

September 19, 2018

The Right Honourable Justin Trudeau  
Prime Minister of Canada  
House of Commons  
Ottawa, Ontario, Canada  
K1A 0A6



Dear Prime Minister Trudeau:

The Canadian Federation of Business and Professional Women (BPW Canada) respectfully submits the enclosed Brief for your consideration and action. The items herein represent the concerns brought forward by our members from Clubs across the country. Resolutions were presented, discussed, debated and accepted at the Bi-Annual Convention held in Ottawa in August 2018.

As a non-partisan organization, we have worked for over 88 years to urge governments to continue the inclusion of equal rights for women in legislation. It is through this process of voicing the issues outlined in this Brief and engaging in open dialogue with your government that we can together build a strong and thriving Canada.

On behalf of BPW Canada I take this opportunity to acknowledge **Motion 70** to declare a national **"Equal Pay Day"** with Recommendation #30 submitted by BPW Canada. This issue continues to be important to women and declaring Equal Pay Day will help to bring awareness of this inequity to Canadians. It is only when leaders from government, business and civil society work together that we will truly advance the status of women in our country.

We respectfully request that you and the appropriate Ministers review the enclosed resolutions and be available to meet with our delegation at a time in keeping with your schedules. A member of the delegation will follow up with this correspondence with a personal contact to confirm the preferred meeting times and dates.

We have forwarded this Brief to the Leaders of the Opposition and the Ministers addressed in our resolutions so that they may be apprised of our positions on the topics herein.

Yours truly,

A handwritten signature in black ink, appearing to read "Linda Davis", is positioned above the typed name.

Linda Davis  
President 2018-2020,  
BPW Canada

**Submission  
to  
THE RIGHT HONOURABLE JUSTIN TRUDEAU**

**PRIME MINISTER OF CANADA**

**BY**



**The Canadian Federation of Business and Professional Women  
*La Federation Canadienne des Femmes de Carrières  
Commerciales et Professionnelles***

**Member of the International Federation of BPW Clubs**

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**Working towards improving economic, political, social and  
employment conditions for Women in Canada  
*“Women Working for Working Women”***

**September 2018**

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## **INTRODUCTION**

The Canadian Federation of Business and Professional Women (BPW Canada) is an equality-seeking group working towards improving the economic, political, social and employment conditions for women. We are “Women Working for Working Women”. Our membership includes women from a variety of professions and occupations, including women entrepreneurs. BPW Canada develops the professional and leadership potential of women through education, awareness, advocacy and mentoring within the supportive network of BPW.

In 1930, BPW Canada was a founding member of the International Federation of Business and Professional Women’s Clubs. BPW International has Consultative Status at the United Nations Economic and Social Council and is the recognized voice of working women in over 95 countries worldwide.

For more than 88 years we have advocated for women’s rights at all levels and have played a significant role in achieving advancements for a just and equal society. For more information on our achievements, please visit our website at [www.bpwcanada.com](http://www.bpwcanada.com).

Currently, local BPW Clubs across Canada offer a range of opportunities and activities for members to enhance their: Awareness, Advocacy & Action on women’s issues; Leadership Skills & Career Advancement; Supportive Networking; and Personal Development.

The BPW Canada Bi-Annual Convention was held on August 10-12, 2018 in Ottawa. At our Conventions and Annual General Meetings we decide our policy. Resolutions contained in this document were initiated at the club level, researched and formulated, and brought to the 2018 bi-annual Convention where they were discussed and debated. Once accepted, these resolutions become part of the official policy of BPW Canada and are herein presented for your consideration. We are also enclosing Resolutions that were passed at the International Federation of Business and Professional Women’s Triannual Congress held in Cairo, Egypt October 23-27 2017.

The issues raised by BPW Canada are issues of concern to our society as a whole. We look forward to the opportunity to meet with our federal government representatives to present our resolutions and our concerns in more detail.

