

Sexual and Reproductive Rights and Health

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RESURJ-Realizing Sexual and Reproductive Justice

Women's sexual and reproductive rights and health: critical investments for achieving sustainable development

As a global community, we have miserably failed to provide women, particularly poor and marginalized women and adolescents, with the sexual and reproductive healthcare, information and education they need to live fulfilling, just and healthy lives.

The condition of subordination and inequality often experienced by girls and women can deny their humanity and place them in situations where their sexual and reproductive rights are violated. Furthermore, gender discrimination limits their freedom to acquire knowledge about their bodies and their rights, and to claim them. Despite some progress, girls and women still lack the information and means to realize their personal and bodily autonomy.

For these reasons alone, the international community has, as a moral imperative, to secure women's sexual and reproductive rights and health. This can be done by measuring the effectiveness, accessibility and quality of women's health programs but it also necessitates participatory and social accountability approaches, so that women are able to influence those areas that require sustained political, social and financial investments.

In the Post-2015 sustainable development agenda, a gender perspective must be grounded throughout. Women caution against a set of reductive goals, targets and indicators that ignore the necessary changes required to address current failures rooted in unsustainable production and consumption patterns which in turn exacerbates gender, race and class inequities (Women's Statement, Bonn). Rather, ambitious and transformative global agreements must be developed in ways that respond to women specifically (as are outlined in other chapters of this book) through a defined course of action that challenges the current development paradigm towards a more equitable and just one based on gender equality and human rights. One of these tenants must be to secure women's bodily autonomy through ensuring their sexual and reproductive rights, and in so doing achieve their equitable access to quality sexual and reproductive healthcare. This will undoubtedly impact a whole range of development outcomes positively, as well as contribute to economic, gender, ecological and erotic justice.

Women's reproductive rights

Sexual and reproductive rights are human rights. The International Conference on Population and Development's Programme of Action (ICPD, 1994) recognized that the right to sexual and reproductive health and reproductive rights are enshrined in international human rights treaties already adopted by the international community. The bodies that monitor compliance with international human rights treaties (such as the Committee on the Elimination of All forms of Discrimination Against Women and the Committee on Economic Social and Cultural Rights) have since expanded the content and scope of States Parties' human rights obligations related to sexual and reproductive rights and health. Furthermore, governments agreed during the Fourth World Women's Conference in Beijing, to ensure that women have the right to control all aspects of their sexuality, including their sexual and reproductive health, free from violence, discrimination and coercion.

Under international human rights law, violations of women's reproductive rights constitute violations of human rights, including the right to information, the right to life, the right to non-discrimination, the right to health, and the right to be free from torture and cruel or inhuman treatment. The primacy of international law imposes an obligation on States to protect, respect, and fulfil these by all necessary means.

Reproductive rights violations lead to negative development outcomes because they fuel gender, economic and social inequalities. These violations include preventable maternal mortality and morbidity; forced sterilizations and forced abortions performed on women belonging to different ethnic minorities and also on those who are HIV positive; lack of effective access to safe abortions where they are legal due to non-regulation of conscientious objection, among other factors; lack of informed consent and choice over contraceptive methods; harmful practices such as honour killings, female genital mutilation, and early and forced marriage; and sexual violence.

Securing women's sexual and reproductive health and rights is not only a fundamental goal in its own right; it is also critical to achieving social, economic and environmental development, the three pillars of sustainable development.

Women's access to quality sexual and reproductive health care services

There has been little progress in achieving Millennium Development Goal 5 (MDG 5) on improving maternal health,¹ which requires a 75% reduction in maternal mortality and morbidity and aims to guarantee universal access to reproductive health through realizing the unmet need for family planning and reducing the number of adolescent pregnancies. Indeed, MDG 5 is one of the Millennium Development goals that is most off-track, and the UNDP 2012 MDG Progress report (UNDP, 2012) notes that the international community is far from achieving it. In addition, achievement of MDG 6, on halting the spread of HIV,² has been insufficient in regards to reaching girls and women with necessary prevention.

