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Sexual and Reproductive Health Rights and Poverty

We will spare no effort to free our fellow men, women and children from the abject and dehumanising conditions of extreme poverty [1]

Sexual and reproductive health (SRH) has a central role to play in reducing poverty and is fundamental to the achievement of the Millennium Development Goals (MDGs), particularly the hard to reach goals relating to maternal and infant mortality and HIV/AIDS.

In 2005, Kofi Annan stated:
" The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning" [2].

Yet, due to political sensitivities there is currently no specific MDG target for SRH. Pressure to achieve the MDGs may result in countries prioritising only those indicators that measure progress towards meeting the goals. Thus it is particularly crucial that SRH is reflected in the development and public finance agenda. It is therefore a very positive move to see a renewed commitment to reproductive health and family planning in AusAID's White Paper; Australian Aid, Promoting Growth and Stability.

Many people, particularly women and girls in the developing world, do not have access to SRH information and services due to poverty and gender inequality. As a result, SRH problems often lead to death and disability even though those problems are treatable. The ability to make free and informed choices such as the number and spacing of children, has a profound effect not only on a women's own life, but also on that of her family. Maternal and infant health improve as the mother is be better able to feed and take care of her baby and the spacing of her children offers her more opportunities to take part in the social and economic community. A smaller and better spaced number of children will also lead to reduced competition and dilution of the available financial resources in the family. Children can be sent to school, there will be more money to buy food and healthcare services can be accessed more easily. Parents will also be better motivated to keep their daughters longer in schools, thereby postponing their age of marriage and the ages at which they will have their first children. This is the initial step in preventing complications during pregnancy and childbirth. Education will benefit girls in particular as they will be better trained to take part in a community's economy, better informed on their sexual and reproductive rights (SRHR) and better able to look after future children. Educated women, in turn, have between 2 and 3 fewer children, helping lift her family out of the poverty cycle[3]. Access to SRH information and services offers women and their families a better chance to free themselves from the poverty trap.

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1 United Nations Millennium Declaration, September 2000

2 Fifth Asian and Pacific Population Conference. United Nations Economic and Social Commission for Asia and the Pacific (ESCAP). Bangkok. 16 December

3 DFID Education Factsheet, September 2005.

Within the Asia–Pacific region 700 million people live on less than $1 a day and 1.9 billion live on less than $2 a day. Poverty however, is not just an economic phenomenon, it is the lack of choice, opportunities and dignity, the inability to choose if and when to have children, to send those children to school or to receive proper healthcare, it is the continuous presence of hunger and discrimination. Globally, 70% of the 1.2 billion people living in absolute poverty are women[4]. This is due to a variety of factors, amongst them reduced access to healthcare, education, employment and social and legal institutions. Poverty is inextricably linked to inequitable access to health services, and the burden of reproductive and sexual ill-health is greatest in the poorest countries where health services are inaccessible, poorly staffed, resourced and equipped, and beyond the reach of poor people. Poor and disadvantaged groups face barriers accessing health services generally, such as distance from services, lack of transport, cost of services and discriminatory treatment of users, as well as social and cultural barriers such as taboos surrounding reproduction and sexuality, women's lack of decision-making power related to sex and reproduction, low values placed on women's health, and negative or judgmental attitudes of family members and health-care providers. Poverty restricts access to sexual and reproductive health care, and when women are denied this basic right the cycle of poverty is perpetuated.

Most of the complications of pregnancy and childbirth can be prevented if women or girls have easy and timely access to SRH. Factors commonly associated with maternal deaths and morbidity include the absence of skilled health personnel during childbirth, lack of services able to provide emergency obstetric care and deal with the complications of unsafe abortion, and ineffective referral systems. Fistula, hemorrhaging and other physical and mental complications from childbirth can accompany a woman for the rest of her life and result in stigma and rejection from her family and community, further driving women into poverty.

