



Are Reproductive Rights Progressing in the 21st Century?

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Citation: EMJ Repro Health. 2022;8[1]:18-21. DOI/10.33590/emjreprohealth/10012502. <https://doi.org/10.33590/emjreprohealth/10012502>.



In a live session at the European Society of Human Reproduction and Embryology (ESHRE) 38th Annual Meeting, a pertinent debate over reproductive rights in this millennium was held between Jennifer Merchant, University Panthéon-Assas Paris II, France, and Marleen Temmerman, Aga Khan University Hospital, Nairobi, Kenya. The two leading experts, respectively, held a lively discussion on positive outcomes of the Sustainable Development Goals (SDG) of the United Nations (UN) versus the challenges that are still experienced in rights to reproductive health today.

UNITED NATIONS 21ST CENTURY MILLENNIUM DEVELOPMENT GOALS

Merchant initiated the discussion by explaining the eight international development goals were established by the Millennium Summit of the UN in 2000, to be achieved by the year 2015.¹ The declaration stated that every individual has a right to freedom and equality, among other key liberties. In 2010, 5 years prior to the target year, an evaluation meeting was held where co-ordinators identified that the intersectionality of gender equality meant that this goal should not be treated in isolation but should transverse all goals. New targets were established with a global strategy for women's and children's health, and the SDGs were replaced by the Millennium Development Goals (MDG). The new goals focused on women and children in poverty, hunger, disease, and health, and included the reduction of the maternal mortality ratio by three-quarters and the attainment of universal access to reproductive health. To reach this, Merchant confirmed that healthcare personnel had to increase

in areas where there is a lack of them. Other notable actions included a pledge for prioritising larger access to reproductive health, especially availability of contraception, reduction of the adolescent birth rate, pre- and postnatal care, and centres of family planning through increased funding.

THE MILLENNIUM DEVELOPMENT GOALS: INDICATORS OF SUCCESS

Merchant argued that the increased focus on gender equality seemed to accelerate MDG progress in certain countries. In the 2010 review, it was reported that in South Asian countries, where there is low birth rate and high mortality due to immediate access to healthcare and malnutrition, there were larger numbers of women in paid and industrial work. This gave women better access to healthcare and better nutrition among the cohorts, which in turn reduced child mortality. Improved economic opportunities for women decreased participation in the sex market, which decreased the spread of AIDS and other sexually transmitted

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infections. Also reported in 2010 was a study of women in rural Mexico, that showed that individuals who engaged in industrial work were able to negotiate and obtain a greater deal of respect in the home. In Tanzania, a study indicated that increased access to paid work led to a long-term reduction in domestic violence. Most evaluations and reports that were released by 2017 showed that at least 21 million lives were saved due to the accelerated progress of the UN's SDGs. Research on child mortality showed that 8.8–17.3 million children's lives were saved. Low-income countries improved more than middle-income countries. Merchant hypothesised that this could be explained by the 'failed states' in low-income countries, giving international organisations greater success in penetrating and applying programmes.

In conclusion, Merchant gave suggestions for the future of the MDGs set to be achieved in 2030. The progress made with the MDGs shows that putting emphasis on gender issues transversally has made an impact on the success of the goals. Notably, although the resources, technology, and knowledge exist to decrease poverty through improving gender equality, the will, often linked to religion, is still missing. Developing countries are advised to focus on priority areas applied to each of the goals to tackle this challenge, including girls' completion of secondary school and higher education, improving sexual and reproductive health rights, improving infrastructure to improve women and girls' time burdens, guaranteeing women's property rights, reducing inequalities in employment, increasing women's seats in government, and combatting violence and violence against women.





REPRODUCTIVE RIGHTS ARE COMPROMISED EVERY DAY

Temmerman launched into her discussion by giving an oversight of key milestones in the history of women's rights and gender equity. In the 1960s and 1970s, movements in Europe for access to contraception and for women to have a say in their own reproduction led to major achievements, including the legalisation of abortion in certain countries.

As an obstetrician-gynaecologist working in Kenya, Temmerman described her past experiences of reproductive health and gender inequality where she encountered many challenges, including lack of resources and technology, a shortage of materials, patients sharing beds, and commonly faced AIDS, and maternal and newborn mortality.

As explained by Temmerman, in 1994, the UN's International Conference on Populations and Development (ICPD) in Cairo, Egypt, was a landmark event in sexual and reproductive health as one of the first meetings to place women's reproductive rights within the human rights framework. For the first time in history, the participating countries

agreed that reproductive health includes the right of a woman or adolescent to make their own reproductive choices. The Beijing Platform of Action was held in 1995 and attended by representatives from 189 governments, producing the most progressive influence ever seen for advancing women's rights. The Nairobi Summit ICPD+25 held in 2019, 25 years on from the original ICPD, reviewed the progress made. While the plan addressed critical areas of concern, Temmerman warned that resistance against reproductive rights from many countries around the world is still underestimated.

The major causes of maternal mortality can be identified as haemorrhage, hypotension, and septicaemia. These are reversible conditions that, as highlighted by Temmerman, can be managed by healthcare professionals via two key interventions: improving quality of care and family planning. She proposed that there would be a triple return on investment if countries prioritised quality of care at childbirth resulting in reduced maternal mortality, reduced newborn mortality, and prevention of stillbirths. Stillbirth rates are highest in low- and middle-income countries and stillborn babies commonly die during labour; indicating poor quality

of care in these areas. For example, there are still requirements for doctors in rural areas to perform gentle assisted pushing, or who are unable to check a baby's heartbeat.

"One in three pregnancy-related deaths could be avoided if all women had access to contraceptives."

Targeting family planning is also a key focus of achieving equal reproductive rights in the 21st century, according to Temmerman, who stated: "One in three pregnancy-related deaths could be avoided if all women had access to contraceptives." She also argued that progress regarding child and maternal mortality is slower than other developments made in the MDGs so far. Of 9 million deaths of women and children, 6 million relate to pregnancy and death. At the end of the 2015 goals, 303,000 women died during birth, 2.6 million babies were stillborn, 2.7 million newborn babies died, and 3.2 million children were stunted at birth.

The need for global discussions and development is still warranted. Every year, more than 200 million women try to avoid pregnancy but are not using

modern contraception; over 45 million women receive inadequate antenatal care, or none at all; and more than 30 million women deliver their babies outside of healthcare facilities.

Advancements continue to be made as highlighted by Temmerman, including the Guttmacher-Lancet Report, which created a comprehensive definition of sexual and reproductive health rights; the work of societies such as the World Health Organization (WHO) and ESHRE to place infertility and reproductive rights high on conference agendas; and encouragement to adopt new policies and programmes at global, national, and regional levels.

In closing, Temmerman emphasised the support required to increase women's empowerment and progress in reproductive rights. She highlighted the need for more emphasis on gender issues within the MDGs, and stressed that action should be taken to collect further data on gender inequalities in order to achieve the UN's ambitious goals by 2030. ●

References

1. World Health Organization (WHO). Millennium development goals (MDGs). Available at: [https://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-\(mdgs\)](https://www.who.int/news-room/fact-sheets/detail/millennium-development-goals-(mdgs)). Last accessed: 25 July 2022.

