

SRHR AND GOAL 4: 4

Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

- 4.1** By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- 4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- 4.7** By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including...human rights, gender equality...

Achievement of Goal 4's mission requires investment in evidence-based comprehensive sexuality education (CSE) curricula in schools and communities, and increased access to quality education, information and sexual and reproductive health services for people across the lifespan.



Education is a key catalyst that ensures women and girls can make informed decisions about all things related to their bodies.ⁱ Access to quality CSE empowers girls with essential information on their sexual and reproductive health and rights (SRHR). It is also a key enabler of gender equality as it informs men and boys' views on gender, their roles in healthy and respectful relationships and importantly, the status of women in society.ⁱⁱ

Ensuring access to timely, holistic, age-appropriate and evidence-based CSE promotes the wellbeing of individuals, leads to improved sexual and reproductive health outcomes, fosters gains in gender equality and promotes equitable social norms.ⁱⁱⁱ

Early and unintended pregnancy can prevent women and girls from completing their education and engaging in the workforce. Equally, ensuring access to SRHR services can help girls stay in school and empower them to seek information on their reproductive rights. Reducing early and unintended pregnancies, particularly for girls ages 15-19 years, can increase their educational outcomes and result in increased workforce participation, financial security and income generation.

There are strong links associated with educational attainment and health outcomes. Adults with higher levels of educational attainment, including tertiary education, have improved health outcomes and longer lifespans compared to those with lower education levels.^{iv,v} Additionally, comprehensive sexual and reproductive health education fosters engagement in health protective behaviours such as cervical, breast and colorectal cancer screening.^{vi,vii}

Workforce participation, ongoing employment and financial security cannot be a reality without access to education, particularly CSE and realisation of SRHR. Factors such as unmet need for family planning, combined with traditional gender expectations and limited access to education, leave women and girls shouldering much of the responsibility for raising children and running families. Often, this causes women and girls to have limited or less secure employment, lower levels of education attainment and reduced individual income. The gender gap in overall workforce participation rates is a prime example of the influences of traditional gender expectations and perhaps women's access to education and in some instances, family planning.

ⁱ Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R, et al. Accelerate progress - sexual and reproductive health and rights for all: report of the Guttmacher - Lancet Commission. The Lancet. 2018;391(10140):2642-92.

ⁱⁱ United Nations Educational Scientific and Cultural Organization. Emerging evidence, lessons and practice in comprehensive sexuality education: A global review. France: UNESCO; 2015.

ⁱⁱⁱ Guttmacher Institute. Informational handouts on comprehensive sexuality education, youth-friendly services, gender issues and sexual rights. New York; 2014.

^{iv} Raghupathi V, Raghupathi W. The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. Archives of Public Health. 2020;78(1):20.

^v Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. Annu Rev Public Health. 2018;39:273-89.

^{vi} Damiani G, Basso D, Acampora A, Bianchi CB, Silvestrini G, Frisicale EM, et al. The impact of level of education on adherence to breast and cervical cancer screening: Evidence from a systematic review and meta-analysis. Preventive medicine. 2015;81:281-9.

^{vii} Willems B, Bracke P. The education gradient in cancer screening participation: a consistent phenomenon across Europe? International journal of public health. 2018;63(1):93-103.

Actions

- Develop and disseminate a consumer-focused campaign to drive demand for sexual and reproductive health services
- Support programmes aimed at increasing the capacity for sustainable supply and provision of contraception, including long-acting reversible contraceptives
- Prioritise capacity building and training of health professionals to ensure they can provide, within their scope, the full suite of high-quality, evidence-based sexual and reproductive health services
- Ensure that national sexual and reproductive health strategies are up to date, evidence based, and provide women with access to the full suite of health services
- Ensure all young people have access to a comprehensive sexuality education curriculum that is aligned with the 2018 UNESCO Technical Guidelines



FURTHER INFORMATION

[Family Planning NSW's Sexual and Reproductive Health and Rights and the Sustainable Development Goals Reports](#)

[UNESCO's International Technical Guidance on Sexuality Education](#)

[United Nations' Sustainable Development Goal 4 Factsheet](#)

