1. PURPOSE

This Intelligence Brief explains sexual and reproductive health and rights (SRHR) in accessible terms and provides ready-to-use arguments in favour of these important principles. It is intended to serve as a reference document for policymakers in settings such as conferences and discussions. The brief provides an initial overview of the most important facts and figures regarding the global sexual and reproductive health situation; for further reading and a more comprehensive overview of key documents on sexual and reproductive health and rights please consult the “Sources” Section at the end of the document.

2. WHAT ARE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?

Sexual and Reproductive Health:

Sexual and reproductive health is the ability to have a safe and satisfying sex life and the ability to reproduce. Its central principle is the freedom to decide if, when, how often and with whom one has sex. The United Nations defines reproductive health is “a state of complete physical, mental and social well-being in all matters relating to the reproductive systems and to its functions and processes”. Reproductive health includes sexual health, which “concerns the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted infections (STIs)” (ICPD Programme of Action, paragraph 7.2).

Sexual and reproductive health encompasses family planning, as well as:

- comprehensive sexuality education
- maternal and newborn health care
- diagnosis and treatment of STIs (including HIV/AIDS)
- adolescent sexual and reproductive health
- cervical cancer screening
- infertility counselling

Issues such as gender-based violence, harmful practices, sexual coercion or abuse have a negative impact on reproductive health.

Sexual and Reproductive Rights:

Sexual and reproductive rights are the right of every individual to:

- reproductive decision-making, including the choice to marry and determine the number, timing and spacing of their children
- sexual and reproductive security, including freedom from sexual violence and coercion
- be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice. This includes other methods of their choosing for regulating their fertility which are not against the law
- have access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth, and provide couples with the best chance of having a healthy infant
- information and the means needed to exercise these choices

The right to sexual and reproductive health is grounded in the long-established human rights to life, liberty and personal security, equal treatment, privacy, education and development, gender equality and the highest attainable standard of physical and mental health. From this human rights perspective, each individual - regardless of sex, sexual orientation, age, race, socio-economic status, marital status, HIV (or other STI) status - has the right to make decisions about their sexual and reproductive health.

Women are at the centre of sexual and reproductive health and rights:

For both physiological and social reasons, sexual and reproductive health and rights affect women more than men. From a physiological perspective, premature and multiple childbearing can involve considerable risks to women. In addition, women, especially adolescent girls, are more vulnerable to STIs, including HIV and AIDS, because of the biological nature of the infection and the vulnerability of their reproductive tissues.

From a social perspective, women are also more vulnerable. Women, especially in developing countries, are still
much more likely than men to be poor, malnourished and illiterate, and they usually have less access than men to information and health care. Many women suffer from domestic violence and rape. On the other hand, when a woman’s reproductive rights - including the right to plan her family in terms both of birth timing and spacing - are protected, she has the ability to make the right decisions for herself and the opportunity to participate in her family’s and community’s development.

“\nThe average woman must use some form of effective contraception for at least 20 years if she wants to limit her family size to two children, and 16 years if she wants four children.”

World Health Organisation

Family Planning:

Family planning means enabling couples and individuals to plan the number and spacing of their children. Family planning is sometimes used as a synonym for ‘birth control’, though it includes much more. Family planning includes access to:

- services for voluntarily preventing or delaying pregnancy
- accurate information to help ensure choice, correct use of, and satisfaction with a method of contraception
- supplies such as contraception

Contraception includes barrier methods, such as condoms or a diaphragm, hormonal contraception, also known as oral contraception, injectable contraceptives as well as intrauterine devices (i.e. a coil) and emergency contraception or what is known as ‘the morning after pill’.

The aim of family planning is to enable couples and individuals to exercise their reproductive right to decide on the number and spacing of their children by making available a full range of safe and effective methods and services to do so. The decision to practice family planning must be made completely voluntarily. Once the choice is made, there must be adequate provision for follow-up and further counseling, if necessary.

Emergency contraception (EC) is a term used for drugs that act to disrupt ovulation or fertilization to prevent pregnancy. EC is intended as a back-up contraceptive method in the event of unprotected intercourse or contraceptive failure. As such, it fills a unique role in the range of modern contraceptive methods and is particularly valuable for victims of sexual violence, adolescents, and other marginalized groups who may have greater difficulty accessing other contraceptive methods.