Jenny Gulamani-Abdulla, President 2016-2018, BPW Canada

Karin Gorgerat, Vice President, BPW Canada

Copy to:

**The Honourable Andrew Scheer, MP, Leader of the Opposition,** House of Commons, Ottawa, Ontario, Canada, K1A 0A6

**Jagmeet Singh, Leader of the New Democratic Party,** House of Commons, Ottawa, Ontario, Canada, K1A 0A6

**Elizabeth May, MP, Leader of the Green Party of Canada,** House of Commons, Ottawa, Ontario, Canada K1A 0A6

**The Honourable Ginette Petitpas Taylor, Minister of Health,** House of Commons, Ottawa, Ontario, Canada, K1A 0A6

**The Honourable Maryam Monsef, Minister of Status of Women,** House of Commons, Ottawa, Ontario, Canada, K1A 0A6

**The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development,** House of Commons, Ottawa, Ontario, Canada, K1A 0A6

**The Honourable William Morneau, Minister of Finance,** House of Commons, Ottawa, Ontario, Canada K1A 0A6

**The Honourable Catherine McKenna, Minister of Environment and Climate Change,** House of Commons, Ottawa, Ontario, Canada K1A 0A6

**The Honourable Ralph Goodale, Minister of Public Safety and Emergency Preparedness,** House of Commons, Ottawa, Ontario, Canada K1A 0A6

**The Honourable Patty Hajdu, Minister of Employment, Workforce Development and Labour,** House of Commons, Ottawa, Ontario, Canada K1A 0A6

**Standing Committee on Health,** House of Commons, Sixth Floor, 131 Queen Street, Ottawa ON K1A 0A6

## **Resolution #1**

## **Coverage for Long-Acting Reversible Contraception**

**THEREFORE BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically the Minister of Health, Minister of Status of Women, and the Minister of Families, Children and Social Development to work with their provincial/territorial counterparts to ensure that long-acting reversible contraceptives, such as IUDs, be covered by provincial health care plans supported by federal subsidies, so that health care providers such as gynecologists, family doctors, midwives, and sexual health clinic volunteer doctors can provide and insert them at no cost to the user.

### **Rationale**

The study, “The Cost of Unintended Pregnancies in Canada”, states that there are more than 180,700 Unintended Pregnancies annually in Canada, resulting in direct costs of over \$320 Million. \$143 Million of annual costs in Canada are attributed to non-adherence of contraceptives.

Long-Acting Reversible Contraceptives (LARCs) are as effective as sterilization and are not prone to “actual use” differences in effectiveness as are other reversible forms of birth control.

Long-Acting Reversible Contraceptives, while being the most effective and long-lasting form of reversible birth control, are also the most expensive up-front and therefore even less accessible to lower income women. There are gaps in availability of birth control to lower income women as evidenced by clinics in BC for example charging \$13 for Oral Contraceptives, and for IUD \$90.00.

Encouraging the use of LARCs will reduce costs by at least \$34 Million annually. By patients being able to have access to LARCs from health care providers at no cost, it will not only reduce the number of Unintended Pregnancies in Canada, but the costs resulting from them as well.

### **References**

1.Black, Amanda Y., Guilbert, E., Hassan, F., Chatziheofilou, I., Lowin, J., Jeddi, M., Filonenko, A., Trussell, J., Phil, B.. (2015). The Cost of Unintended Pregnancies in Canada: Estimating direct cost, role of imperfect adherence, and the potential impact of increased use of long-acting reversible contraceptives. *Journal of Obstetrics and Gynaecology Canada*, 37(12), 1086 – 1097.

Options for Sexual Health (n.d.). Products and pricing. Retrieved from <https://www.optionsforsexualhealth.org/clinic-services/products-pricing>

Options for Sexual Health (2018). Relative effectiveness of birth control methods. Retrieved from <https://www.optionsforsexualhealth.org/birth-control-pregnancy/birth-control-options/effectiveness>

## **Resolution #2      Implementation of Warning Labels on the outer packaging of all non-organic, single use Feminine Hygiene Products**

**THEREFORE BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically the Minister of Health, to implement warning labels on the outer packaging of all non-organic, single use feminine hygiene products such as: May contain toxic chemicals which are hazardous to your health

**FURTHER BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically the Minister of Health, to require that all non-organic, single use feminine hygiene products packaging lists the materials from which the products are made.

