

### **Background**

Climate change impacts sexual and reproductive health and the ability to realize fundamental human rights, contributing to gender inequalities. Climate change is a multiplier of existing health vulnerabilities, including through insufficient access to safe water and sanitation, food insecurity, and impacts on access to health care and education. Climate-related displacement and livelihood impacts are challenging both the protection and the realization of human rights. We know that realizing SRHR is crucial to achieving gender equality, and it must also, therefore, be a central component of gender-responsive adaptation to climate change. Climate change has direct implications for SRHR. Increases in air pollution and rising temperatures worsen maternal and neonatal health outcomes. An increase of one degree Celsius in the week before delivery corresponds to a six per cent greater likelihood of stillbirth. Increased poverty and food insecurity driven by climate-related loss of livelihoods is also impacting maternal health as decreased yields impact nutrient intake of the poor through a decrease in the availability and supply of highly nutritious crops.

Climate-related emergencies cause major disruptions in access to health services and life-saving commodity supply chains, including contraceptives. Additionally, climate related loss or change of livelihoods, as well as displacement and migration, increase risks of gender-based violence and harmful practices, including child marriage. The Intergovernmental Panel on Climate Change (IPCC) has noted the likelihood that both climate change and gender-blind climate-change interventions

could worsen gender inequality (IPCC, 2018). SRHR is required to build adaptive capacity and resilience in responding to climate shocks and impacts. Sexual and reproductive rights are human rights and are essential in and of themselves, but these rights take on renewed urgency in the face of an unstable and unpredictable environment. A cornerstone of strengthening resilience, SRHR enables people, couples and communities to realize their human rights, make empowered choices that best suit their personal circumstances and protect themselves and their communities from harm. Hence, the need to access SRHR needs of primary actors impacted by climate change in Bikita and Chimanimani, to inform VSO programme priorities, designs, and implementation strategies for sustainable development in health and livelihoods interventions in the ACTIVE grant.

## Zimbabwe's ACTIVE programme

Voluntary Services Overseas has been implementing the Active Citizenship Through Inclusive Volunteering and Empowerment (ACTIVE) project since 2022. The project is enabling the most marginalized local people and civil society to lead their own development by exercising the power of collective voice, claiming their rights to better services, and holding people in power and service providers to account. The empowerment of primary actors to improve their nutrition and their livelihoods is being done through a sustainable Agroecology component intended to also promote adaptation to climate and its far-reaching impact on primary actors and their environment.

# Research into the gendered impacts of climate change

Climate crisis is a huge impact on the Sexual and Reproductive Health and Rights of actors and the ability to realize their fundamental human rights. Realizing SRHR is crucial to achieving gender equality, and a central component of gender-responsive adaptation to climate change, propagated this research study. The goal of the research was to assess the Sexual Reproductive Health and needs of primary actors impacted by climate change in Bikita and Chimanimani, to inform VSO programme priorities, designs, and implementation strategies for sustainable development in health and livelihoods interventions in the ACTIVE grant:

- Identify SRHR needs of vulnerable primary actors (women, girls, youths)
- Explore the availability, accessibility and uptake of SRH services by vulnerable groups amid climate shocks
- To determine the impact of climate change on primary actors SRHR and the linkage between SRHR and climate change to enhance integration of programming To make recommendations for inclusive and gender responsive programming Government and responsible ministries and VSO Zimbabwe on programme design, development and implementation on SRHR

#### **Key findings:**

The results from the research showed a strong correlation between climate change and Sexual Reproductive Health of farmers in the areas studied. The study highlighted critical factors that exacerbate the impacts of climate change on the health of the most vulnerable, mainly poorly underfunded and overwhelmed health systems, low governance and limited policies on climate preparedness and adaptation, social inequities between men and women and high levels of poverty.

- Climate change contributes to low levels of awareness and access to SRHR needs amongst farmers: demanding work propagated by climate shocks and stresses changes results in farmers failing to access SRH services and information thereby contributing to their low levels of understanding on the matter.
- Climate shocks present resource constraints on health facilities: local clinics face major resource constraints, when faced with effects of climate shocks such as natural disasters, leading to disruption of services. Damage to infrastructure, supply chain disruption, loss of medical records, and pregnant and lactating women are particularly vulnerable.
- Climate change increases primary actors' vulnerability to GBV: climate-related disasters is linked to increased vulnerability to GBV, including sexual violence, transactional sex, and sex trafficking. In turn, these are linked to increased risk of STIs and unintended pregnancies. When agriculture-based areas are affected by climate change, livelihoods are

disrupted. Some women are forced to engage in transactional sex as a means of survival and fending for their children. Vulnerability to GBV, including sexual violence, is exacerbated for girls and women living in socially or geographically isolated places. During natural disasters women are most vulnerable, when placed in camps for displaced persons, they are at the mercy of development workers and security forces who at times abuse their positions of power and exploit the vulnerable women. As women and girls need to travel greater distances to gather basic necessities such as water and firewood, they are left with an increased risk of physical and sexual violence.

