Human Rights and Sexual Reproductive Health Rights: From Perspective of South-South Triangular Cooperation

Human Rights and Sexual and Reproductive Health Rights : SStC Perspectives

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Reproductive rights

ENSURING REPRODUCTIVE RIGHTS AND CHOICES: AN ESSENTIAL ELEMENT OF HUMAN RIGHT;

Reproductive rights are human rights and derive from the recognition that all individuals have the right to make decisions free of discrimination, coercion, and violence

Global consensus is that reproductive health and rights are human rights and that these are a precondition for women's empowerment and women's equality which is a precondition for securing the wellbeing and prosperity of all people.

The World Health Organization defines reproductive rights as follows:

Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.

They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.

Over time, these have expanded to include the ***right to access education regarding sexual and reproductive health,*** an end to female genital mutilation, and increased women's empowerment in social, political, and cultural spheres.[6][7]

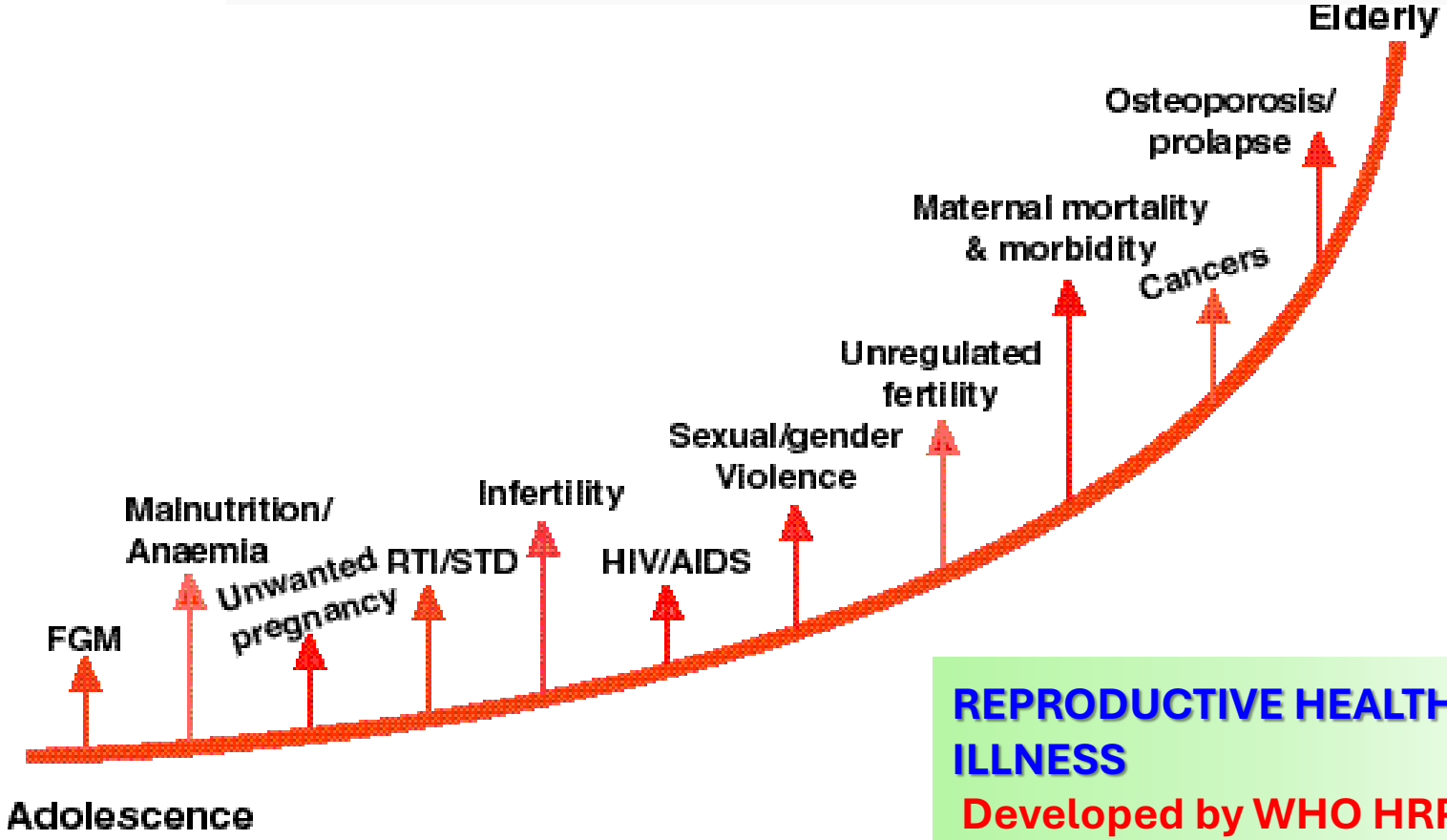
Rights of female child under 18 yr. old

From the child rights perspective, marriage is not permissible until infancy, childhood, and adolescence are over, and the person has arrived at adulthood

The UN Convention on the Rights of the Child establishes that the definition "child" covers everyone until the age of 18.

