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Sexual and reproductive health: A foundation for achieving the MDGs

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"The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences."
Paragraph 96 of the Beijing Platform for Action

GLOBAL COMMITMENTS TO SEXUAL AND REPRODUCTIVE HEALTH

In 1994 at the International Conference on Population and Development (ICPD) in Cairo, governments agreed that sexual and reproductive health and rights, women's empowerment, and gender equality should be at the center of the global development agenda. A year later in Beijing, governments reaffirmed the critical importance of sexual and reproductive health to development and affirmed that women's sexual and reproductive rights are human rights and that they are essential for women to exercise their other human rights. Since then, many other UN conferences and agreements, including human rights treaty bodies, as well as the Millennium Project Report to the Secretary General[2] have similarly recognized the fundamental importance of guaranteeing the sexual and reproductive rights and health (SRRH) of women and girls.

The increasing momentum behind the Millennium Development Goals presents an important opportunity to achieve progress on goals agreed in the ICPD Program of Action and the Fourth World Conference on Women, including, among others, closing the gender gap in education, achieving universal access to reproductive health services, providing comprehensive education on health and sexuality, and ensuring adolescent health and rights. Three of the eight MDGs are directly related to reproductive and sexual health: improving maternal health, reducing child mortality and combating HIV/AIDS, malaria and other diseases. Focused attention to and investment in SRRH will be required if the other five goals are to be achieved.

Fundamental to the achievement of the MDGs is a rights-based approach to development that prioritizes equity, social justice, and sustainability, rather than simply the achievement of narrow quantitative targets[3]. The 2000 Millennium Summit Declaration set the MDGs in the broader context of human rights and democratic governance; as a result, the eight MDGs are coincident with the ICPD consensus, which recognized the need for a comprehensive approach to poverty reduction. The Millennium Development Project Report recognizes that achievement of each of the MDGs requires priority attention to SRRH and enumerates specific actions in line with global consensus agreements including the Beijing Platform for Action and the Beijing +5 outcome documents..
The Beijing Platform and the Cairo Program of Action are mutually reinforcing. With regard to sexual and reproductive health and rights Beijing expanded on three important areas that are also the focus of this paper:

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[2] UN Millenium Project 2005. Investing in Development: A Practical Plan to Achieve the Millenium Development Goals. Overview.
[3] IWHC web source on the MDGs, http://www.iwhc.org/global/un/mdgs/index.cfm

- Women's right to control their sexuality (Beijing PoA para 96)[4];
- The right of adolescents to sexual and reproductive health services and education consistent with the Convention on the Rights of the Child (Beijing PoA para 267)[5]; and,
- Review of abortion laws (Beijing PoA para 106k)[6].

THE CHALLENGE OF IMPLEMENTATION

For the past ten years since Cairo and Beijing, we have witnessed an integration of the objectives set out in these documents into population and development policies and programs, the promotion of gender equality and women's empowerment as essential components of poverty eradication strategies and an increased understanding on how sexual health policies and programmes can be designed and implemented to meet the needs, and respect the rights, of diverse sections of people, especially women and adolescents. For example, the policy paradigm shift and commitments made at Cairo and Beijing have contributed to the increase in the number of girls now enrolled in school and the number of women who have access to contraceptives. Since the early 1990's contraceptive use has increased in Africa from about 15 to 25 percent, and in Asia, from 52 to 66 percent. During the ICPD plus 10 review last year, many countries reported progress in a these and other areas; but there was also worrying evidence that the

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[4] Para 96 of the Beijing PoA: The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.

[5] Para 267 of the Beijing PoA: The International Conference on Population and Development recognized, in paragraph 7.3 of the Programme of Action, that "full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality", taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women. In all actions concerning children, the best interests of the child shall be a primary consideration. Support should be given to integral sexual education for young people with parental support and guidance that stresses the responsibility of males for their own sexuality and fertility and that help them exercise their responsibilities.

[6] Para 106 k of the Beijing PoA: In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;

inherent relationship between gender equality and sexual and reproductive health and rights is not always well understood. In some cases, progress is reflected in budgetary and programmatic priorities although most countries and development partners are still far from allocating the level of resources committed to implement the Cairo Program of Action. Ten years after Cairo, reproductive and sexual ill-health accounts for one-third of the global burden of illness and early death borne by women of reproductive age (15-49).

