REPRODUCTIVE HEALTH, GENDER AND SUSTAINABLE DEVELOPMENT

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(The views in this presentation do not necessarily reflect those of the institution of affiliation)
Outline of the presentation

- Critical review of key terms used in the presentation
  - Sustainable development
  - Reproductive health
  - Gender

- Moving forward: ICPD monitoring and the SDG linkages

- Issues on sexual and reproductive health and rights
  - Current situation and diversity across the globe

- Issues on gender
  - Current situation and diversity across the globe

- Final remarks
Reproductive health (RH) or more?

- Legitimization of reproductive health and reproductive rights and sexual health in Cairo
- Cultural and social changes during the last 20 years in some countries, including:
  - More openness toward sexual and reproductive health and rights (SRHR) in some countries
  - Recognition of sexual and reproductive health and rights for women and men as basic human rights
What we mean by Gender?

- “Gender issues” encapsulate sex differences and roles, as well as gender-based inequalities, prejudice, discrimination, etc.
- Should not be seen as women’s and girls issues only, they should explicitly address men as well.
- Nonetheless:
  - There are cultural and economic barriers to include men equality in reproductive matters (in the programs of several countries)
  - There are barriers to fully include women in the public spheres of life.
Sustainable development?

- What kind of development?
  - Economic, social, environmental, institutional? All?

- Sustainable for whom?
  - For current or future generations?
  - For humans or for Earth (all species and ecosystems)?
  - For all individuals, regardless of race, ethnicity, age, sex, etc.?

- Sustainability should be for all (everyone and every species), in the present and the future
  - Is truly sustainable development possible?
  - Current social inequalities and environmental degradation intensify these already enormous challenges
A broad premise:

Achieving sustainable development (SD) and eradication of poverty requires taking into account population dynamics, social, economic and cultural inequalities between men and women, including with regard to the exercise of sexual and reproductive health and rights.
How to integrate agendas/initiatives

- **MDGs**
  - Failure to fully include sexual and reproductive health and reproductive rights
  - Partially included in objective 5B in 2005
  - Gender issues were limited and overly simplified

- **SDGs**
  - Sustainable development goals should include goals specific to gender (well beyond education) and SRH and RR as part of the goals, not only targets.

- More importantly, the continuation of the ICPD agenda should not be reduced to SDG goals, targets and indicators, but should not isolate itself from the discussion on environmental problems either.
The SDGs targets and indicators on SRHR and gender

- The 1994 ICPD programme of action included a goal to provide universal access to sexual and reproductive health services over a 20-year period;
  - By 2014, this goal was far from being achieved, and although the Cairo PoA was renewed, it did not include a timetable;
  - The SDGs (after 10 years of MDG 5B) included one target to ensure universal access to SRH care and services by 2030 and one to ensure SRHR (undated);
  - Compared to MDGs, the indicators on SRH and RR in the SDGs have decreased. Some indicators have improved, they are still not the best;
- In gender issues, there has been great advance in specifying targets and indicators, although conciliation of family and work and sexuality education are missing.
Better indicators require better data

- Data for SRH indicators are harder to come by, and not all targets are SMART (specific, measurable, attainable, relevant and timely). There could be some room for improvement before September.

- Enormous international differences exist regarding the quality, timeliness, appropriateness of data, and in the financial and human resources to produce them.

- A data revolution for the ICPD agenda (and the SDGs) includes extending and improving vital statistics, demographic and health surveys, household surveys, and administrative records.

- It is also urgent to work on the interoperability of all data systems.
After 20 years of Cairo, we still have problems due to lack of universal access to SRH:

- Differences in access to RH services by level of development and socioeconomic status, between and within countries;
- High levels of adolescent birth rates, disproportional to overall fertility levels;
- Large number of women with unwanted fertility;
- Unsafe abortion where legally banned;
- High levels of maternal mortality;
- Practices against the free expression of sexuality.
Age-specific fertility rates around the world

2010-2015 (medium variant)

Policies on the level of fertility, 2013

Disclaimer: The boundaries on these maps do not imply official endorsement or acceptance by the United Nations. Regional maps do not necessarily follow the regional classification of the United Nations.

Adolescent fertility vs. Total fertility rates

Adolescent birth rate (of 15-19 years old) by level of total fertility
Regions and sub-regions of the world

15-19 years old fertility (in thousands)

Total Fertility Rate

- Europa
- Asia
- Latin America
- Africa
- Northen America
- Oceania
Level of concern about adolescent fertility, 2013

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Differentials in fertility rates by urban/rural

Latest available DHS in each country

Countries ordered from higher to lower rural TFR
Differentials in fertility rates by education

Latest available DHS in each country

Countries ordered from higher to lower primary school TFR

Modern contraception and unmet need

Size
Need for family planning services among currently married women (Revised)
Need for family planning: Unmet need - total

Percentage of currently married women with unmet need for family planning, met need for family planning, and the total demand for family planning services.

Countries

- Sub-Saharan Africa
- North Africa/West Asia/Europe
- Central Asia
- South & Southeast Asia
- Latin America & Caribbean

Situation on unwanted fertility: several countries

Source: Casterline, 2014, presented at the VI ALAP’s Congress, Lima, Peru.
Situation on unwanted fertility: several countries

Example:
Brazil:
TFR = 1.8
UTFR = 0.5
“DHS” 2006
Children born between 2001-2006:
28% - mistimed
18% - unwanted
=> 46% of contraceptive “failure”

And attention: it was regarding births, not pregnancy (abortion not counted)

Source: Casterline, 2014, presented at the VI ALAP’s Congress, Lima, Peru.
Why is fertility so low in Brazil, and still going down?