Sexual and reproductive ill-health

A diagram of life cycle approach to reproductive illness has been developed by World Health Organization which depicts various types of illness during the reproductive ages starting from pre-menarche to past menopausal ages.



REPRODUCTIVE HEALTH ILLNESS

Developed by WHO HRP, UNDP/UNFPA/WORLD BANK

ICPD, 1994 -

Government's commitment to women's health; Realize their rights;

National level laws, policies and entitlements for all, across life cycle

EXAMPLE HOW INTERRNATIONAL INSTRUMENTS ARE CREATED TO ADDRESS HUMAN RIGHTS AND HEALTH

Bangladesh has adapted ICPD/ POA and

has Shifted from Economics to Public Health and Human Rights

- Over the course of the ***ICPD conference***, debates surrounding family planning shifted from that of economics to that of public health and human rights.[7]
- ***A Program of Action (PoA)*** was developed by the end of the ICPD and was approved and adopted by 179 countries.[8]
- The PoA affirmed sexual and reproductive health as a universal human right and outlined global goals and objectives for improving reproductive heath based around central themes of free choice, women's empowerment, and viewing sexual and reproductive health in terms of physical and emotional well-being.[7]

Post ICPD--Elements of reproductive health in Bangladesh program

Essential Service Package of reproductive and child health

- Family Planning
- Safe Motherhood
- Safe abortion facilities
- Infant and child- care
- Male participation and responsible behavior
- Adolescent reproductive health
- Infertility
- Reproductive tract infections (RTI) and
- Sexually transmitted diseases (STDs)
- HIV/AIDS
- Cancers of reproductive tract
- Reproductive health needs of disables

Safe motherhood-

- e.g. antenatal care (ANC), safe delivery by skilled birth attendants, postnatal care (PNC), exclusive breast feeding.
- Family planning - all seven modern family planning methods, especially LAPM
- Maternal nutrition;
- Adolescent reproductive health;
- Prevention of RTIs/STIs; Neonatal care

Child Health

- Child immunization;
- Child nutrition (including anemia, breastfeeding, micronutrients and IYCF;
- ARI (Acute Respiratory Illness)
- IMCI (including diarrheal disease)

- Behavior Change Communication
- Communicable Disease Control
- Limited Curative Care

Bangladesh has incorporated all in its all five- year plan for

Achieving Universal Access to Reproductive Health

- The PoA of ICPD outlined a series of goals, based on a central mission of achieving universal access to reproductive health worldwide, that were aimed to be accomplished by 2015.[9]
- In 2000, the Millennium Development Goals (MDGs) were developed,[10] and although reproductive health was not explicitly stated as one of the goals, it became an important component to Goals 3, 4, and 5.[6]
- In 2010, the original PoA was revisited by the United Nations and updated to reflect their objective of achieving universal reproductive health care by 2015.[8]
- When the MDGs and ICPD PoA phased out in 2015, the next objectives for SRHR were folded into the Sustainable Development Goals, the next iteration of the MDGs which outline objectives to combat poverty through 2030.[11]

The success of Bangladesh

- **The success of Bangladesh in achieving the targets of MDGs was acclaimed globally when the Hon'ble Prime Minister was awarded with 'UN MDG Awards 2010'.**
- **In 50 years, maternal mortality ratio** has declined from 770 in late 1960s to 173/ 100,000 live births (Chen et al, 1974; World Bank, 2019).
- **The 40% decline of maternal deaths over 10 years is primarily attributed to fertility reduction** and increased utilization of health facilities that cut off higher risks of high parity births and deaths due to direct obstetric causes (NIPORT 2012).
- **Bangladesh was also awarded the South-South Award 'Digital Health for Digital Development'** in 2011 for the Prime Minister's innovative idea to use Information and Communication Technology to accelerate progress of health of women and children.

What an incredible achievement for Bangladesh! --- The country, born in Dec 1971 following a liberation war of nine months sacrificing three million lives and a devastating cyclone Gorky in November 1970 killing half a million!

