young women. Adding to this, young people’s health and rights are threatened by harmful practices like child marriage and female genital mutilation and by economic barriers such as youth unemployment.

The good news is that the advantages of involving and investing in young people are clear. Evidence shows that when young people have access to proper sexual and reproductive health, receive sexuality education, and can exercise their rights, the use of contraceptives—including condoms—increases, and the number of unintended pregnancies and sexually transmitted infections decreases. Healthy, educated, and productive young people are able to break out of poverty, reach their full potential, and contribute to their communities and nations. When we invest in young people, positive outcomes ripple throughout society.

Worldwide, young people are leading their peers and paving the way with new ideas and perspectives toward a more sustainable and equitable world.
INVEST IN GIRLS AND WOMEN: THE RIPPLE EFFECT

Women who use maternal health services are more likely to use other reproductive health services, and to seek health care for their children.

Girls and women spend 90% of their earned income on their families, while men spend only 30-40%.

When 10% more girls go to school, a country’s GDP increases by an average of 3%.

Eliminating barriers to employment for girls and women could raise labor productivity by 25% in some countries.

Growing evidence shows that corporations led by women are more focused on sustainability.

Closing the gender gap in agriculture could lift 100-150 million people out of hunger.

GIRLS & WOMEN ARE AT THE HEART OF DEVELOPMENT

INVESTING IN GIRLS AND WOMEN WILL...

IMPROVE HEALTH

BENEFIT FAMILIES

INCREASE PRODUCTIVITY

STRENGTHEN ECONOMIES

CREATE SUSTAINABLE NATIONS

REDUCE HUNGER
INVEST IN GIRLS AND WOMEN: THE RIPPLE EFFECT

Girls and women are at the heart of development. When girls and women are able to fulfill their human rights and have access to the information and services they need to be healthy and educated, there is a ripple effect of positive outcomes. Educated girls marry later in life, are less likely to die in pregnancy and childbirth, and have healthier children with better nutrition. They also grow into women who earn higher wages and know how to exercise their human rights. When we invest in girls and women, everyone wins.

INVESTING IN GIRLS AND WOMEN:

• Saves lives and improves health  Nearly 90% of maternal deaths are entirely preventable, and proven, lifesaving solutions are out there. For example, ensuring women’s access to well-equipped health facilities with skilled health professionals would lead to serious reductions in maternal deaths and greater health outcomes for all. Also, investing $8.1 billion a year in voluntary family planning would cause pregnancy-related deaths to drop by 79,000 and neonatal deaths by 1.1 million a year.30

• Strengthens national and global economies  Girls and women drive economic growth worldwide. They operate the majority of small businesses and farms in developing countries, and they account for 40% of the global labor force.31 If as many women as men were employed, GDP would rise by 5% in the United States, 9% in Japan, and 34% in Egypt.32 Investing in women and girls not only improves economies today, but also reduces intergenerational poverty.

• Builds a brighter future for their communities  Women invest more than men in the health and education of their children. When mothers are healthy, they are better able to raise healthy children and contribute to their local economies. Targeted investments in maternal, newborn, and reproductive health will have a dramatic, lasting impact on the economic and social fabric of developing nations—not just today, but for generations to come.

• Develops a more sustainable world  Providing girls and women with the sexual and reproductive health services and information they need to be healthy positively influences population dynamics and helps to create a more equitable and sustainable world.
CONTINUUM OF CARE – The continuum of care is the integration of maternal, newborn, and child health care across the life cycle, from pre-pregnancy through pregnancy, childbirth, and the early years of life. In this approach, caregiving occurs in households, communities, and health facilities.

EMERGENCY OBSTETRIC CARE (EMOC) – Consists of skilled medical personnel with the antibiotics, sedatives, blood transfusions and other equipment they need to deal with complications of pregnancy and childbirth, including obstetric surgery if necessary.

FAMILY PLANNING – The conscious efforts of couples or individuals to plan the number of their children and to regulate the spacing and timing of their births through contraception. Also includes the treatment of involuntary infertility.

FISTULA (OBSTETRIC) – An opening or rupture linking areas such as the vagina, rectum, bladder, and/or abdominal cavity, usually caused by obstructed labor, unsafe abortion, or traditional practices, such as female genital cutting. The result is uncontrollable leakage of urine or feces, odor, infections, and usually social ostracism for the woman or girl.