- Fertility decline in Brazil was fast, even among the poor, but with unanticipated effects.
  - The poorest do not have full access to quality sexual and reproductive health services. Most contraceptives are bought over the counter in private pharmacies (without prescription).
  - The primary responsibility for childbearing and childrearing still falls on women; thus the more educated and wealthier have very few children (lack of work and family conciliation).

- What are the consequences of unmet need for family planning? Let’s see the results in numbers:
Brazilian fertility by education and income, 2010

Income is measured as a factor of the minimum wage (m.w.)

<table>
<thead>
<tr>
<th>Completed years of schooling</th>
<th>No to ¼ m.w.</th>
<th>¼ to ½ m.w.</th>
<th>½ to 1 m.w.</th>
<th>1 to 2 m.w.</th>
<th>2 to 3 m.w.</th>
<th>3 to 5 m.w.</th>
<th>5 to m.w.</th>
<th>Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 years</td>
<td>4.3</td>
<td>2.9</td>
<td>1.9</td>
<td>1.5</td>
<td>1.2</td>
<td>1.0</td>
<td>--</td>
<td>3.0</td>
</tr>
<tr>
<td>4-8 years</td>
<td>3.8</td>
<td>2.9</td>
<td>2.1</td>
<td>1.5</td>
<td>1.2</td>
<td>1.1</td>
<td>--</td>
<td>2.6</td>
</tr>
<tr>
<td>9-11 years</td>
<td>2.5</td>
<td>2.4</td>
<td>2.0</td>
<td>1.4</td>
<td>1.2</td>
<td>1.2</td>
<td>1.1</td>
<td>1.8</td>
</tr>
<tr>
<td>12 or more</td>
<td>1.1</td>
<td>1.6</td>
<td>1.5</td>
<td>1.3</td>
<td>1.2</td>
<td>1.2</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Brazil</td>
<td>3.3</td>
<td>2.6</td>
<td>1.9</td>
<td>1.3</td>
<td>1.2</td>
<td>1.1</td>
<td>1.1</td>
<td>1.9</td>
</tr>
</tbody>
</table>

TFR <= 2.1
67.6% of women 15-49

TFR > 2.1 to 2.9
21.7% of women 15-49

TFR > 2.9 to 4.3
10.6% of women 15-49
Do these TFR differentials imply problems?

- Both extremes present serious problems for public policies

- Problems are of different kind and need to be addressed with different policy instruments, e.g., by:
  - Improving access to reproductive planning for the less educated
  - Realization of fertility desires for the more educated, including through “family-friendly” policies.

- Developing countries in LAC with overall low fertility and high socioeconomic inequality currently have both problems at the same time

- Other developing countries with high fertility may follow a path similar to the one of LAC in the future
Trends in maternal mortality trends in the world

Government views on national levels of maternal mortality, 2013

Sexually transmitted diseases – HIV/AIDS

- HIV/AIDS infection is decreasing everywhere, but still very high in sub-Saharan Africa.
- An important contributor to the decline is the extension of antiretroviral therapy

Source: Global report: UNAIDS report on the global AIDS epidemic 2013,
Level of concern about HIV/AIDS, 2013

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Gender issues (not only women’s issues): Progress and setbacks

Past few decades have seen undeniable progress, but problems remain in several areas:

1. Women’s increased labor market participation is to be celebrated, but there is still a long way to go (wage discrimination, occupational segregation, etc.);

2. In most countries, men still do not contribute comprehensively to domestic/childbearing work;

3. Very slow advances in women’s participation in decision making;

4. Some countries have seen “gender reversals”, e.g., in education -- women are overtaking men. Gender balance requires that neither sex is left behind;

5. Setbacks in recognizing the rights of families and LGBT rights in several countries

Let us refresh our minds with some indicators
Labour force participation of women and men 1995 and 2013

Data source: UNSD based on data from the International Labour Organization (ILO), Key Indicators of the Labour Market, table 1a (accessed January 2015).

Tertiary enrolment, ratio of female to male

Empowering women

Percentage of women in parliament (lower or single House), regions of the World and Brazil, 1997-2013.

Prevalence of lifetime inmate partner physical and/or sexual violence by region, 1995-2014

Gender biased behaviours

Girls and women aged 15 to 19 and 45 to 49 subjected to female genital mutilation, 1995-2013 (latest available)

One indicator of gender-based violence is female genital mutilation, a practice that does not show signs of decline.

Source: UNSD based on Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) reports.

Final remarks

- Sustainable development is not synonymous of consumerism or of **economic systems that produce social inequalities, environmental degradation and loss of biodiversity.**

- **The ICPD Programme of Action, the post-2015 agenda and other international agreements should serve to embrace ideas and promote actions to build a world that is respectful of planetary boundaries and where all women and men enjoy improved economic, social and environmental conditions.**

- Sustainable development means, among other things, building societies where women and men can deploy their full potential in the **productive and reproductive** spheres of life, without discrimination or gender violence.
What we DO NOT need in the coming years is further confrontations between:

- South vs. North
- Population growth vs Consumption growth
- Men vs Women
- Humans vs Nature

Segmented agendas and segmented rights are not fruitful or sustainable; the future calls for a balanced agenda that integrates human rights with the economic, social and environmental aspects of development.
Thank you!