Contraceptive use in Bangladesh

- ♣ The contraceptive prevalence rate (CPR) is--
- ♣ 64% among currently married women, 15–49;
- ➢ *55% of women are using modern methods of contraception,*
- ➢ *9% rely on traditional methods.*
- ➢ ♣ Unmet need for family planning MWRA declined from 12% in 2017–18 to 10% in 2022.
- ♣ The aim of the 4th HPNSP is to attain a CPR of 75% by 2023

Between 2017–18 and 2022.

- ♣ Use of modern contraceptive methods increased from 52% to 55%
- ♣ Use of oral pills increased by 2 % (25% to 27%),
- ♣Use of male condoms increased by 1% (7% to 8%).

- ❖ The oral pill -- (27%),
- ❖Injectables (11%)
- ❖Male condoms (8%).
- ❖Only 8% of women use a long-acting and reversible contraceptive or permanent methods such as intrauterine devices (IUDs), implants, and male/female sterilization.

Menstrual Regulation: integral part of national family planning program

- **Menstrual regulation (MR), has been part of Bangladesh's national family planning program since 1979.**

- ***MR is a procedure that uses manual vacuum aspiration or a combination of mifepristone and misoprostol to "regulate the menstrual cycle when menstruation is absent for a short duration.***

- **Government regulations allow for MR procedures up to 10–12 weeks after a woman's last menstrual period (depending on the type of provider).**
- **MRM (medical MR) is allowed up to 9 weeks after a woman's last menstrual period.**