### **Rationale**

When chemicals come in contact with your skin, they are absorbed straight in to your bloodstream without filtering of any kind, going directly to your delicate organs. There is concern for the protection of women's health relating to the substances that exist in conventional feminine hygiene products that can negatively impact women's health;

Conventional feminine hygiene products such as tampons and sanitary pads are an oft-ignored source of a variety of potentially toxic ingredients, including some or all of genetically modified organisms, pesticides, dioxins, synthetic fibres, and petrochemical additives and one conventional sanitary pad contains the equivalent of about four plastic bags. A number of plasticizing chemicals have been linked to endocrine disruption and disease processes associated with heart disease and cancer;

Manufacturers of tampons and sanitary pads are not required to disclose the ingredients used in their products because Health Canada and the US Food and Drug Administration regulate women's hygiene products as a 'medical device'. Information disclosed on the packaging does not include ingredients, but shows a link to their website, which may not include sufficient information about how their product can negatively impact women's health in language that is easy to understand. Tampon packaging currently has a warning message in regard to toxic shock syndrome (TSS), but other conventional feminine hygiene products have no health warning.

By educating women about the potential risks, women can make more informed decisions regarding their health, and they can have a choice to purchase conventional or organic feminine hygiene products.

References: <https://www.canada.ca/en/health-canada/services/drugs-medical-devices/menstrual-tampons.html>.

<http://always.com/en-us/about-us/what-ingredients-are-in-always-pads>

<https://articles.mercola.com/sites/articles/archive/2012/01/23/dangers-of-feminine-hygiene-products-every-woman-should-know.aspx>

### **Resolutions #3 Ease of Access and Viewing of Online Violent and Degrading Sexually Explicit Material**

**THEREFORE BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically Health Canada, and the Standing Committee on Health, to examine the public health effects specifically on youth as a result of the ease of access and viewing of online violent and degrading sexually explicit material recognizing and respecting the provincial and territorial jurisdictions in this regard;

**FURTHER BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically Health Canada, and the Standing Committee on Health, to report its findings to the public immediately and provide recommendations for actions to prevent easy access to online violent and degrading sexually explicit material by children and youth;

**AND FURTHER BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically Health Canada, and the Standing Committee on Health, to provide better tools to assist and educate parents to protect their children under the age of majority from viewing pornographic websites;

**AND FURTHER BE IT RESOLVED** that BPW Canada urges the Government of Canada specifically Health Canada, and the Standing Committee on Health, to work with industry partners to develop parent friendly meaningful age verification for online violent and degrading sexually explicit material on websites.

#### **Rationale**

40 years of academic research has revealed that exposure to violent sexually explicit material is harmful to the physical and mental health of individuals, especially adolescents, and almost 90% of mainstream sexually explicit content features violence towards women. Additionally, research suggests that adolescents who use pornography, especially that found on the Internet, have lower degrees of social integration, increases in conduct problems, higher levels of delinquent behaviour, higher incidence of depressive symptoms, and decreased emotional bonding with caregivers.

The Stanley et al (2016) study of over 4500 teenagers aged 14 to 17 on sexually explicit material and sexual coercion and abuse found that the attitudes of boys toward gender equality is negatively impacted by regular use of online pornography. The use of pornography as a sex education tool is undermined by its sexism and misogyny and has the potential to inform sexually coercive and abusive behaviour in young men. Pornography has a detrimental effect on women more than men since the subject of most pornography focuses on women.

Parliamentarians have a responsibility to develop policy that fosters the healthy development of youth, increase child protection online, and reduce violence against women and girls.

Since Parliament has not studied the impact of sexually explicit material since 1985 - before the Internet was invented, now is the time to take action.