3. WHY ARE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IMPORTANT?

Sexual and reproductive health and rights touch every human being at every stage of life. It concerns everyone who will experience love, wishes to procreate and found a family, raise offspring and engage in sexual activity. Therefore, sexual and reproductive health is a lifetime concern for both women and men, from infancy to old age. Sexual and reproductive health programmes should be tailored to the different needs and challenges that face people at different times in their life. This is called the “Life-Cycle Approach”.

In many cultures, discrimination against girls and women that begins in infancy can determine their prospects for the rest of their lives. The importance of education and appropriate health care arises in childhood and adolescence. These continue to be issues in the reproductive years, along with family planning, sexually transmitted infections (STIs), adequate nutrition and care in pregnancy, the social status of women and concerns about cervical and breast cancer. Male attitudes towards gender and sexual relations arise in boyhood and they are often set for life. Therefore, sexual and reproductive health and rights are crucially important to every human being throughout their lives. The table below illustrates how sexual and reproductive health and rights are relevant at all stages of our daily life.
### Importance of Sexual and Reproductive Health and Rights Throughout the Life-Cycle

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>
| **Babies & Infants** | - Access to post-natal care after birth  
- Access to information about breastfeeding for new mothers  
- Prevention of the transmission of HIV from mother to child  
- Ensuring necessary vaccinations for babies/infants  
- Preventing sex-selective abortion | - N/A |
| **Children** | - Ensuring girls are enrolled in school  
- Ensuring protection from female genital mutilation/cutting (FGM/c)  
- Ensuring protection from sexual harassment or abuse  
- Ensuring protection from child marriage | - Ensuring attitudes about gender and sexual relations form part of school curricula |
| **Young Adolescents (11-18 years)** | - Ensuring age-appropriate and gender-sensitive sexuality education  
- Ensuring that fist sexual activity is a matter of informed choice and a safe experience  
- Ensuring access to youth-friendly sexual and reproductive health information and services, including counselling and access to modern contraceptives | - Ensuring sexual and reproductive health programmes target young males as well their specific biological and social needs |
| *Girls on average enter adolescence two years earlier than boys.* | - Ensuring protection from child marriage  
- Ensuring protection from sexual and gender based violence  
- Ensuring protection from female genital mutilation/cutting (FGM/c)  
- Information and adapted sanitation facilities to ensure privacy and dignity for the onset of menstruation | |
| **Young Adults (18+ years)** | - Access to family planning information and services so as to plan a pregnancy and protect oneself from STI and HIV/AIDS  
- Ensuring the right to decide when and whom to marry and if to marry  
- Ensuring access to a full range of integrated reproductive health services such as emergency obstetric care and access to safe abortion services, where not against the law  
- Including partners in all aspects of family planning and reproductive health decision making | |
| *During this phase most people will make key decisions about childbearing.* | |
| **Older Adults (35+ years)** | - Access to fertility treatment  
- Access to family planning information and services so as to plan a pregnancy and protect oneself from STI and HIV/AIDS | |
| **Older People** | - Access to family planning information and services so as to protect oneself from STIs and HIV/AIDS  
- Access to information on menopause  
- Access to regular cancer screening sessions | - Access to (prostate) cancer screening |
Sexual and reproductive health and rights are also important to a country’s development and are still a leading development challenge.

In wealthy donor countries such as in Western Europe and North America, sexual and reproductive health and rights are widely guaranteed by a range of state policies, legislation and public health and education programmes which are relatively well funded. While challenges remain and a good state of sexual and reproductive health and rights requires constant attention from policy-makers, this ensures that citizens in Western Europe and North America are able to chose if and whom they will marry, how many children they will bring into the world, it ensures that pregnancy is a safe experience and that people will have the knowledge and access to the necessary supplies to plan a pregnancy and protect themselves from STI and HIV infections. While there is a global consensus on this among the nations of the world, it is far from reality for many people living in developing countries.

Unmet Need for Contraception

Unmet need for contraception is a measure of the proportion of women who would prefer to postpone or avoid pregnancy but are not using contraceptives. ‘Unmet need’ as a concept illustrates the gap between a woman’s fertility preferences and what she does about them: she wants to avoid conceiving but fails to do what is needed to prevent pregnancy.

