‘The fact is that women have been trapped. Reproduction is used, consciously or not, as a means to control women, to limit their options and make them subordinate to men.’

Dr Nafis Sadik, Executive Director, UN Population Fund

WOMEN’S HUMAN RIGHTS

Sexual and reproductive health and rights

Young people in Nicaragua demonstrate for abortion to be decriminalised, 2008. The banner reads ‘Legalisation Now’ © AP

Amnesty International

Further information
www.amnesty.org.uk/women

LEFT WITHOUT CHOICE

Sexual and reproductive health and rights (SRHR) are firmly rooted in the most basic human rights principles guaranteed by international law.
Yet today many women and girls do not have control over their own bodies or their sexual and reproductive health and rights. This leads to preventable deaths and injuries, particularly of the more vulnerable women and girls living in poverty and survivors of sexual violence. It also contributes to the continuing subordination of women.

Protesters ask the Catholic bishops of the Philippines to bless a basket of condoms, as a conciliatory gesture to unite for reproductive health and women's rights
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SEXUAL AND REPRODUCTIVE RIGHTS

Include the right to:

- life
- health
- freedom from torture and other cruel, inhuman or degrading treatment
- privacy
- freedom of expression and freedom from discrimination
- determine the number and spacing of your children.

Sexual and reproductive human rights continue to be the most contested of all human rights. As a result, governments are often reluctant to agree targets to protect and promote sexual and reproductive rights hampering any progress in policy, in law and in practice.

The Millennium Development Goals (MDGs) were a major breakthrough adopted by world leaders in 2000 and set to be achieved by 2015. MDG5 focused on improving maternal health (see box). Yet, of all the eight MDGs that were agreed internationally, MDG5 is accepted as being the least progressed of all of them. Pregnant women's lives continue to be risked by lack of political will, and women continue to face huge barriers to their right to access the information and services needed to make choices on their sexual and reproductive rights.

MILLENNIUM DEVELOPMENT GOAL 5: IMPROVE MATERNAL HEALTH

Target 5a: Reduce by three quarters the maternal mortality ratio
5.1 Maternal mortality ratio
5.2 Proportion of births attended by skilled health personnel

Target 5b: Achieve, by 2015, universal access to reproductive health
5.3 Contraceptive prevalence rate
5.4 Adolescent birth rate
5.5 Antenatal care coverage (at least one visit and at least four visits)
5.6 Unmet need for family planning

MATERNAL MORTALITY

'Preventable maternal mortality and morbidity is a violation of women's rights to life, health, equality and non-discrimination.'
Mary Robinson, former UN Commissioner for Human Rights

Each year millions of women face death, serious illness and permanent disability because of avoidable complications relating to pregnancy and childbirth. With basic health care and family planning out of reach, many more must cope with unplanned pregnancy or feel the need to resort to unsafe abortion. In addition, the death of women in pregnancy or childbirth leads to worse health outcomes for their children. A study in Bangladesh found children aged two to five months who lost their mothers were 25 times more likely to die than babies whose mothers were still alive (source: WHO).

Those most likely to die in pregnancy and childbirth are the poorest, youngest and least educated. Women who have been educated are likely to know more about health care and nutrition, to make better use of health services during pregnancy and birth, and to increase the spacing between pregnancies – reducing the risk of maternal deaths. Yet girls in many countries where poverty is rife are often the first to be taken out of education. Many women have no financial independence and no decision-making powers, meaning they have to rely on their husbands to decide when to seek maternal health care. The decision to access maternal health care can also be delayed by discriminatory beliefs.

Women who face multiple forms of discrimination as a result of gender, race, language, disability or other identity-based discrimination also suffer from increased maternal mortality risks. In the USA, for example, African American women are nearly four times more likely to die of pregnancy-related complications than white women. The disparities have not improved in more than 20 years.

In many countries, a disproportionate share of health resources is allocated to the urban affluent and powerful sectors of society. The skewed distribution of services is compounded by inadequate, unreliable and costly transport infrastructure. Often women from rural areas must travel long distances to the health facility by expensive and unreliable transport. Many do not make it in time. Many women do not even seek health care because they know or fear it will cost more than they can afford.

MOTHER DEAD BECAUSE SHE COULDN'T PAY

'My aunt died three weeks after giving birth at home here at Hopley. She had not registered for maternal health care because she did not have the money. In June 2009 she went into labour and gave birth in a plastic shack with the assistance of my grandmother. After delivering the baby she continued bleeding. She went to the clinic but was told to go to a hospital. At the time the government doctors were on strike and she could not afford the fees for a private doctor. The private doctor was asking for USD 350. We only had USD 30. She died at the end of June, three weeks after giving birth. The baby died a few days after the mother's death because of malnutrition as the grandmother could not afford formula milk.'
A woman in Zimbabwe, talking to Amnesty International.

