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Reproductive Health as an Essential Component of Human Prosperity

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About the Hemispheric Think Tank Working Group in Support of the 2009 Summit of the Americas

This paper was produced as part of the Hemispheric Think Tank Working Group in Support of the 2009 Summit of the Americas, a joint project of the Canadian Foundation for the Americas (FOCAL) and the Inter-American Dialogue (IAD) with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA).

The Working Group brought together researchers and policy analysts from the Western Hemisphere's leading think tanks to engage in intensive debate and dialogue and develop a strong intellectual and policy foundation for preparing and conducting the Summit.

In meetings in Ottawa and Washington, D.C., attended by leading national and multilateral officials, the group explored the critical problems the Summit could address, identified key areas of agreement and disagreement among countries, deeply probed the disagreements, and, where possible, sought to develop pragmatic approaches. These discussions and research have resulted in a series of policy papers that hope to mobilize and raise awareness of the Summit amongst regional governments and civil society.

1. Current Challenges and a Need for Improved Policy

Latin America and the Caribbean have experienced a series of reproductive health successes over the last decade. Contraceptive use has reached close to 70 per cent in some sectors and fertility rates have dropped significantly. Women's increased economic participation has helped to make possible the regional prosperity we are experiencing. Important policies have been adopted in many countries, and leaders in the region are reaching consensus on the importance of reproductive health and rights. More recently, Health and Education Ministers from all over the region have collectively encouraged comprehensive sexual education and increased spending on reproductive health and rights, important steps to further advancing human prosperity in the entire region. Despite these advances, there is still much that can and must be done.

1.1 Maternal Mortality

After eight years of decline, maternal mortality rates in the region have stagnated. The limited progress documented has been slow and uneven, with the absolute number of maternal mortality deaths virtually unchanged over the last decade. If leaders of the region do not increase their commitment to providing reproductive healthcare and education, it is unlikely that the Millennium Development Goals (MDGs) established for the reduction of maternal mortality will be met. Mothers in our region are still 14 times more likely to die in childbirth than their counterparts in the more developed North.

Maternal mortality rates for the region vary greatly from country to country, in some cases surpassing those of much less economically developed countries in Africa. Maternal mortality rates of over 150 per 100,000 live births are scandalous for a region as prosperous as ours. Not only is high maternal mortality a shameful indicator of poor attention to the health of mothers, it demonstrates a low level of commitment to the basic human right to life. Maternal mortality is entirely preventable. That we allow our mothers to die in order to give life is a scandal.

1.2 Teenage Pregnancy

In many of our countries, instead of decreasing, teenage pregnancy is actually growing among the poorest populations. Statistics show a high unmet need for contraception, and fertility rates among poor LAC adolescents are higher than for both Asia and North Africa. Latin America's adolescent fertility levels now surpass the world average. This is unacceptable.

While the wealthiest young women do not show great statistics in terms of contraceptive use and fertility, those for youth in economic need are even worse, with fertility rates from three to five times those for the wealthy. For poor young women, early motherhood is a sentence to remaining in poverty. Adolescent parents are more likely to drop out of school, limiting their own economic prospects and transmitting poverty from generation to generation in a cycle of poverty. This glaring inattention to a basic issue of social justice is scandalous. In Colombia, where we have reliable statistics about the desirability of motherhood,

we found that half of teenage motherhood is desired and half undesired. For the first half, greater educational and occupational opportunities need to be offered to young women so that they can choose alternatives to early motherhood. For the second half, universal comprehensive sexuality education and access to contraceptives are essential to preventing unwanted pregnancies and fostering their potential.

1.3 Access to Safe and Legal Abortion

Almost four million unsafe abortions are performed each year in Latin America and the Caribbean. According to the latest *The Lancet* publication, the abortion rate for South America is 33 per 1,000 women aged 15-44. This rate is higher than in any other region in the world, including Africa, and almost ten times higher than those of the developed world. The lack of options to unsafe abortion is scandalous.

2. Public Commitment Can Solve the Problems

Evidence from the region demonstrates that when governments make Reproductive Health and Research (RHR) a priority, they can make a difference. In fact some already have. Mexico and Honduras, for instance have shown that a commitment to women's health reduces maternal mortality. Willingness to commit political capital and resources to RHR leads to improved health and prosperity in the region.