> *"Interventions to improve sexual and reproductive health and rights must therefore be a priority and should occur both within and outside the health system. At a minimum, national public health systems must provide quality family planning services, emergency obstetric care, safe abortion (where legal), postabortion care, prevention and treatment of sexually transmitted infections (including HIV), and interventions to reduce malnutrition and anemia. Outside the health system sexuality education programs are needed to lay the foundation for improved sexual and reproductive health outcomes. Ultimately, these interventions must be supported by an enabling policy and political environment that guarantees women's and girl's sexual and reproductive rights."*
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> *Executive Summary, pg 7, Millenium Project Taskforce on Gender Equality*

Sexual rights and responsibilities

The most prominent indicator of our failure to defend sexual and reproductive health and rights is the feminization of the AIDS epidemic. Nearly 50% of the 40 million people living with HIV/AIDS around the world are female, and young women account for 62 percent of persons ages 15 to 24 living with HIV/AIDS worldwide. In sub-Saharan Africa, 75% of infected young people are female and in many high prevalence countries, adolescent girls are four to six times more likely than boys their age to be living with HIV/AIDS. When it comes to counseling, testing, care and treatment, women frequently have less access than men. Being a married woman is a high risk factor in many countries.

The feminization of the epidemic demonstrates that prevention and care will fail if determinants of the epidemic such as gender inequality and poverty are not addressed - gender influences the spread of the disease, its impact and the failure or success of prevention efforts. Too often messages about HIV/AIDS are narrowly focused on disease control and do not address the many factors that increase girls' and women's risk. Another major shortcoming is the failure to invest in sexual and reproductive health services for all women, including building up their capacity to act in response to HIV/AIDS. In his World AIDS Day message on December 1, 2004, UNAIDS Executive Director Peter Piot said that "prevention methods such as the 'ABC' approach—Abstinence, Be faithful, and use Condoms—are good but not enough to protect women where gender inequality is pervasive. We must ensure that women can choose marriage, decide when and with whom to have sex, and successfully negotiate condom use." Another important issue that has received little attention is the neglect and violation of the rights of women living with HIV/AIDS, particularly their sexual and reproductive rights.
There is a growing consensus that a response to the feminization of the epidemic needs to include:

- Reproductive health services, including family planning, safe motherhood, services for the prevention and treatment of STIs and services that treat and prevent gender based violence
- The promotion of girls' primary and secondary education, the guarantee of inheritance and property rights, and the provision of economic opportunities for women.
- The promotion of open discussion on issues of sexuality and gender, increased ability to negotiate safe sex, greater awareness of the need to alter traditional norms about sexual relations

- Better access to treatment and support for the care function that women perform

An encouraging development in the last few years is the recognition from both the HIV/AIDS and sexual and reproductive health communities that there is a need for closer collaboration and that this closer collaboration presents important opportunities for each to meet their shared objectives.[7] At least three of the Millennium taskforce reports also recognize the need for stronger links between sexual and reproductive health and AIDS programs and services. Governments, international institutions, civil society and donors can play and important role facilitating and encouraging this closer cooperation.

Universal Access to Reproductive Health

Ten years ago the international community agreed on a definition of reproductive health and most services have received increased attention and effort, at least at pilot level. The one exception is in access to safe abortion. In Cairo[8] and Beijing[9] and in their five year reviews[10] countries agreed that unsafe abortion is a major public health concern and that in circumstances where abortion is not against the law health service providers should be trained and equipped to ensure that such abortion is safe and accessible. Nonetheless, according to a 2004 WHO publication, approximately 19 million unsafe abortions take place every year and approximately 68 thousand women die each year as a consequence. About 14 percent of these deaths occur in

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[7] Reproductive Health and Rights: A Vital Strategy in the Fight Against HIV/AIDS, IWHC, http://www.iwhc.org/resources/ag102704.cfm

[8] Paragraph 8.25 of the Cairo Program of Action: "All Governments and relevant intergovernmental and nongovernmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. ...Women who have unwanted pregnancies should have ready access to reliable information and compassionate counseling. ...In circumstances where abortion is not against the law, such abortion should be safe."