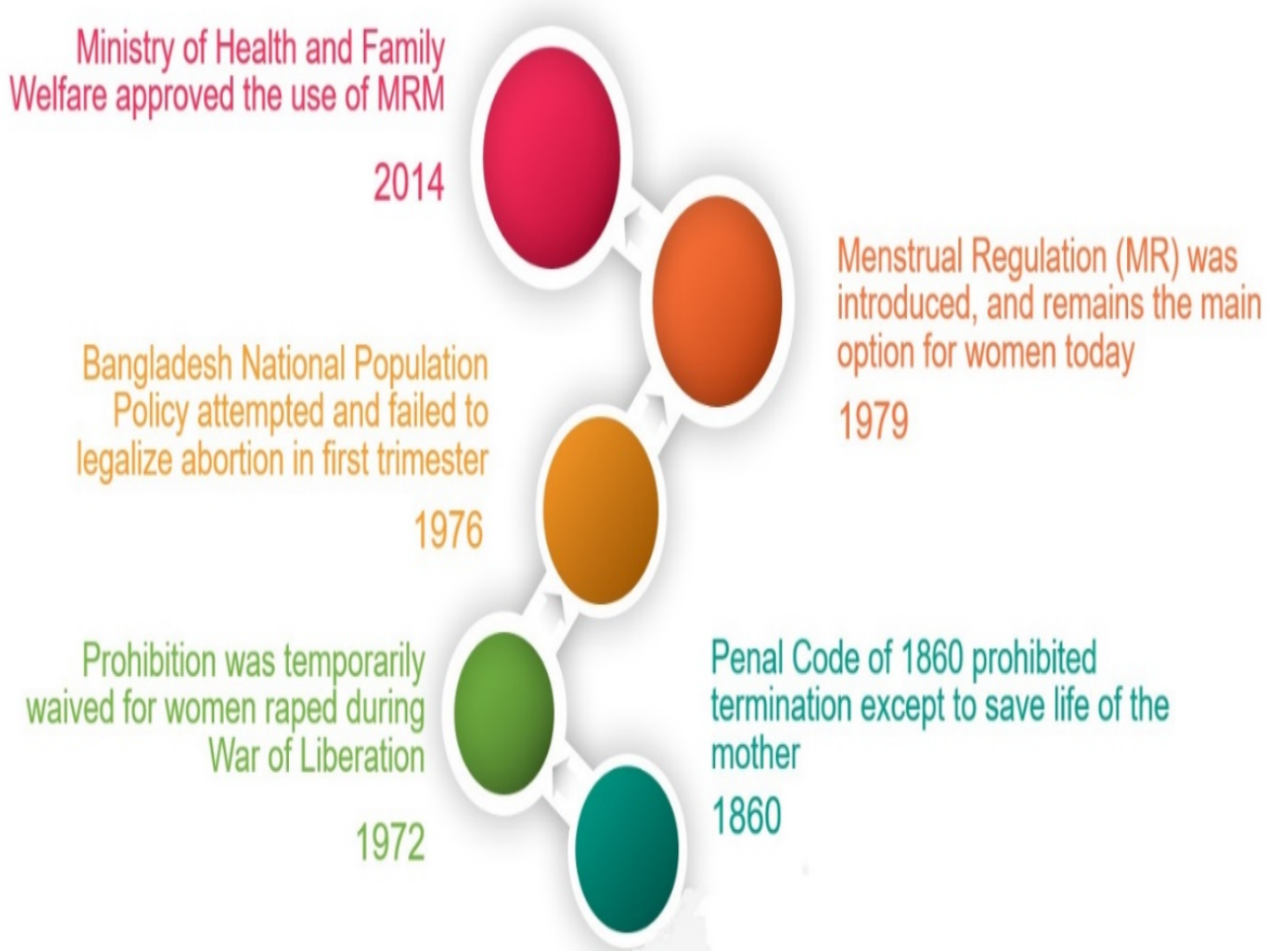


Figure --: events leading to introduction of MR and add MRM introduction (Ministry of Health and Family Welfare approved the use of MRM in 2014)

Best Practices :The Success story

During a 52-year span, the total fertility rate in Bangladesh has been reduced to one third from 6 to 2.3 children per woman.

Contraceptive use by married women rose from 8% in the 1980s to 64% in 2022.

Female Workers visited homes:

Bangladesh's family planning program had four elements. The first element was young, married women who were hired and deployed as outreach workers, trained to visit homes offering contraceptive services and information.

37,000 female outreach FP workers called Family Welfare Assistants (FWA), constituted a link between rural populations and the government, and the program's reach was dramatic.

Family Planning Commodities at the doorstep: They constituted 25,000 in the public sector and 12,000 in the NGO sector and there are about 4,500 male outreach workers too. Each worker was assigned to register eligible couple in five villages, visit them once every two months, and offer services at the couples' doorsteps.

Created 18000 community clinics each serving 6000 population at the community level with support form Union level Family Welfare Centers

Best Practices :The Success story

- **The second element was the adoption of a "cafeteria approach" to family planning, which allowed couples to choose from a wide range of short- and long-term contraceptive methods as well as male and female sterilization services.**

- A **well-managed distribution system and Social Marketing Program** provided family planning commodities to homes, rural communities and outreach workers.

Trained and deployed 8000 Family Welfare Visitors (FWV) to provide family planning clinical services plus Menstrual Regulation services in rural areas

The fourth element was information, education, and communication activities, in a mass media approach that effectively communicated smaller family size norms.

Adolescents in Bangladesh

Early marriage and pregnancy are common in Bangladesh.

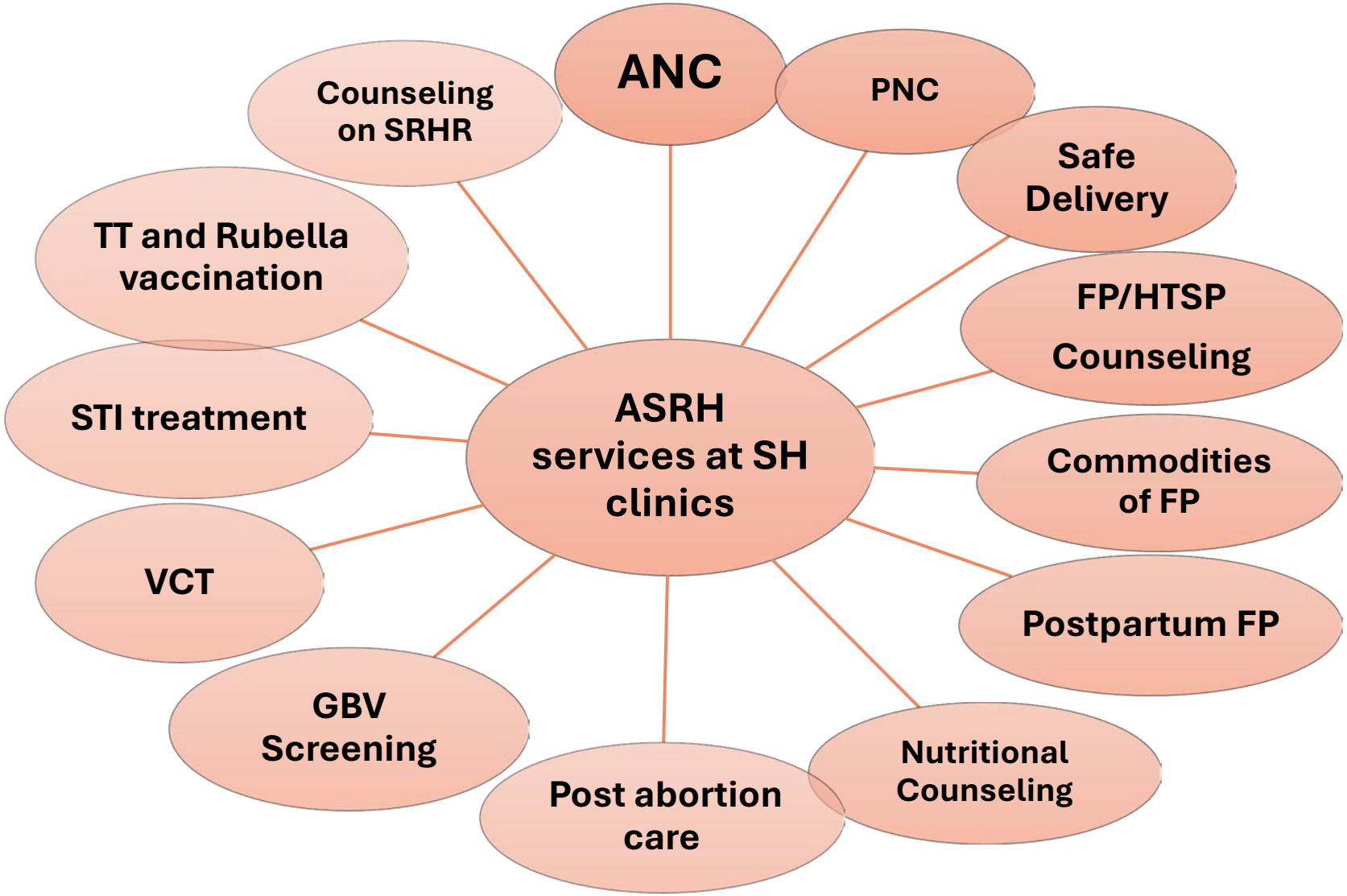
- 50 % of girls are married before 18 (legal age at marriage);
- 27% marry before age 16 (BDHS ’22).
- 23% of girls of 15 -19 get pregnant with 1st child;

