

# REPRODUCTIVE HEALTH

## Deficiencies that cost lives

Since 1994 good progress has been made in extending reproductive health and sexual health services, but in some parts of the world medical care for women is still seriously deficient. Every year some 500,000 women die because of complications in pregnancy and 100,000 more from unsafe abortions.

Social Watch Research Team<sup>1</sup>

### Selected indicators:

- Women between 15 and 49 attended at least once during pregnancy by skilled health personnel
- Births attended by skilled health personnel per 100,000 live births
- Estimated maternal mortality rate
- Contraceptive use among in-union women aged 15 to 49

According to the latest annual report from the United Nations Fund for Population and Development, nearly one fifth of morbidity and premature mortality in the world and one third of illnesses among women of child-bearing age are caused by deficiencies in reproductive and sexual health services.

In the last 12 years public policies in the sphere of population and reproductive and sexual health have been conditioned by the International Conference on Population and Development (ICPD) (Cairo, 1994), and the Fourth World Conference on Women (Beijing, 1995), and by the follow-up on both conferences. The follow-up evaluations on the Cairo Programme for Action (Cairo + 10, in 2004) and the Beijing Platform for Action (Beijing + 10, in 2005) revealed that, although important progress has been made towards implementing the resolutions stemming from these conferences, the situation of women's rights in general and of reproductive and sexual rights in particular is plagued by politics, which is jeopardizing and tending to weaken or reverse what has been achieved.

The ICPD Programme of Action stipulated that all States are obliged to:

- ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users; comfortable for all users through a system of primary health attention by 2015;

- enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so;
- meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

The Programme of Action further notes that all countries should strive to make reproductive health accessible through the primary health-care system, as soon as possible and no later than the year 2015.

According to the definition adopted at the ICPD, reproductive health not merely the absence of disease or infirmity, but rather a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.<sup>2</sup>

These platforms for action have a legal basis in the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). This Convention, which came into force in 1981, treats reproductive health as an inalienable right for all women in the world, and links it closely to the right to a decent life.<sup>3</sup>

The General Secretary of the United Nations, Kofi Annan, has pointed out that the Millennium Development Goals (MDGs) and the Cairo Plan for Action are not independent objectives. "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."<sup>4</sup>

Since 1994 good progress has been made towards the ICPD objectives in terms of universal access to reproductive health services. Many countries have adopted the idea and the practice of reproductive health, broadened their programmes to reach more people who need these services, and integrated family planning into pre-and post-natal care, childbirth attendance services, the prevention of sexually transmitted diseases and HIV/AIDS, and the detection of cervical and other kinds of cancer. In many countries reproductive health services are included in basic health care.

Although clear progress has been made in extending coverage and improving the quality of attention to women, in some countries there are still serious qualitative and quantitative deficiencies in the services provided, and this is reflected in poor health indicators: high rates of maternal mortality, low rates of the use of contraception, and a low percentage of births attended by skilled health care personnel. Every year some 500,000 women die from complications in pregnancy and another 100,000 as a result of unsafe abortions.

- At the present time women make up 40% of the adults in the world living with AIDS.
- A pregnant woman in Africa is 180 times more likely to die than a pregnant woman in Western Europe.
- In Ethiopia one woman in seven dies during pregnancy or in childbirth, but in the United Kingdom the figure is one in 19,000.
- Every day 1,440 women die in childbirth. That amounts to one death every minute.
- For every case of maternal mortality in Spain, 182 mothers die in Cameroon, 200 in Niger and 425 in Angola.<sup>5</sup>

1 The members of the Social Watch Research Team are listed in the credits at the start of this book.

2 United Nations Fund for Population and Development (1994). Programme of Action of the International Conference on Population and Development. See: <[www.unfpa.org/icpd/icpd\\_poa.htm](http://www.unfpa.org/icpd/icpd_poa.htm)>

3 The right to female reproductive health is enshrined in articles 11, 12 and 14 of the CEDAW, and in its General Recommendation number 24. See: <[www.un.org/womenwatch/daw/cedaw/recommendations/recomm-sp.htm](http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm-sp.htm)>.

4 Message from UN Secretary General Kofi Annan to the Fifth Asian and Pacific Population Conference, Bangkok, December 2002.

5 Data taken from the United Nations Development Programme (UNDP) (2005). *Human Development Report 2005*.

It is clear that there are huge differences between the developed world and the developing world in the rates of mortality caused by complications during pregnancy or childbirth. The rate of maternal mortality is 18 times higher in the developing countries. On average, women in the developing countries have more pregnancies, and they do not always receive adequate health care, so the actual length of time they are exposed to the risk of maternal mortality is 40 times greater than in the developed world. More than 95% of deaths related to poor reproductive health occur in developing countries, where there is no health care for one third of pregnancies, only 40% of births take place in health care establishments, and only half the births are attended by skilled health personnel.