Global Consensus on Universal Access to Reproductive Health:

“All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.” ICPD Programme of Action paragraph 7.16

The unmet need for contraception throughout the world is staggering. An estimated 222 million women who want to avoid a pregnancy are not using an effective method of contraception. The United Nations Population Fund (UNFPA) and the Guttmacher Institute estimate that meeting the needs of these 222 million women who lack reproductive healthcare and effective contraception could each year prevent 21 million unwanted pregnancies, 26 million abortions, and 1.1 million infant deaths.¹

At the same time, investing in sexual and reproductive health of people is one of the most effective ways to promote sustainable development. Investing in sexual and reproductive health contributes to overall development efforts in a range of ways, for example:

- **Reduces poverty:** Having fewer children, with more time between their births, enables families to invest more in each child’s education and health. It also puts fewer demands on household and community resources. Enabling women to take decisions about whether and when to bear children creates opportunities to pursue activities such as education
and employment, which contributes to poverty reduction. In Honduras and Columbia, for example, family income has been shown to increase by between 10 and 20% in cases where women have fewer children and are able to work. Women, when given the opportunity, are also more likely than men to use family resources in ways that benefit children and improve development prospects in their communities.

- **Increases levels of education:** This is especially important for girls, whose education is often sacrificed when resources are limited. Avoiding early marriage and unwanted pregnancy enables girls to stay in school in primary grades and beyond. The UNFPA State of World Population Report 2005 shows that educated women and girls are likely to marry later and to have smaller and healthier families. Every three years of education correlates with approximately one fewer child per woman.

- **Promotes women’s rights & gender equality:** The right to make decisions and to access information and services relating to partnerships, marriage, sexual relations and the bearing of children are fundamental to women’s equality and well-being. Having choices in the sphere of sexuality and reproduction can empower women to pursue other opportunities and to participate in social and economic life outside the home.

- **Improves health:** Death and disability due to sexual and reproductive ill-health account for one-third of the global burden of disease among women of reproductive age (15-44 years) and close to 20% of the overall burden of disease according to the World Health Organisation (WHO). Care before and during pregnancy and delivery and after childbirth saves women’s and children’s lives and prevents disabilities. USAID had estimated that every year, USD $15 billion in productivity is lost due to maternal and newborn death and disability.

4. **GLOBAL FRAMEWORK: WHAT HAS BEEN AGREED?**

**From Numbers to People - a new International Consensus**

In 1994, at the International Conference on Population and Development (ICPD) in Cairo, 179 governments acknowledged that empowering women and meeting people’s needs for education and health, including sexual and reproductive health, are necessary for sustainable development.

Governments agreed that they should advance gender equity, eliminate violence against women and ensure women’s control over their own fertility, and that these principles are the cornerstones of population and development policies. More specifically they confirmed that:

- All couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so.
- Decisions concerning reproduction should be made free from discrimination, coercion and violence.

The ICPD shifted the emphasis of population programmes from reaching demographic targets to promoting human rights and sustainable development, changing the focus from numbers to people.

The 20-year ICPD Programme of Action placed human rights and well-being explicitly at the centre of all population and sustainable development programmes. Emphasizing the health, education and empowerment of women, the ICPD endorses an approach to reproductive health that meets family planning needs as part of a broader health package. This package also includes care during and after delivery, prevention and treatment of infertility and STIs including HIV/AIDS, sexual health, and related information and counseling. A major breakthrough of the ICPD, reaffirmed repeatedly since, is that these services are essential for all people, including adolescents and youth. Governments also agreed that abortion, when not against the law, should be safe and that post-abortion care should be available.

The goals and principles of the ICPD have been incorporated into the Millennium Development Goals (MDGs),
which provide a unifying framework for international development cooperation. In December 2010, the United Nations General Assembly decided to extend the 20-year ICPD Programme of Action beyond 2014.

**Millennium Development Goals (MDGs)**
In 2000, world leaders adopted the MDGs, eight goals including concrete targets for tackling poverty in its many dimensions. In 2005, universal access to reproductive health was included in the MDG framework as target 5b. In 2010, Heads of States and Governments gathered at the UN in New York to take stock of progress in achieving the MDGs.