[9] Paragraph 106k of the Beijing Platform for Action: "Governments, in collaboration with non-governmental organizations and employers and workers' organizations and with the support of international institutions [should]: ...consider reviewing laws containing punitive measures against women who have undergone illegal abortions."

[10] Paragraph 63iii of the ICPD +5: "In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health."

young women less than 20 years of age[11] and millions more are severely injured or suffer from a chronic disability as a result of an unsafe abortion. The majority of unsafe abortions take place in developing countries and African women account for almost half (44%) of these deaths.[12] Unsafe abortion accounts for 13% of all maternal deaths worldwide, and as much as one third in some countries[13]. Thus, strategies to meet MDG 5 must include this entirely preventable cause of maternal mortality. In countries with restrictive abortion laws, women are less likely to seek out medical assistance when complications from unsafe abortions arise. In some countries, half of all obstetric admissions are for post-abortion emergency treatment. This represents a significant drain on resources for countries particularly those with weak health systems.

Relatively inexpensive equipment exists and mid-level workers can be trained to use it safely. A large number of deaths from unsafe abortion could thus immediately be prevented with a relatively minor investment in virtually all countries. The need for abortion could be significantly reduced by improving the quality and accessibility of family planning services. With the exception of a few countries, most countries allow abortion at least to save the life of a woman, and from a women's health perspective, the revision of existing laws and practices would contribute to providing safe abortion services for women.

"Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving." - Mahmoud Fathalla,MD, PhD, 1997[14]

Since ICPD and Beijing, a number of countries have moved towards liberalization of abortion laws. Guyana, Cambodia, Nepal and South Africa have changed their laws in recent years. Debates around existing restrictive legislation in other countries, such as Uruguay, demonstrate that countries are recognizing the links between access to safe, legal abortion, and women's health and rights. Legalizing abortion and providing safe services reduces the number of abortion related deaths - in Guyana admissions to a capital city hospital for septic and incomplete abortion declined by 41% within six months of enacting the law decriminalizing abortion in 1995. [15] In the cases of Bangladesh and Colombia, among others, safe services save lives even though laws remain restrictive.

In 2002 the government of Nepal, a country with the second highest incidence of maternal deaths in Asia and punitive laws against women who undergo abortions[16], expanded access to legal abortion for women for any reason up to 12 weeks, and up to 18 weeks in cases of rape, incest, fetal impairment or risk to a woman's life.

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[11] Unsafe abortion: Global and Regional estimates of the incidence of unsafe abortion and associated mortality in 2000.—4th ed, World Health Organization, 2004

[12] Ibid, p 45

[13] Ibid, 39

[14] Otsea, Karen. 2004. Lives worth saving: Abortion care in sub-Saharan Africa since ICPD.A progress report. Chapel Hill, NC, Ipas.

[15] http://www.crlp.org/pri_abortion.html

[16] http://www.unfpa.org/swp/200/english/ch7/page7.htm

In Uruguay (where unsafe abortion is the principal cause of maternal death) abortion has been a criminal offense for women who induce their own abortions, as well as for individuals who perform abortions with the woman's consent. Both could face harsh prison terms under the law. In December 2002 the lower chamber of Uruguay's Parliament passed "In Defense of Reproductive Health," a bill that would legalize abortion in the first trimester, mandate both public and private healthcare institutions to provide abortion services, mandate public hospitals to provide contraceptives, and require the government to develop a national reproductive health program. The bill was drafted by a commission made up of professional organizations, religious groups, and members of the women's movement. In this bill abortion is permitted in order to preserve "family honor," if the pregnancy is a result of rape, in cases of economic necessity, or if the pregnancy endangers the woman's life or health. Except in cases where the pregnancy constitutes an extreme health risk, only a judge can determine whether an abortion performed in the first three months of pregnancy meets the requirements described above, or whether the woman or the person performing the abortion is subject to prosecution under the laws[17].

In response to the crisis of unsafe abortion in the Latin American region, the 28th September Campaign[18] was formed in 1990. The campaign aims to liberalize punitive abortion laws across the region in the interests of public health, respect for human rights, and recognition of women's citizenship. The campaign works in 21 countries in the region and has been instrumental in generating debate and momentum to address unsafe abortion both as a public health and human rights issue.