Even when women reach a health facility, they may not receive the care they need. Roughly 15 per cent of all live births have complications, such as haemorrhage, sepsis and obstructed labour. These complications require timely treatment in a hospital or clinic – but women do not always get it. Worldwide, four out of 10 births take place without a skilled birth attendant. In some circumstances, even when women reach health facilities, they face discrimination from the staff.

FAMILY PLANNING

Family planning can prevent 25-30 per cent of all maternal deaths

Family planning is key to saving women's lives and empowering them to delay or prevent pregnancy, or decide when and how many children they want to have.

However, 215 million women in the developing world have an unmet need for contraception. In the least developed countries, it is as high as 25 per cent.

Often family planning is too expensive. Men often control finances and prevent women from accessing family planning, because of the expense, but also because of myths that surround the use of contraceptives and fear of side effects. Sometimes, health policies perpetuate gender stereotypes and prevent certain groups of women and girls accessing family planning.

In some countries, such as Indonesia, the law requires a woman to get her husband's consent to access certain contraception methods.

This constitutes gender discrimination and discrimination on the grounds of marital status. It also leaves unmarried women and girls at risk of unwanted pregnancies, sexually transmitted diseases, and human rights abuses. For example, unmarried adolescents who become pregnant are often forced to leave school.

HUSBAND SAYS NO TO CONTRACEPTION

In Burkina Faso Amnesty International found husbands often forbid women from using contraception. A woman said: 'After seven pregnancies and five children, I told my husband that I wanted to use contraceptive methods but my husband refused and told me that if I did this, I should return to my mother's home. I therefore had to obey him.'

NO STATUS, NO CHOICE

A midwife in West Java, Indonesia, told Amnesty International: 'Patients who want to get contraception need to have the consent of their husband… [We can] only give access to contraception if there is the informed consent of their husband… If the husband does not agree, it's not allowed.'

ABORTION

Complications from unsafe abortions account for nearly 700,000 maternal deaths each year – 13 per cent of all maternal deaths – and seriously harm millions more

In some countries, an abortion requires the consent of a man, or abortions are denied (and criminalised) even if the woman's or girl's life or health is at risk, or the pregnancy is a result of rape or incest. The denial of abortion in cases where the woman's life or health is at risk, or when pregnancy is the result of rape or incest, violates a woman's right to life, health, non-discrimination, and is also a form of cruel, inhuman and degrading treatment.

The most vulnerable women are most affected: rape and incest victims; women living in poverty; young women and girls; and women affected by crises and armed conflict. Complications from unsafe abortions account for 25-50 per cent of maternal deaths in refugee settings. (*source www.un.org/geninfo/faq/factsheets/FS6.htm)*

Annually 19 million abortions are considered to be unsafe – over 96 per cent of the women who have them will come from the world's poorest nations. In Africa, a quarter of those who have an unsafe abortion are adolescent girls.

In Nicaragua, where abortion is banned in all circumstances, more than two thirds of reported rapes (9,695 cases) involved girls under the age of 17, and in almost half of all rape cases, the girls were under 15.

13-YEAR-OLD IS PREGNANT AS A RESULT OF RAPE

Thirteen-year-old Rosmery lives with her mother, brother, sister and grandmother in Nicaragua. When she was 12 years old, her uncle came to live with them for a few months. While Rosmery's mother was out at work, he raped her repeatedly over a period of several weeks. Rosmery's mother, Adriana, explained how horrified and sickened she was to find out her daughter had been raped, and how difficult it was to come to terms with the additional trauma of the pregnancy. 'For me it was horrifying, that a child should have to give birth to another child… this tormented me very much. I felt a deep pain at the idea that my daughter should have to go through this, that something would come out of her after being raped… and of course the risk to her health at that age.' Rosmery herself was very frightened. She told her mother: 'Something is moving inside of me, I don't want this to happen.' They saw no alternative but to seek a clandestine and illegal abortion. Through contacts, they managed to get expert assistance, so the abortion Rosmery had was performed by professionals and in hygienic conditions. But the fear of prosecution still hangs over Adriana and those who helped Rosmery.

YOUNG WOMEN AND GIRLS

Almost 50 per cent of sexual assaults worldwide are against adolescent girls of 15 years of age or below

The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions.

In addition, early marriage and early childbearing impede improvements in the educational, economic and social status of women in all parts of the world. For young women, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on the quality of their lives and the lives of their children: pregnancy-related deaths are the leading cause of mortality for 15 to 19-years-old girls worldwide.

OUR WORK

Systematic discrimination against women and girls underpins the failure of governments to respect, protect and fulfil sexual and reproductive rights for women. Through the Demand Dignity campaign and the Women's Human Rights Programme, Amnesty International is determined to address the human rights impact of maternal mortality and to campaign for governments to deliver on their promises to improve access to all information and services for family planning and sexual and reproductive health, in order to protect and uphold women's human rights.