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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

- 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

Life expectancy at birth has increased and fertility rates have declined. These changes have contributed to the increase in the number

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.”

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

- 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

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.

young women less than 20 years of age¹¹ 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 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.

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Reproductive Health" a bill that would legalize abortion in the first trimester, mandate both

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 Maternal²² health made the following powerful

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 the technical aspects of

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

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

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

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.

Menon-Sen, K. Millennium Development Goals Reports: A Quick Look through A Gender Lens, UNDP, 2004

Development Goals, 2005

MILLENNIAL DEVELOPMENT GOALS REPORTS: A QUICK LOOK THROUGH A GENDER LENS, 2005