In 2015 we are still likely to be far away from achieving these goals, because even now:

- Eight hundred women still die from pregnancy-related causes every day (WHO, 2012).
- Over 220 million women (who are married or living in union) in developing countries want to prevent pregnancy, but lack access to effective contraception — resulting in 80 million unintended pregnancies, 30 million unplanned births and 40 million abortions — half of them unsafe and life-threatening (Guttmacher Institute and UNFPA, 2012).
- Since the 1990s progress has slowed with respect to increasing contraceptive use, with unmet need for family planning remaining persistently high in some of the poorest regions of the world, including Sub-Saharan Africa (Gita & Nayar, 2012).
- Nearly half of all people living with HIV globally are women (UNAIDS, 2012). Young women aged 15-24 are most vulnerable to HIV with infection rates twice as high as in young men; they account for 22% of all new HIV infections (UNAIDS, 2011). Every minute, a young woman is newly infected with HIV (Murray *et al*, 2010).

Maternal deaths are the result of a combination of poverty, social exclusion, inadequate access to quality health services, and gender discrimination. The main medical causes are haemorrhage, obstructed labour, sepsis and eclampsia, and unsafe abortions (WHO, 2012). Nevertheless, wider causes of women's deaths during pregnancy and childbirth have to do

¹ <http://www.un.org/millenniumgoals/maternal.shtml>

² <http://www.un.org/millenniumgoals/aids.shtml>

with structural discrimination — poor nutrition, anaemia, early marriage and child-bearing, violence and low female educational attainment (Sen, 2009). Furthermore, it is estimated that giving women in developing countries access to modern contraception would prevent at least 79,000 pregnancy-related deaths a year (Guttmacher Institute and UNFPA, 2012).

Addressing all of these socio-economic and cultural determinants require strengthening health systems, particularly at the primary health care level, so that they can adequately provide women with comprehensive sexual and reproductive health services, including: safe contraceptives and fertility regulation methods of their choice; HIV prevention (and treatment in high burden countries); and maternity care, including antenatal care, skilled birth attendance, and emergency obstetric care. It also means training health providers to be sensitive to the needs of poor women (OHCHR, 2010).

Ensuring women's access to quality reproductive health care also entails addressing the structural, legal, gender and economic barriers that keep women from accessing or using the information and services that they need. This can be done by including a range of related factors when developing targets and indicators concerning women's health, including the prevalence of: intimate partner violence; early and forced marriages; unequal power relations; discrimination by health care providers; spousal and parental consent laws; conscientious objection clauses; user fees in health care services; and sexual and reproductive preferences and intentions.

Prioritizing women's sexual and reproductive rights and health in the Post-2015/Sustainable Development Framework is critical because:

a. Preventing and combating illness among women and girls leads to a healthier and more productive population.

- Reproductive ill-health constitutes a significant part of the world's total ill-health: one-third of all deaths and disabilities among women of reproductive age and one-fifth of the total global burden of ill-health (Guttmacher and UNFPA, 2012).
- Disease and ill-health diminish people's personal capacity and their ability to contribute to their household, resulting in lost incomes and lower productivity.
- Poor health, poverty and social inequalities are intrinsically linked. Investments in better health, including sexual and reproductive health, are central for individual security as well as for reducing mortality and morbidity, which in turn improves a country's productivity and development prospects.

b. Investment in women's sexual and reproductive health provides economic benefits for governments.

- Sexual and reproductive ill health burdens national budgets, and lost incomes and lower productivity slow down economic development.
- Investment in women's sexual and reproductive health and rights consolidate investments made in education and employment and reduce future demands on government budgets.
- Providing women with the contraceptive method of their choice, along with wider investments in women's health, education and economic livelihoods, can reduce fertility levels and facilitate the demographic transition in developing countries, offering opportunities for economic growth, job creation, women's employment and poverty alleviation (Canning & Schultz, 2012).

c. Securing women's health is critical for their agency and human rights, as well as their families' well-being

- Denial of women's sexual and reproductive rights undermines women's opportunities for education and employment, driving gender inequalities and poverty.
- If women can make decisions about their sexuality and reproduction they can decide more fully with respect to their lives in general, contributing to social and economic development.
- Women can break out of the poverty trap more easily if they are healthy and able to manage their family size.
- Enhancing woman's individual financial security and earning power means that families benefit from a more stable income.
- Gender equality and inclusion also contributes to promoting social justice.
- When women can negotiate their reproductive health decisions with men, this exercise of their rights leads to increased decision-making roles within families and communities that benefits all.

d. When women are empowered and informed, they make responsible choices over their reproduction and contribute to stabilizing population growth and increasing prospects for sustainable development.