Poverty is also exacerbated by the prevalence of sexually transmitted infections (STIs) and HIV/AIDS. Poverty can lead women and girls into unsafe relations, often with older, infected, partners, but infection also occurs within marriage by husbands who have had sex outside of marriage. The resulting feminisation of HIV/AIDS has a huge impact on a family's income due to the price of the medication and the inability of a woman to continue her work as household manager, primary caregiver and often breadwinner.

Each year 19 million abortions are carried out under unsanitary or medically unsound conditions, resulting in some 68,000 deaths[5].Unsafe abortions are a leading cause of maternal mortality and can result in permanent injuries. A lack of access to family planning results in some 76 million unintended pregnancies every year in the developing world alone.[6] Many women who seek abortions are married, they are usually poor and struggling to provide for the children they already have.

Of the 10.8 million deaths worldwide of children under five, 3.0 million occur during the first seven days of the neonatal period. Additionally, an estimated 2.7 million infants are stillborn[7]. Many of these deaths are related to the poor health of the woman and inadequate care during pregnancy, childbirth and the postpartum period.

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4 IPPF Factsheet "Poverty and Sexual and reproductive Health and Rights: Understanding the link." 2004
5 WHO. 2004a. Unsafe Abortion: Global and Regional Estimates of Unsafe Abortion and Associated Mortality in 2000, 4th Edition. Geneva: World Health Organization
6 Singh, S., et al. 2004. Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care. Washington, D.C., and New York: The Alan Guttmacher Institute and UNFPA.
7 WHO 2004 Reproductive Health Strategy to Accelerate Progress Towards the Attainment of International Development Goals and Targets

The Programme of Action from the 1994 Cairo International on Population and Development (ICPD) called for comprehensive factual information and a full range of reproductive health care services be made accessible, affordable and convenient to all users. In 1999 the UN General Assembly convened a special session to review the progress towards the ICPD goals and agreed to a new set of benchmarks, amongst which governments were urged to ensure that by 2015, all primary healthcare and health facilities would be able to provide the widest range of safe and effective achievable family planning and contraceptive methods, obstetric care and prevention and management of reproductive tract infections. Despite these developments, when the MDGs were agreed upon in 2000 SRHR was sadly missing from the list of targets and indicators, not because it wasn't fundamental to the overriding goal of eradicating poverty and extreme hunger, but because it was considered too hard and too controversial. During the review of the MDGs in 2005 this was recognised by the experts in the UN Millennium Project, who recommended a:

"*Focus on women's and girl's health (including reproductive health) and education outcomes…"*[8]

This was taken up by the more than 170 world leaders assembled at the 2005 UN World Summit when they committed themselves to:

" Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty."[9]

Heads of state assembled at the UN World Summit have not only agreed that SRH touches upon at least five of the MDGs including the one on extreme poverty, but that universal access to reproductive health is essential for the achievement of goals aimed at reducing child mortality, improving maternal health, promoting gender equality, combating HIV/AIDS and reducing poverty.

It is clear that full and universal access to SRH has an important role to play in the fight against poverty. SRHR offer women and young people greater control over their own destinies and afford them opportunities to overcome poverty. Yet poverty and gender discrimination prevent millions of people around the world from exercising their reproductive rights and safeguarding their reproductive health. The costs are highest for impoverished women and adolescent girls, who without access are driven further into the poverty cycle.

So far little progress has been made towards the eradication of poverty. The participants of the 2005 UN World Summit called for a target on SRHR under MDG 5 on Maternal Mortality. It is only by introducing that target and implementing it in all the policies and programmes in the developing world that poverty can be reduced by half by 2015 and ultimately eradicated. It is essential that the Australian Government's stated commitment to the reduction of poverty in our region reflects the underlying role that universal access to sexual and reproductive health constitutes.

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8 Investing in Development: A practical Plan to Achieve the Millennium Development Goals", New York 2005
9 2005 UN World Summit Outcome Document.