References - Stanley, N., Barther, C., Wood, M., Aghtaie, N., Larkins, C., Lanua, A., Överlien, C.. (2016). Pornography, sexual coercion and abuse and sexting in young people's intimate relationships: A European study., *Journal of Interpersonal Violence*, 1-26. doi: 10.1177/0886260516633204 <https://www.ncbi.nlm.nih.gov/pubmed/26951609>

Owens, E.W., Behun, R.J., Manning, J.C., & Reid, R.C.. (2012). The impact of internet pornography on adolescents: A review of the research.(1-2), 99-122.<https://doi.org/10.1080/10720162.2012.660431>

2Wright P. J., Tokunga, R.S., & Kraus, A.. (2016). A meta-analysis of pornography consumption and actual acts of sexual aggression in general population studies, *Journal of Communication*, 66(1), 183-205. <https://doi.org/10.1111/jcom.12201>

Hald, G.M., Malamuth, N.M., & Yuen, C. (2010). Pornography and attitudes supporting violence against women: Revisiting the relationship in nonexperimental studies. *Aggressive Behavior*, 36(1), 14-20. doi: 10.1002/ab.20328

## **Resolution #4      National Policy to Ensure Access to Sexual Assault Kits**

**THEREFORE BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically Health Canada, to create a national policy that ensures provinces and territories provide funding so that no sexual assault victim is denied access to a sexual assault kit due to where they live;

**FURTHER BE IT RESOLVED** that BPW Canada urges the Government of Canada, specifically the Minister of Health, Health Canada and Minister of Finance, to include in a national policy a requirement to allocate funding to ensure adequate staffing resources and proper training of medical staff in all locations to support timely kit processing and proper storage.

### **Rationale**

Sexual assaults are one of the most underreported crimes in Canada. Not having adequate access to sexual assault kits is a contributing factor to why sexual assaults are underreported. The more rural a woman's location, the less likely she will have any access to a sexual assault kit, the less likely medical staff will have proper training on collecting evidence and even less likely they will have adequate storage facilities. When women are forced to drive hours to reach a hospital where the evidence can be collected it can deter them from making the journey at all. In addition to accessing these kits, there are the additional problems related to whether the community hospital has a freezer that locks, to secure the evidence, and whether its physicians are properly trained to administer rape kits. If not, the victim has to travel to a hospital that does have these services — sometimes hours away, if a program exists in their province at all.

There is currently no national policy requiring provincial health regions to ensure funding and access to sexual assault kits for all women, especially those in rural or remote locations. With additional funding by the provinces, there are different ways rural or remote locations can offer increased access to sexual assault kits, including subsidized forensic nurse's training, creating positions for mobile forensic nurses to travel to remote areas, or buying freezers with locks for health centres. The Government of Canada can take the lead on this important issue, by creation of a national policy for all provinces and territories to follow.

#### References:

Beaumont, H. (2016, July 28). Canada has a rape kit problem. Retrieved February 19, 2018, from <https://news.vice.com/article/canada-has-a-rape-kit-problem>

Geller, L.. (2015). Forensic nursing's game changer. Retrieved February 19, 2018, from <https://www.canadian-nurse.com/en/articles/issues/2015/may-2015/forensic-nursings-game-changer>

## **Resolution #5**

### **Re-affirmation Resolution 2016-03 -Alcohol's Correlation to Breast Cancer and other Health Related Risks**

**THEREFORE BE IT RESOLVED** that BPW Canada reaffirms its support to urge the Government of Canada, and the Minister of Health to recommend that the Canadian College of Physicians & Surgeons provide current information to physicians on the health risks associated with the use of alcohol to their female patients, particularly the correlation between alcohol use and breast cancer so that they may communicate these well documented health related risks to their patients.

#### **Rationale**

Research indicates that there are gender differences in the way men and women's bodies metabolize alcohol making women more vulnerable to alcohol related health risks. These differences have often been attributed in the past simply to gender differences in weight and size. However, it is increasingly apparent from studies that physiological differences, exist as well. Women have less gastrointestinal and liver enzymes that metabolize alcohol. As a result, women absorb more alcohol into their bloodstream than men. A woman's body contains less body water and more fatty tissue than a man. As fat retains alcohol and water dilutes it, alcohol remains at higher concentrations for longer period of time in a woman's body.

Canada's low-risk alcohol drinking Guidelines indicate 0-2 standard drinks per day for women and no more than 10 standard drinks per week. For men the standard is 0-3 drinks per day and 15 drinks per week. Research indicates that at even one drink per day on average a women's risk of getting liver-cirrhosis increases by 139% compared with 26% in men. Due to the high correlation between alcohol and breast cancer, (2 drinks – 27%, 3-4 drinks – 52%, 5-6 drinks – 93%, and +6 drinks 193%), it is recommended, that women with a family history of breast cancer choose to stop drinking completely, or if they continue to drink, to limit their alcohol intake to no more than two drinks per week. For women who have been diagnosed with breast cancer it is recommended that they cease all alcohol intake altogether.