- As the Cairo Programme of Action established *"universal access to reproductive health information...can affect population dynamics through voluntary fertility reduction."*
- Many women prefer to have fewer children, but are unable to control their own fertility. Women that are empowered to control their fertility and reproduction will make informed and responsible choices that will ultimately contribute to stabilizing population growth and to advancing environmental, social and economic sustainability.
- Alongside efforts to reduce unsustainable and inequitable patterns of consumption and production in general, providing women with the contraceptive method of their choice at the time that they need it and respecting their human rights would help stabilize population growth and associated resource demands.

e. Investing in the human development and human rights of the largest generation ever of young people, particularly adolescent girls, means investing in the future and in sustainable development.

- Lack of information about their bodies and their rights makes young people, particularly girls, vulnerable to violence, early and forced marriage, early and forced pregnancies and child-bearing, sexual coercion, unprotected sex, HIV/AIDS, unintended pregnancies and unsafe abortions.
- Guaranteeing the health and rights of adolescents, including to comprehensive sexuality education and to sexual and reproductive health services that are appealing to them and non-judgmental, is critical to ensuring that they can actively participate in social and economic life.
- Investing in the health of adolescent girls and respecting their rights ensures the well-being of a whole generation.

**INVESTING IN WOMEN'S HUMAN RIGHTS IS CARING FOR THE FUTURE:
PRIORITIZING INDIGENOUS AND AFRO DESCENDANT WOMEN IN LATIN AMERICA
AND THE CARIBBEAN**

Latin America and the Caribbean is the most unequal region of the world. Indigenous and afro-descendant populations register the worst human development indicators: life expectancy, access to education, morbidity and mortality, among others (UNDP, Human development Index). Indigenous and afro-descendant women and girls suffer from ethnic and gender discrimination, often live in poverty and face great barriers to access culturally appropriate health services, as well as to control their sexuality, fertility and reproduction. In Brazil, for instance, an afro-descendant woman is four times more likely to die during pregnancy and childbirth than a white Brazilian woman.

In Mexico, indigenous peoples represent at least 10 per cent of the total population and half of these are women. The rates of maternal mortality and adolescent pregnancies are much higher than among white and mestizo women. Sexual violence is rampant as well as other harmful practices such as early and forced marriage and early pregnancy. All of this points to a constant violation of indigenous women's sexual and reproductive rights, as well as insufficient and inadequate resources and programs available to them.

A critical component of ensuring the sustainable development of indigenous communities resides in listening, attending, and responding to the needs and human rights of indigenous girls and women. This includes fulfilling their collective and individual rights so that they can control their bodies, have access to quality sexual and reproductive health information and services and protect their lands and resources free from violence and discrimination. Women in indigenous and afro-descendent communities are critical actors for development. Their voices must be heard and their recommendations acted on.

CONCLUSIONS

As the failure to fulfil the relevant Millennium Development Goals has already demonstrated, there is a need to have a much more holistic approach to development. In the case of women's health, this means not only a focus on maternity care and contraceptives, but ensuring that women in all their diversity and throughout their life cycle receive comprehensive, integrated sexual and reproductive health information, education and services that are of quality and respect their human rights.

Particular attention must be made to the principle of equity (focusing on the ones who need it most and are most marginalized), as this is critical to bridging the development gaps within countries as well as among countries. This means allocating sufficient budgets to the poorest and most marginalized women and finding the best ways to reach them, meet their needs, and fulfil their human rights.