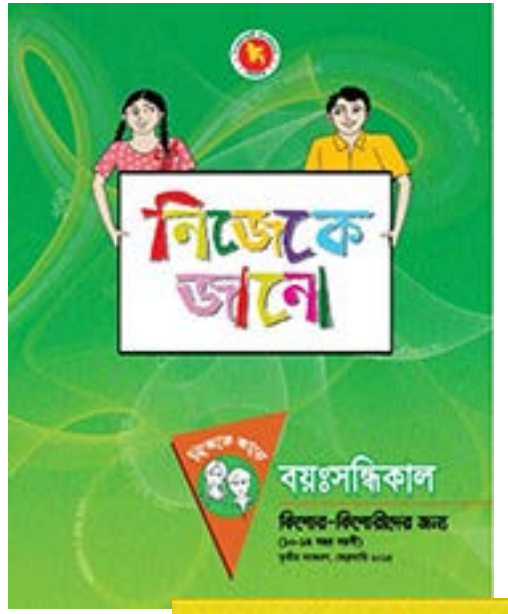
- **Teenage childbearing declined by 4% from 2017-18**

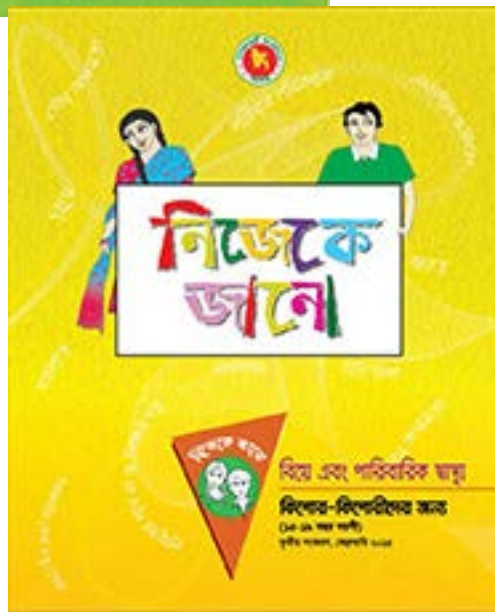
Unmet need for family planning:

- 10% of currently married women in Bangladesh have an unmet need for FP services.
- **Women in the age group between 15-19 have the highest unmet need at 12.7%. (BDHS 2022)**

Adolescent Sexual and Reproductive Health Services







Adolescent & youth-friendly services

Services:

- **Are friendly:** welcoming, respectful, non-judgmental, private.
- **Are age-appropriate**: geared to the appropriate age and developmental stage of the client.
- **Ensure informed consent**: provide information, counselling and encourage informed decision-making.