In 2003 the World Health Organization published Safe Abortion: Technical and Policy Guidance for Health Systems[19]. It represents WHO's response to the ICPD+ 5 agreement to train and equip health-service providers so that abortion is safe and accessible in circumstances where abortion is not against the law. It presents best practices, clinical concerns, health system requirements, and legal and policy aspects of access to safe, legal abortion. In 2004 WHO adopted at the 57th World Health Assembly [20]a Reproductive Health Strategy to Accelerate Progress Toward the Attainment of International Development Goals and Targets. The strategy targets five priority areas: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promoting sexual health.

Another positive advance since ICPD is that many countries have developed or expanded post-abortion care programs including emergency treatment, family planning counseling and services, management of STIs and counseling.

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[17] http://www.iwhc.org/resources/expandingaccess.cfm
[18] http://www.iwhc.org/resources/092803.cfm
[19] http://www.who.int/reproductive-health/publications/safe_abortion/safe_abortion.html
[20] http://www.who.int/gb/ebwha/pdf_files/WHA57/A57_13-en.pdf

Access to contraception, including emergency contraception must also be priorities to reduce the incidence of unsafe abortion. In Bolivia, only 7 per cent of women hospitalized for abortion complications had ever used contraception, however, when asked 77% said that they wanted to do so.[21] Younger and poor women are at greater risk than any other group because they are least likely to have access to the basic reproductive-health services that could help them prevent unwanted pregnancy. The prevention of unintended pregnancy and unsafe abortion need to be both a priority and a strategy when working on maternal health, poverty and gender equality.
The Millennium Project Task force on Child and Maternal[22] health made the following powerful recommendations with regards to unsafe abortion:

- In circumstances where abortion is not against the law, such abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion.
- Governments and other relevant actors should review and revise laws, regulations, and practices, including on abortion, that jeopardize women's health.

Additionally, the taskforce also recommended that the full set of targets and indicators to meet Goal 5 include coverage of emergency obstetric care among others.

The Sexual and Reproductive Rights and Health of Youth

"The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction."
Paragraph 7.41 of the ICPD Program of Action

Adolescents comprise one-fifth of the world's population, an estimated 1.2 billion youth. In some countries, adolescents make up over 60% of the population. Addressing the sexual and reproductive health of adolescents in ways that promote gender equality will provide an enormous opportunity to make a significant difference in the long-term prospects of the next generation of adults.

During the five year review of ICPD[23] governments recognized the right of adolescents "to the highest attainable standard of health, and provision of appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs including reproductive health education, information, counseling and health promotion strategies". While

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[21] www.unfpa.org/intercenter/reprights/sexual.htm
[22] http://unmp.forumone.com/eng_task_force/ChildHealthEbook.pdf
[23] Paragraph 73 of the ICPD+5

some progress has been made since ICPD, the needs of adolescents continue to be widely neglected and their views are rarely taken into account when developing sexual and reproductive health programs. Many young people begin their sexual activity during adolescence, and many girls through forced early marriage, and they often lack the information and resources necessary to protect themselves from pregnancy and disease. Due to pervasive gender inequalities, young women in particular are often not able to negotiate safe sex. Adolescent girls face greater risk. Fifteen million girls between 15 and 19 give birth every year and 5 million adolescent pregnancies end up in abortion.[24]. According to UNFPA pregnancy is the leading cause of death for girls 15-19 years of age. Increasingly girls and young women are caught in sex trafficking and forced prostitution. Young people must have universal access to comprehensive sexuality education that promotes gender equality and human rights, both in school and out of school. This education needs to inform youth about all dimensions of sexual and reproductive health and rights, be free from bias and non-judgmental and not only focus on HIV/AIDS prevention and help young people develop the skills they need to grow up healthy. Comprehensive sexuality education can provide young women with the foundation that they need to help them negotiate and establish more equitable relationships and avoid situations that put their health at risk. The behavior and choices that young people make will be central factors in achieving the MDGs by 2015.

Adolescent girls in particular face many specific challenges and issues that require appropriate responses. They are often married at an early age, curtailing their opportunities for education and forcing them into unequal relationships with older men. The lack of education for girls is a critical issue as women with post primary education are more likely to know the facts about HIV/AIDS. The combination of being young, female, and under-educated means a greatly increased risk of HIV/AIDS.