Research consistently shows that drinking alcoholic beverages, beer, wine and liquor increases the levels of estrogen and other hormones associated with hormone-receptor-positive breast cancer. Alcohol also may increase breast cancer risk by damaging DNA in cells. Physicians need to be aware of these risks so they can provide adequate information to their patients to protect their health.

This resolution was also presented at the BPW International Congress in Cairo, Egypt October 2017 and was passed by the delegation.

#### References

<http://www.cancer.ca/en/cancer-information/cancer-type/breast/statistics/?region=bc>

Women & Alcohol: The Hidden Risks of Drinking <https://www.helpguide.org/harvard/women-and-alcohol.htm>

Canada's Low-Risk Drinking Guidelines, Communicating Alcohol-Related Health Risks, Canadian Centre on Substance Abuse, (2013) <http://www.ccdus.ca/Eng/topics/alcohol/drinking-guidelines/Pages/default.aspx>

## **International Federation of Business and Professional Women**

The following Resolutions were passed at Congress of the International Federation of Business and Professional Women which was held October 23 – 27, 2017 in Cairo Egypt. These issues were presented and debated and when voted to approve member Federations have been asked to present to their Governments to continue or start to take action.

The International Federation of Business and Professional Women (BPW International) has become one of the most influential international networks of business and professional women with affiliates in 95 countries in five continents. The root of BPW's advocacy is embedded in the work with the United Nations. BPW lobbied for the formation of the Commission on the Status of Women (CSW) and has supported many women's issues.

BPW continues its representation at UN Headquarters in New York, Vienna, Geneva; UN regional offices (UNECA, UNECE, UNESCAP, UNESCWA, UNECLAC); UNESCO, UNICEF, ILO, WHO, UNCTAD, UNIDO, FAO, UN DPI; Council of Europe; European Women's Lobby and continues to work closely with UNIFEM.

### **PAY EQUITY FOR WOMEN AND GIRLS WITH DISABILITIES**

1. BPW International requests that their Federations (BPW Canada) urge their Governments to adhere to the UN Convention on the Rights of Person with Disabilities (UNCRPD) and its Optional Protocol and to:
  - make specific reference to women with disabilities, whose rate of employment and pay equity are lower than women without disabilities,
  - ensure they provide the required reports on women and girls with disabilities.
2. Ensure these Governments acknowledge indigenous rights, make specific reference to indigenous women and girls with disabilities, whose rate of employment is less and pay equity is even worse than their peers.

#### **Rationale**

The UNCRPD, is the first comprehensive Human Rights Treaty of the 21st Century which recognises the rights of persons with disabilities, including work on an equal basis with others and was entered into force May 2008. Women and girls with disabilities experience inequality in hiring, inequality in promotion rates and pay for equal work and inequality of access to training and retraining.

## **LONG TERM STRATEGY FOR THE ELIMINATION OF ALL FORMS OF VIOLENCE AGAINST WOMEN AND GIRLS**

1. BPW Canada acknowledges that Canada has signed and ratified the Paris Agreement (December 2015), Acceptance and Approval and signing Entry into Force, 2016/17.
2. BPW International asks that their Federations have requested that their government implement Environmental Displaced Person status to provide future security for those affected by climate change

### **Rationale**

This resolution has been prepared around the protection of women and girls who have been displaced from their homes through environmental disasters, and do not cross borders are not refugees, but 'internal displaced persons' and to ensure that measures are put in place to eliminate severe deprivation, hardship and discriminations.

Representative of the Secretary-General on the Human Rights of Internally Displaced Persons, Walter Kälin, has identified five climate change-related scenarios that may directly or indirectly cause human displacement.