These key elements need to frame all services focusing on young people.

Core components of youth-friendly services:

Accessible and affordable: Adolescents can obtain the health services that are available.

Acceptable: Adolescents are willing to obtain the health services that are available.

Equitable: All adolescents, not just selected groups, can obtain the health services available.

Appropriate: The right age-appropriate health services (i.e., the ones needed) are provided.

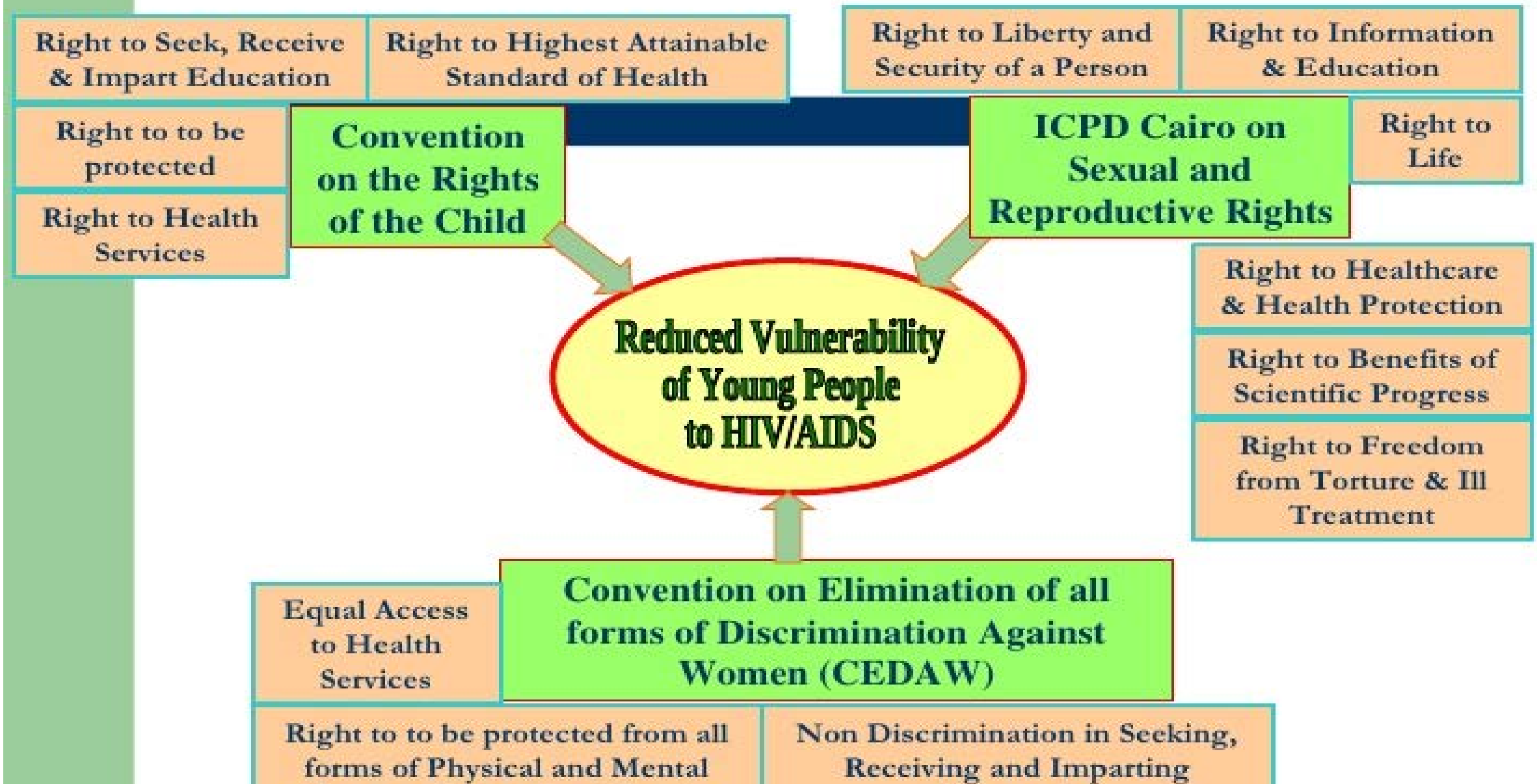
Effective: The right health services are provided in the right way for a positive contribution to health.