Climate shocks exacerbate causes and effects of child marriage: The study established that climate change and other environmental crises are multiplying the drivers of child marriages – including poverty, displacement, conflict and loss of education. Loss of education greatly places children, particularly girls, at higher risk of being married off in childhood. During crisis, children are married off as parents seek money to support their livelihoods. Arranged marriages are not uncommon. Another common practice within the areas understudy was that of "musengabere." The practice of snatching a young girl, whether spotted on her way to or from school or whilst running any errand and claiming her as your wife. The male who has snatched her, then sends word to her family that he has taken her and she automatically becomes his wife. The traditional practice has been fingered as also contributing to early pregnancies.

"In the recent past we recorded significant numbers of school dropouts particularly from girls. It is sad to realize that the boy child's access to education is still prioritised over the girl child. That is not say that boys are not also forced to drop out of school when environmental crises hits, but they stand a better chance than the girl." Headmaster, Ndima High school

- Climate change contributes to mental health issues, childbearing related complications and death: Research shows that 90% of births amongst adolescents take place within the context of marriage, and complications from pregnancy and childbirth are amongst the leading causes of death in girls aged 15 to 19 years. In environmental crises, pregnant young girls chances slim significantly.
- Investing in health systems can reduce the impacts of climate change on women and girls: Climate change is already impacting various aspects of our lives, including agricultural crops yield, labor productivity, and people shealth and well-being. SRHR is a key component of health, by building resilient, integrated health systems that effectively deliver education, care, and treatment in support of SRHR, the impacts of climate change and climate-related shocks and stresses can be reduced.

#### Recommendations

Recognized gap	Recommendation
The health sector is highly vulnerable to climate change	<ul> <li>Develop or strengthen specific policies and plans for adaptation actions to strengthen health systems</li> <li>Finance the health sector particularly during climate induced disasters.</li> <li>Conduct continuous risk assessments and action planning with communities</li> </ul>
Lack of awareness on SRHR services and products	Provide information on SRHR aspects, services and products during disasters
Health care workers lack support in reaching hard-to-reach people during climate shocks	Strengthen training opportunities on climate change and health     Ensure fund availabilility to reach isolated areas during disasters
Child marriages	Call on governments and donors to prioritise child protection in humanitarian plans, and incentives to prevent child marriage Advocacy within communities, civil society and key actors in to accelerate protection of children during climate induced disasters
Low levels of awareness amongst young people on SRHR	Strengthen Comprehensive Sexuality Education within schools, including support to young boys.     Educate excluded youth in hard-to-reach areas on safe sex practices, contraception and other key SRHR practices and services.
The carbon footprint of health systems is not considered	Each system should quantify, monitor, and publicly report the carbon impact of its financial investments using standardized metrics that allow for comparison across health systems.     Health actors should advocate for policies and regulations that incentivize decarbonization across all sectors of the economy.     Adequate budgetary allocations should be made, particularly making provisions for the occurrence of climate induced disasters.

#### Conclusion

The research was able to clearly indicate that climate change negatively affects SRHR, both directly (e.g., maternal health risks and damage to health infrastructure) and indirectly (e.g., reduced income to access SRH services). The study showed that impacts are exacerbated for people who are experiencing existing barriers to the realization of their SRHR, particularly women who are already vulnerable. Consequently, investments in information, services, and infrastructure towards resilient and inclusive health systems have the potential to reduce the impacts of climate change on SRHR. Strengthening health care systems by planning adequately for disasters is key. The realization of SRHR can support both adapting to and mitigating climate change. By addressing unmet need

for family planning through a voluntary and rights-based approach, decision-makers can help prevent unwanted pregnancies, improve maternal and child health, and reduce global greenhouse gas emissions. At the same time, by supporting people's realization of SRHR, individuals' resilience to climate-related shocks and stresses can be enhanced and barriers for them to engage in climate action can be removed. The needs assessment highlighted the gaps that need to be addressed by VSO ACTIVE project in terms of advocacy and awareness within the various communities. Though there are notable gaps in the evidence presented above, it is clear that integrating SRHR is key in addressing climate change impacts.