At this summit, Member States agreed that progress on MDG 5 is lagging behind and that increased investments are needed to reduce maternal, newborn and child mortality and achieve universal access to reproductive health services or to reduce maternal mortality rates, because its root-causes relate to the status of women in a society as well as economic, social, political and cultural determinants. Therefore, the “rights-based approach” described above needs to be integrated into policy making at all levels.

**Gender equality**
Gender Equality means that women and men have equal conditions for realizing their full human rights and for contributing to and benefiting from economic, social, cultural and political development.

- Advancing the right to health (including sexual and reproductive health) necessitates its inclusion into all relevant policy-making processes including policies for poverty reduction and international development.
- Focussing on technical and medical interventions in isolation will not be sufficient to ensure access to sexual and reproductive health services or to reduce maternal mortality rates, because its root-causes relate to the status of women in a society as well as economic, social, political and cultural determinants. Therefore, the “rights-based approach” described above needs to be integrated into policy making at all levels.

- Equal opportunities for girls and women improve their status in the home and society, increase their productivity, and lead to better family well-being. Gender equality and women’s empowerment are critical for social and economic development.
Young People
Sexuality is a normal and integral aspect of a person’s life. Most young people, however, have no access to sexual and reproductive health information and services. If neglected at this age, it can leave young people unnecessarily exposed to serious risks and uncertainties. Adolescence covers the period between 10 and 19 years of age. While many countries have taken measures to address the health needs of adolescents, in almost all countries, the topic of adolescent sexuality and reproductive health is culturally sensitive and therefore sometimes politically sensitive. Adolescence is the stage of transformation into sexual maturity. This is why young adolescents require different sexual and reproductive health services to adults; services that include youth-friendly guidance and information about their developing sexuality.

• Sexual and reproductive health services for young adolescents need to be approachable, non-judgmental, non-discriminatory and providers need to be trained in providing “youth-friendly” services. Confidentiality and privacy, while respecting the dignity and rights of young people, must be guaranteed.
• Within the social and cultural context of each country, comprehensive sexuality education is a vital component when equipping young people with knowledge, skills and values to make responsible choices about their sexual and social relationships. Adolescents should receive the information and care that will enable them to make responsible decisions to protect themselves from unwanted pregnancies, STIs and HIV and AIDS. The information must be age-appropriate and scientifically accurate.
• Adolescent pregnancy is a specific challenge. Pregnancy and childbirth-related complications are the greatest killer of adolescent girls worldwide. The risk of dying during pregnancy or delivery is five times higher for girls under the age of 15 than for women in their 20s.
• Within the social and cultural context of each country, investing in young people’s health, education, and livelihoods can enable them to be better educated, delay family formation, and enter onto the paid labour market. These investments ensure the well-being of a whole generation and contribute to a healthy and skilled workforce for economic development.

Maternal Mortality
Maternal Mortality – the death of women and girls during pregnancy, childbirth or 42 days after delivery – remains a major challenge. A high maternal death rate is not only an indicator of inadequate health care systems, but also of the fact that a woman’s fundamental right to life and health is being violated.

• Every day an estimated 785 women die in pregnancy or childbirth.
• Almost all of these women – 99 per cent – live and die in developing countries.
• The vast majority of pregnancy-related deaths are preventable. Preventing maternal mortality requires an integrated package of essential health services: presence of skilled attendants during the delivery, emergency care during delivery when necessary, care before, during and after the delivery, family planning information and services, and prevention of mother to child transmission of HIV/AIDS.
• A child whose mother has died is up to four times more likely to die than a child who has not lost a mother.

UN Consensus on young people’s reproductive health: “Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.” ICPD Programme of Action paragraph 7.46

MDG 5: Improve Maternal Health

Targets:
5.A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
5.B. Achieve, by 2015, universal access to reproductive health
Women’s and Girls’ Health

Women’s and girls’ health is critical to the well-being of their families and to the economy of their communities, since they deliver enormous social and economic benefits.

- When a mother dies or is in ill-health, her children are more likely to develop less well and to receive less schooling and healthcare.
- Women and girls are the sole income earners for 25 to 33% of all households. Women’s income is more likely than men’s to go to food, education, medicine and other needs.
- Saving lives saves money: In Burkina Faso studies show that every day, eight women die and 240 suffer disabilities from complications of pregnancy or delivery—costing the country $266 million in lost productivity over 10 years.
- Every year, roughly USD 15 billion in productivity is lost due to maternal and newborn mortality and disability.