As Agenda 21 notes *“The growth of world population and production combined with unsustainable consumption patterns places increasingly severe stress on the life-supporting capacities of our planet.”*

Furthermore, as civil society has already voiced, during a consultation with the High Level Panel on Eminent Persons for designing the Post-2015 framework, *“harsh economic conditions interact with long-standing social inequalities, biases and discrimination, as well as with key aspects of population dynamics such as migration, urbanisation and changing age structures (towards larger numbers of young people in some cases and many older people in others) to determine who is most severely affected. This includes children, girls and women, subordinated and oppressed castes and racial/ethnic groups, indigenous or disabled people, people living with HIV, sexual minorities, migrants and sex-workers, as well as widows, and older people. The existing social and economic inequalities faced by these groups as well as by pastoralists, small-scale farmers and informal traders are being intensified by current growth models. It is these people whose capabilities need to be supported. Their human rights, including their economic, social, cultural, sexual and reproductive rights need to be protected, promoted and fulfilled”* (CSO Communiqué to the High Level Panel, Monrovia, Liberia, February 2013).

Integrating a human rights approach in the Post-2015 sustainable development framework is critical to transform the development paradigm and make it more effective. A human rights perspective allows us to look at the underlying causes and systemic obstacles to achieving development outcomes. For instance, a country could have invested a lot of money in creating systems to deliver emergency obstetric services for women in labour, which indeed is fundamental, but women may still not be accessing the services due to geographical, cultural or financial barriers. This may be caused by issues related to inequality and discrimination against women within the family. Thus some women can not leave their homes without their husband’s or in-law’s permission). Others also have inadequate information and education so they do not know that that the service is available. In other respects, poor social services such as lack of potable water and poor sanitation systems, among others undermine women’s access to health services. If we only focus on the immediate impacts on women’s health, without considering the underlying drivers, we lose the capacity to have sustained and effective results that can really change people’s lives. Human rights are based on the principles of non-discrimination, participation and accountability. These are key principles that should be integrated into the efforts to achieve any sustainable development agenda, particularly if we are to reach the poorest and most marginalized.

RECOMMENDATIONS

1. Create a set of ‘principles’ that will define the Post-2015 Sustainable Development Agenda. The principles of non-regression, human rights, equity, equality, non-discrimination, accountability and participation are paramount.
2. Proactively address increasing inequalities within and between countries in access to health care. Prioritise women and young people, and their human rights in these responses. Focus on ensuring equitable and universal access to integrated sexual and reproductive health services within primary health care, with quality of care and fulfilment of sexual and reproductive rights. To secure this there must be greater meaningful participation of women in the design and implementation of projects related to social services and other development related projects, particularly at the local level.

3. Ensure that adolescent girls and young women have the knowledge and the skills to know their bodies and their rights, negotiate sexual and reproductive decision-making, access health services, and be free from violence and discrimination. This can be done by ending early and forced marriages, ensuring comprehensive sexuality education in and out of schools, and by providing adolescent girls with the sexual and reproductive health services that they need while respecting their privacy and confidentiality. Women and girls who are persons living with disabilities must be must receive targeted support which ensures their access to comprehensive sexual reproductive health services and education.
4. Ensure that women in all their diversity, and their sexual and reproductive health and rights across their life cycle, are central components to any health, population, and gender equality agreements that emanate from this development framework.
5. Focus on the prevention of ill health and disease: providing women of all ages, especially girls, with the information and programs they need to claim their rights and stay healthy. This includes information and education about sexuality and reproductive health, and about the health risks associated with poor nutrition and regular use of tobacco, illicit drugs and alcohol in order to prevent non-communicable diseases, among others. This must be connected strongly to significant improvements in sanitation, particularly the access to clean washrooms with effective waste disposal systems, in both urban areas and rural communities.
6. Provision of sexual reproductive health services and psychosocial care in conflict, emergencies and fragile states, particularly for women, girls, boys and men who are victims of sexual violence must be prioritised. States must take this up especially since rape has been recognised as a weapon of war. The provision of education infrastructure and day care centres in camps can also be used to relieve mothers, particularly for those who live as refugees or internally displaced persons. During post conflict reconstruction, the provision of social services must include information on and access to quality reproductive health services.
7. Greater investment in medical research into women's reproductive health, and anatomy in general.

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