AREAS OF INVESTMENT FOR ADOLSCENT AND YOUNG PEOPLE IN SRHR PROGRAM;

Adolescents continue to experience major constraints in making informed life choices: a significant number of adolescents experience risky or unwanted sexual activity, do not receive prompt or appropriate care and, as a result, experience adverse health outcomes.

- ***Sexual and Reproductive Health and Rights***
- ***Child Marriage***
- ***Adolescent Pregnancy***
- ***Family Planning***
- ***Adolescent Friendly Health Services***
- ***Violence against Adolescents***
- ***Adolescent Nutrition***
- ***Adolescent Mental health***

Adopting the Rights Based Approach



Unfinished Reproductive Health Agenda For Women

Gender Based violence throughout the Lifecycle

Pre-birth: Battering during pregnancy (emotional and physical affects women/ their birth outcome), coerced pregnancy (gang rape). Sex selection and abortion for female foetus.

Infancy: Female infanticide; physical abuse; differential access to food and medical care for girl infants.

Girlhood: Child marriage; sexual abuse by strangers; differential access to food and medical care; child prostitution.

Adolescence: Dating and courtship violence (acid throwing); economically coerced sex; sexual abuse in work place; rape; harassment; forced prostitution; trafficking in women.

Reproductive age: Abuse of women by intimate male partners; marital rape; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the work place; abuse of women with disabilities; rape.

Elderly: Abuse of widows.

Gender Based Violence, Bangladesh

Partner violence experienced among ever-married women		
INDICATORS	2015	2011
Any physical violence	49.6	47.8
Any sexual violence	27.2	37.3
Any emotional violence	28.7	40.2
Any economic violence	11.4	17.8
Any violence	72.6	79.4

Source: BBS report, 2015 & 2011

SOME GLARING FACTS REGARDING VAW (national statistics, 2015)
Sexual violence during pregnancy among ever married women: 9.1%
Treatment received for injury due to physical/sexual violence by partner: 28.5%
Legal actions taken by married women against their partner: 2.6%
Married Women knowing about government helpline phone number: 2.4%

Violence against Adolescents in Bangladesh

Partner violence: (BBS 2015b),

Among ever married adolescents15-19 yrs,

- 42.8 % reported physical or sexual violence during their lifetime;
- 28.4% reported physical or sexual violence in the last 12 month;

Non-partner violence:

Regardless of their marital status;

27.8% of all interviewed girls and women, have experienced violence in their lifetime.

Induced abortion in Bangladesh: long way to go

- **Estimated 2.8 million pregnancies in Bangladesh, (48% of all pregnancies) were unintended (Hussain at al, AGI, NY 2014).**
- **An estimated 1,194,000 induced abortions were performed in 2014, which increased from 647,000 in 2010.**
- **Most procedures are performed in unsafe condition and by untrained providers.**
- **The major reason for this increase in number of induced abortion – the number of MRs provided declined by about a third from 2010 to 2014, from 653,000 to 430,000;**
- **Due to this maternal mortality and morbidity remain a serious concern in the country.**

Sing S et.al. Incidence of menstrual regulation procedures and abortion in Bangladesh, 2014, International Perspectives on Sexual and Reproductive hea 2017, 49(1)lth; Hussain A et. al. Access to and Quality of Menstrual Regulation and Post abortion Care in Bangladesh.2014, New York, Guttmacher Institute,2017.; NIPORT, Mitra and Associates and ICF International,2016. BDHS 2014