GENDER – Refers to the socially defined roles and responsibilities of men and women, boys and girls.

GENDER-BASED VIOLENCE – Violence that targets women or men, girls or boys, based on their gender. It includes, but is not limited to, sexual assault and domestic violence, and is often used as a weapon of war.

GENDER EQUALITY – Equal treatment of women, men, girls, and boys in laws and policies, and equal access to resources and services within families, communities, and society at large.

GENDER EQUITY – Fair and just distribution of benefits and responsibilities between men and women, boys and girls.

HUMAN RIGHTS – The inalienable, universal, and permanent rights that all people have simply because they are human beings. Citizenship, nationality, race, ethnicity, language, gender, sexuality, and abilities are irrelevant. Human rights become enforceable only when they are codified as conventions, covenants, or treaties, or as they become recognized as customary international law.

MATERNAL DEATH – A woman’s death due to complications of pregnancy or childbirth, usually restricted to deaths within 42 days of the end of pregnancy.

MATERNAL HEALTH – The health of women during pregnancy, childbirth, and the postpartum period.

MATERNAL MORBIDITY – Serious disease, disability, or physical damage, such as fistula, caused by pregnancy-related complications.

MATERNAL MORTALITY RATE – The number of maternal deaths during a given time period per 100,000 women of reproductive age (15 to 49) during that same time period.

MATERNAL MORTALITY RATIO – The number of maternal deaths during a given time period per 100,000 live births during the same time period.

NEWBORN DEATH – Death during the first four weeks of a child’s life.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND AIDS (PMTCT) – The process of preventing HIV transmission from mothers to their children during pregnancy, labor, delivery, or breastfeeding.

PRIMARY EDUCATION – The first stage of formal education, usually beginning at age five, six, or seven and lasting for four to six years.
**Reproductive Health** – The state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when, and how often to do so.

**Reproductive Rights** – The rights to reproductive and sexual health as components of overall health, throughout the life cycle, for both men and women. This includes the rights to reproductive decision-making, including the timing and spacing of one’s children; equality and equity for men and women; and freedom from sexual violence and coercion.

**Secondary Education** – Formal education following primary education. May be followed by tertiary education.

**Sexual Health** – A state of physical, mental, and social well-being in relation to sexuality, requiring a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination, and violence.

**Sexual Rights** – The right of all people, free of coercion, discrimination, and violence, to the highest attainable standards of sexual health, to seek information on sexuality, to make decisions as to their sexual partners and sexual activities, to decide whether or not and when to have children, and to pursue a satisfying, safe sexual life.

**Skilled Birth Attendants** – Individuals who have been trained to proficiency in the skills necessary to provide competent care during pregnancy and childbirth. Skilled attendants must be able to manage normal labor and delivery, recognize the onset of complications, perform essential interventions, start treatment, and supervise the referral of mother and baby for interventions that are beyond their competence or not possible in the particular setting.

**Skilled Care** – The process by which a pregnant woman and her infant are provided with adequate care during pregnancy, labor, birth, and the postpartum and immediate newborn periods. The attendant must have the necessary skills and must be supported by an enabling environment at various levels of the health system, including a supportive policy and regulatory framework; adequate supplies, equipment, and infrastructure; and an efficient and effective system of communication and referral and transport.

**Tertiary Education** – All postsecondary education, including but not limited to universities.

**Universal Health Coverage** – Ensuring that all people have access to needed promotive, preventive, curative, and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.

**Unsafe Abortion** – The termination of an unintended pregnancy, either by persons lacking the necessary skills or in an environment lacking minimal medical standards, or both.

**Unwanted/Unintended Pregnancy** – A pregnancy that a pregnant woman decides, of her own free will, is undesired.

**Violence Against Women** – Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.

**Women of Reproductive or Childbearing Age** – Women age 15 to 49, according to the World Health Organization.
SOURCES


9 Darroch and Singh, *Adding It Up*.

10 Ibid.


17 Ibid.


30 Darroch and Singh, *Adding It Up*.


40 Ibid.


47 Ibid.


Healthy and educated girls and women are at the heart of sustainable development.

Women Deliver believes that when the world invests in girls and women, everybody wins. We bring together diverse voices and interests to share solutions and drive progress in maternal, sexual and reproductive health and rights. As a leading global advocacy organization, we build capacity and forge partnerships, together creating networks, messages and action that spark political commitment and investment in the health, rights and well-being of girls and women.