Addressing the challenges and issues facing adolescent girls requires a recognition that the circumstances of unmarried and married girls differ greatly. Married girls are less likely to be reached by community outreach and peer education programs, are likely to be less educated, and the messages targeted to unmarried girls about HIV/AIDS and safe sex are not likely to be appropriate.

In 2003 the UN Committee on the Rights of the Child[25] issued a general comment on *Adolescent health and development in the context of the Convention on the Rights to the child.* The comment makes important observations calling on states parties to "develop and implement programs that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services where abortion is not against the law". The Committee also expressed concern about early marriage, indicated that sexual and reproductive health counseling and services should be sensitive to the needs of adolescents and said that states

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[24] http://unmp.forumone.com/eng_task_force/ChildHealthEbook.pd,fp.76

[25] The committee acts to monitor state compliance with the Convention on the Rights of the Child. Article 24 establishes the right of children and adolescents to attain the highest standards of health and to health care, including family planning education and services. States are called on to ensure that no child is deprived of his or her right to access to such health care and services

parties "should provide a safe and supportive environment for adolescents that ensures the opportunity to participate in decisions affecting their health, to build life skills, to acquire appropriate information, to receive counselling and to
negotiate the health-behaviour choices they make. The realization of the right to health of adolescents is dependent on the development of youth-sensitive health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services."[26]

Adolescents deserve special attention with services tailored to meet their needs, including the differing needs of married and unmarried adolescents. As the largest cohort – 1 billion strong – ever to make the transition from childhood to adulthood, adolescents are a key to meeting the Goals in a long-term sustainable way.
Millenium Project Taskforce 4 Report

There are examples of good practice when it comes to adolescents. Ten years ago, in southeast Nigeria, Girls Power Initiative (GPI) started a remarkable program for girls. Today GPI is an internationally recognized organization running a comprehensive program designed to achieve gender equality in four Nigerian states. By offering information about health and rights, and by helping girls develop the skills to protect themselves and to challenge pervasive inequalities, GPI is changing attitudes and behavior. GPI girls are getting an education instead of getting married young; they have resisted genital mutilation; and they are changing the way their parents, siblings, peers, and communities value young women. The curriculum used by GPI is fundamentally shaped by a gender analysis and GPI's work is based on a coherent theory of change: "Giving young women the communication skills to articulate their individual needs is insufficient. GPI encourages informal solidarity groups among these young women – creating the psychological and social support systems to help GPI girls hold on to the program principles in the face of significant resistance outside." GPI has 1500 girls involved in the program and reaches out to 25,000 students through programs in 28 participating schools. Building on their success, GPI and colleague organizations across Nigeria are influencing national policies that affect girls' health and rights. The national government has adopted a national sexuality education curriculum, and NGOs like GPI are helping to implement it.
There are two examples of youth driven initiatives- the RedLac and Youth Coaltion. Founded in 1999, REDLAC is a youth-led and youth-managed network dedicated to promoting and protecting adolescents' sexual and reproductive rights across Latin America and the Caribbean. Linking 15 organizations from 14 countries, REDLAC participates in regional campaigns and initiatives and has mobilized young people to represent youth concerns and add youth perspectives at a range of global and regional meetings. REDLAC works to ensure the inclusion of youth voices and perspectives in regional efforts to promote sexual and reproductive rights. The Youth Coalition is an international coalition of young people between the ages of 15-29 working to promote adolescent and youth sexual and reproductive rights at the national, regional and international levels.

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[26] Committee on the Rights of the Child, General Comment No.4 (2003) Adolescent health and development in the context of the Convention on the Rights of the Child

Recommendations

1. Endorse the Millenium Project Action Plan.
2. Endorse the seven strategic priorities as outlined in the Millenium Project Task force on Gender Equality
3. As an urgent matter of public health, in circumstances where abortion is not against the law, abortion should be safe. In all cases women should have access to quality services for the management of complications arising from abortion.
4. Governments and other relevant actors should review and revise laws, regulations, and practices, including on abortion, that jeopardize women's health.
5. Providing comprehensive sexuality education in schools and out of school and community programs.
6. National Governments with the support of development partners should incorporate universal access to sexual and reproductive health as an integral part of their AIDs response.

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