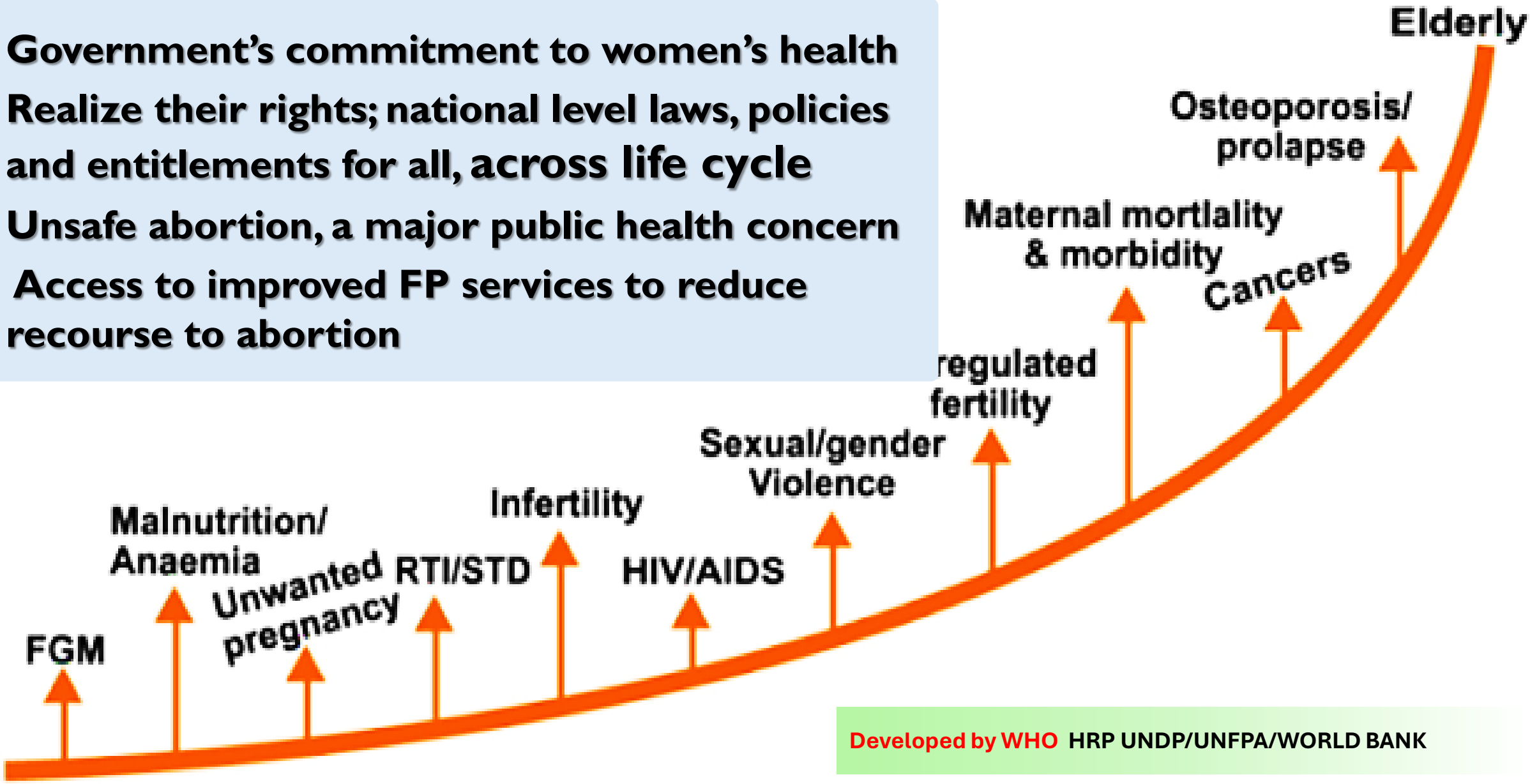
Improve Policy for Access

Provider Mindset;
Reduce Medical Barriers

- **Give proper information to providers: how family planning saves lives;**
- **Integrate FP** into MNCH, EPI, etc. **Missed Opportunity**
- **Restricted Use:** Injectable, Implant and IUDs
- **Task Sharing:** 2nd and subsequent DMPA doses by non paramedics;
- **Adolescents: Unmarried vs. married**
- **Postpartum Family Planning:** Provider Restrictions
- **WHO Medical Eligibility Criteria (5th Edition)**

Unfinished agenda of ICPD and MDG

- Government's commitment to women's health
- Realize their rights; national level laws, policies and entitlements for all, across life cycle
- Unsafe abortion, a major public health concern
- Access to improved FP services to reduce recourse to abortion



Developed by WHO HRP UNDP/UNFPA/WORLD BANK

82 million girls 10–17 will be married before their 18th birthday.

Do we listen to those women who are victims of early marriage —the female child, the young girl of the family?

= We name the victims of violence as ‘’survivors’’;
= but the victims of early marriage hardly survive;
= The girl with fistula continues to suffer throughout her life.

marriage continues to be imposed on children, despite longstanding condemnation in human rights legislation.
This is because marriage is seen as a private affair, governed by religion and culture —
can we escape responsibility?

- ✓ **Women's agency?**
  Is it a solution?
  How can we teach them to claim their rights?

--is it a good idea to add as a future strategy??

DHS contains several questions that allow measurement of what is called in the literature "women's agency", i.e., the role of women in household decision-making.

Maternal health, mortality and morbidity and linkage with poverty.




Unfinished agenda for Healthier women

My personal theme is

"Listen to women"

Source:

We are all here together
to pursue the journey to a path
where all of us are committed to
and to contribute to

transforming the lives of every woman,
every child
and every adolescent,
in every setting.

Our vision is to see them
Survive, Thrive and Transform!

THANK YOU