- hydro-meteorological disasters (flooding, hurricanes/typhoons/cyclones, mudslides, etc.);
- zones designated by Governments as being too high-risk and dangerous for human habitation;
- environmental degradation and slow onset disaster (e.g. reduction of water availability, desertification, recurrent flooding, salinization of coastal zones, etc.);
- the case of 'sinking' small island states; and,
- violent conflict triggered by a decrease in essential resources (e.g. water, land, food) owing to climate change.

In September 2015, the General Assembly of the United Nations adopted the 2030 Agenda for Sustainable Development that includes 17 Sustainable Development Goals (SDGs). Building on the principle of "leaving no one behind", the new Agenda emphasizes a holistic approach to achieving sustainable development for all. In many contexts women and girls are most vulnerable to the effects of climate change as they primarily constitute the majority of the world's poor and rely predominantly on natural resources, which are threatened by climate change, for their livelihood.

## **MENTAL HEALTH – WOMEN IN PRISONS**

1. BPW International requests that their Federations (BPW Canada) urge their Governments adhere to the UN Standard Minimum Rules for Treatment of Prisoners 2015 (SMRs) rules 24 to 35 particularly as they apply to the mental health of women prisoners and the 2010 UN Rules for the Treatment of Women Prisoners.
2. Submissions to relevant human rights bodies where UN standards are requested if the rules are breached.
3. The Governments of the Federations are requested to advocate for trauma-informed practice in women's prisons.

### **Rationale**

Women prisoners make up between 2 and 9% of the total prison population with the highest levels being over 19% in Hong Kong-China according to The Institute for Criminal Policy Research, University of London in 2015. The high growth rate of women prisoners in the last fifteen years has not been matched by the growth of men prisoners (50% compared to 20%).

Current research in the United States, United Kingdom, Scotland, Australia and New Zealand has identified the very high percentage of women prisoners affected by mental health issues, post-traumatic stress disorder and who were victims of violence and sexual assault.

Given the vulnerable nature of women prisoners it is vital that mental health services are attuned to their needs knowing that committed mental health services can produce high level outcomes. Some criminal justice systems across the world are beginning to understand the need for effective responses to women's mental health issues, substance dependence and experiences of trauma.

Under the Sustainable Development Goals (SDG), it states that by 2030 no-one is to be left behind. Therefore, women in prison, and their families that are being affected by mental health and comorbidity, have to be included in setting up change so they too have access to empowerment, ability to break free and a positive future

## **MENTAL HEALTH: SUICIDE PREVENTION**

1. BPW International requests that their Federations (BPW Canada) urge their Governments to recognise the increasing number of suicides and the requirement for prevention measures to be implemented to achieve a reduction.
2. The Governments form taskforces to assist in obtaining:
  - (a) accurate statistics of women and girls who have committed suicide, over the last three years;
  - (b) accurate records over next two years for inclusion into the next WHO report;
  - (c) a copy of the WHO Preventing Suicide: Community Engagement Toolkit for use in their communities.
3. BPW International requests that these Governments work to achieve at least a minimum of 10% reduction of suicides as set out under the SDG 3.4

### **Rationale**

Suicide is a serious but preventable health and social issue. Suicide rates are a sign of the mental health and social well-being of the population. Under the SDG's Agenda 2030, in 12 years no-one is to be left behind. Strategies to prevent suicide, ensuring the provision of necessary resources and access to mental health resources are paramount to achieving this.

- 86% of suicides occur to people under 70 years of age,
- globally young adults aged between 15-29 years accounted for 8.5% of suicide, second leading cause of death to teenagers after vehicle accidents,
- in 2015 the European Region had been recorded with the highest suicide rate.

Goal 3 of the Sustainable Development Goals (2015): Ensure healthy lives and promote well-being for all at all ages. The World Health Organisation (WHO) has identified suicide prevention as one of the integral components of the Goal 3: 3.4 Action Plan, with the aim to reduce the rate of suicide in countries by 10% by 2020. The Commission on the Status of Women, Sixty-first Session, agreed conclusions March 2017, Women's Economic Empowerment in the Changing World of Work: Item 31: The Commission recognizes that the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health is vital for women's and girls' lives.

Women and girls are at risk in all regions and cultures of the world and that 2012 statistics recorded over 800,000 suicide deaths worldwide, with the rate for women and girls being only 1.8% less than men,