Family Planning

Family planning is an integral part of sexual and reproductive health and rights.

- Access to family planning information and services has many benefits. It provides women and couples with choices: the choice to determine whether and when to have children; the choice to plan a pregnancy and to complete one’s education. The ability to choose increases women’s autonomy within their households and boosts their productivity and earning power. As a result, family planning helps to improve the economic security and well-being of women, their families and communities.
- Family planning is one of the most cost-effective interventions in development. Family planning saves public money spent on health and social services due to unintended pregnancies. Fulfilling the unmet need for modern family planning methods would increase costs by $4.1 billion, but it would lower the cost of providing maternal and newborn health services by $5.7 billion, because roughly 50 million fewer women would become pregnant unintentionally. Thus, it would result in net total savings of $1.6 billion.
- In no case must abortion be promoted as family planning. Any form of coercion has no part to play in family planning programs and services. Voluntary family planning contributes to preventing unwanted pregnancies and reduces the need for an abortion.

Sexual and reproductive health and HIV/AIDS

The links between sexual and reproductive health and HIV/AIDS are widely recognized, and there are synergies between the joint goals of universal access to reproductive health and universal access to HIV prevention, treatment, care and support. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. STIs other than HIV can increase the risk of HIV infection and transmission, and AIDS can lower resistance to STIs. In addition, sexual and reproductive ill-health and HIV/AIDS share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations.

Unsafe Abortion

The World Health Organisation (WHO) defines unsafe abortion as “a procedure for terminating an unintended pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both”. Unsafe abortion constitutes a major, yet preventable, cause of maternal death and life-long reproductive health disability, especially in developing countries, where the overwhelming majority of unsafe abortion occurs.

The majority of the world’s women live in countries where abortion is legal under certain circumstances. In most countries abortion is permitted either for broad economic or social reasons or for health risks, such as to save the life of a woman, to protect her health, or in cases of severe foetal abnormalities, rape or incest. Even when abortion is legal, this does not fully guarantee that abortion services will be accessible or safe. Access to safe abortion services can remain restricted due to a combination of health system, economic and socio-cultural barriers.

- Of the 208 million pregnancies that occurred worldwide in 2008, more than 43 million ended in induced (intentional) abortions. Almost half of all induced abortions are unsafe. 98% of all unsafe abortions occur in developing countries.
- Unsafe abortion accounts for ± 47,000 of all maternal deaths (±287,000) and the hospitalization of a further five million women every year due to serious health complications.
Adolescent girls and young women pay the highest toll as a large percentage of all unsafe abortions in developing countries are among women below the age of 25.

Prevention of unintended pregnancies should always be given the highest priority and every attempt should be made to avoid the need for abortion. While access to modern contraception would not completely eliminate recourse to abortion, universal access to reproductive health, including voluntary family planning based on informed choice, remains the most effective way of reducing unplanned pregnancies and unsafe abortions, thereby saving women’s lives.

6. PUTTING THE FACTS AND FIGURES INTO PERSPECTIVE

<table>
<thead>
<tr>
<th>SRHR</th>
<th>Facts and figures</th>
<th>Non-SRHR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women dying each year during childbirth and pregnancy</td>
<td>287,000</td>
<td>Deaths during the Indian Ocean Tsunami in 2004</td>
</tr>
<tr>
<td>Current aid for family planning per year</td>
<td>USD 800 million</td>
<td>Amount paid by Europe’s 50 biggest companies to their CEOs in 2010</td>
</tr>
<tr>
<td>Funds needed each year to fully meeting all need for modern contraceptive methods in developing countries</td>
<td>USD 8.1 billion</td>
<td>Amount spent on perfume in Europe and the United States per year</td>
</tr>
</tbody>
</table>

FURTHER READING:


SOURCES:


3 WHO. Estimates of DALYs by sex, cause and WHO mortality sub-region


According to the U.S. Geological Survey

http://www.euroresources.org.euromapping.html

Spiegel online, 19 May 2011.
http://www.spiegel.de/wirtschaft/unternehmen/0,1518,763564,00.html