For the purposes of this report four indicators were used: the percentage of women receiving attention from skilled health personnel during pregnancy, the maternal mortality rate, the percentage of women using contraception, and the percentage of births attended by skilled health personnel. Evolution was analyzed using the same indicators except for the maternal mortality rate, since there are problems with this that hinder comparisons.

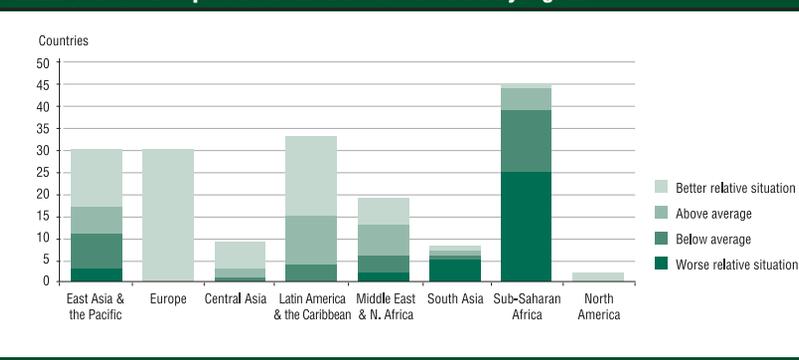
Of the 27 countries in the worse relative situation on these indicators, 21 are in the critical group on the Basic Capabilities Index (BCI) and 6 are very low on that index. At the other end of the scale, of the 63 countries in the better relative situation as regards reproductive health, 28 have a middle level on the BCI and 33 a high level, and only 2 rate low on that index.

The reproductive indicators in this area show that overall progress has been made recently in all the groups of countries. Only 9 of the 112 countries show slight or significant regression, and 72 have made slight or significant progress.

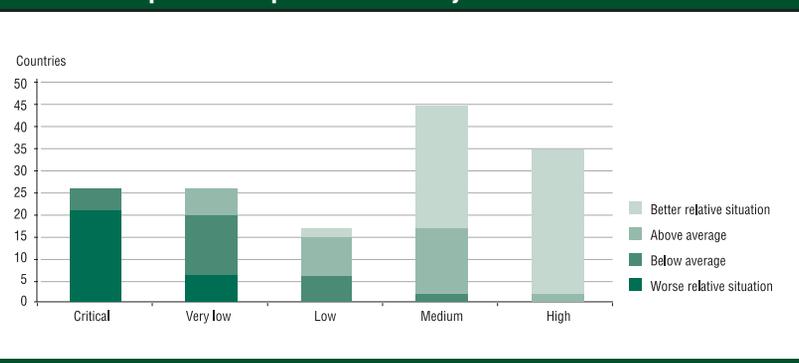
There is a strong correlation between reproductive health indicators and geographical region, and an analysis of this shows major inequalities. The countries in the worse relative situation are mostly in sub-Saharan Africa (70%) and Southern Asia (14%), while those in the better relative situation are in Europe (39%), Latin America and the Caribbean (23%) and East Asia and the Pacific (17%). The general evolution of reproductive health indicators for the world is encouraging, but there are huge inequalities between regions.

In the countries in the worse situation an average of only 36% of births are attended by skilled health personnel, but the figure for the countries in the better situation is 98%. Other statistics are even more shocking. In the countries in the worse relative situation maternal mortality is 965 per 100,000 live births as against only 43 per 100,000 live births in the countries in the better situation, which means that women in the developing world are 22 times more likely to die during pregnancy or childbirth. ■

**CHART 1. Present reproductive health care situation by regions**



**CHART 2. Final position in reproductive health by BCI**



**TABLE 1. Present situation by evolution of reproductive health**

	SIGNIFICANT REGRESSION	SLIGHT REGRESSION	STAGNATION	SLIGHT PROGRESS	SIGNIFICANT PROGRESS	TOTAL
Countries in worse situation	0	1	6	9	10	26
Countries below average	1	2	6	6	9	24
Countries above average	0	2	4	12	7	25
Countries in better situation	1	2	15	11	8	37
Total	2	7	31	38	34	112

**TABLE 2. Averages by indicator of countries in better and worse relative situations in reproductive health**

		BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)	CONTRACEPTIVE USE AMONG CURRENTLY IN-UNION WOMEN AGED 15 TO 49 (%)	WOMEN AGED 15 TO 49 ATTENDED AT LEAST ONCE DURING PREGNANCY BY SKILLED HEALTH PERSONNEL (%)	ESTIMATED MATERNAL MORTALITY RATE (PER 100,000 LIVE BIRTHS)
Countries in worse situation	Average	36.1	18.3	64.2	964.9
	Number of countries	35	32	24	35
Countries in better situation	Average	98	65	92.1	43.4
	Number of countries	67	56	12	73
Total	Average	77	47.7	73.5	342.0
	Number of countries	102	88	36	108