2.1 Maternal Mortality: Honduras Unprecedented Reduction in Maternal Mortality

The experience of Honduras demonstrates that well-conceived state-led efforts to curb maternal mortality can have a lasting effect. The development of national health infrastructure, in conjunction with a national focus on safe motherhood and family planning contributed to the successful decrease of maternal mortality in Honduras. Since the launch of the national family planning program in 1990, Honduras has seen a drop of 69 per cent in maternal mortality, "one of the largest reductions ever documented in such a short time span in the developing world."¹ During this period, major investments were made in health infrastructure and health personnel training. Emphasis was placed on the quality and provision of prenatal, delivery and post-partum health services. Increased access and utilization of antenatal care, trained attendants during delivery, emergency obstetrics and hospital referrals for pregnant women at risk of complication, helped to bring down maternal mortality rates. From 1975 to 2000 contraceptive use in Honduras increased from 10 per cent to 50 per cent bringing the population growth rate down from 3 per cent to 2.5 per cent in the same period.

Despite incredible gains, there exists a very real risk of backsliding and losing hard fought ground if new RHR policies do not foster comprehensive sexuality

¹ Jeremy Shiffman, Cynthia Stanton and Ana Patricia Salazar, "The Emergence of political priority for safe motherhood in Honduras," *Health Policy and Planning*; Oxford University Press, 2004, 19(6): 380-390

education and access to family planning. Additionally, while incredible successes have been seen, much work remains to be done, especially among low income women and youth. While the rates of contraceptive use among women of childbearing age have increased by 31 per cent in the last decade, sexually active young Honduran women still have a lower use of contraceptives (Michael Clucow 2004). Clearly there is still a long way to go. Continued commitment at the national and regional level is essential.

2.2 Comprehensive Sexuality Education: Mexico City Ministerial Declaration

The recently approved Mexico City Ministerial Declaration on “Preventing Through Education” is an excellent sign that the Health and Education Ministers of Latin America and the Caribbean are serious about RHR. This is yet another sign that the political landscape is changing in favor of sexual rights for all. The regional consensus on the need for comprehensive sexual education mirrors that of the international community, and sets the stage for improved efforts to curb alarming rates of teenage pregnancy and maternal mortality.

The **Ministerial commitment** to “implement and/or strengthen multi-sectoral strategies of comprehensive sexuality education and promotion of sexual health, based on human rights and democratic values and to update the contents and didactic methods of curricula to include comprehensive sexual education by 2010” signals a move in the right direction and with the appropriate urgency.

In particular they commit to reaching the following targets:

- Reduce by 75 per cent the number of Ministry run schools that do not provide comprehensive sexuality education by 2015.
- Reduce by 50 per cent the number of adolescents and young people who are not covered by appropriate sexual and reproductive health services by 2015.

2.3 Maternal Mortality: Legal Pregnancy Termination in Mexico City

Mexico City’s 2007 decision to legalize pregnancy termination should be applauded as an important step toward respecting women’s human rights and improved health and prosperity. Complications from unsafe abortions were the third leading cause of maternal mortality, with 124,000 reported hospitalizations between 2001 and 2005 in Mexico City alone. From 1990 to 2005, 537 women died unnecessarily from abortion complications and badly performed procedures.

Despite opposition and pressure from conservative religious groups, the Legislative Assembly of the Federal District of Mexico City voted by a margin of 46 to 19 to legalize pregnancy termination during the first 12 weeks of pregnancy. From April 2007 to August 2008, 12,262 women received abortion care, in 13 public health hospitals, about half of whom were under the age of 24. This has eliminated the occurrence of septic abortions and has likely lowered maternal mortality. In addition, all patients who choose to terminate pregnancy are given

modern contraceptives. Of these, over half chose the IUD which should decrease subsequent unplanned or unwanted pregnancies.

3. Recommendations for the Summit Declaration

The current Latin American political landscape is favorable to, and has already committed to, an emphasis on reproductive health and rights that is not reflected in the language of the proposed draft declaration. Current trends in the region emphasize comprehensive sex education and the importance of RHR. The new U.S. Administration, will likely support the regional trend toward a rights-based approach to RHR. The consensus among PAHO, the WHO and other health institutions that RHR are essential to human prosperity, makes it clear that these should be at the heart of the Declaration that comes out of the Port of Spain meeting. The new administration has an opportunity to resume what was once a strength of U.S. development policies, funding and support for RHR. The White House is in a position to support the consensus already built in the region, and lead U.S. policy in a new direction. The language of the declaration should reflect this consensus.

Recent changes to the proposed language, weakening its emphasis on reproductive health and rights go against the very core of human prosperity. We recommend changes to the following paragraphs so that they better reflect the consensus established at the Mexico City Ministerial Meeting, and build upon the existing consensus on best practices and RHR policies.

Paragraph 16: we lament the exclusion of an established target of 5 per cent of GDP for health services, especially given the increasing disparity in access between the rich and the poor.

Paragraph 20: We advocate for the explicit inclusion of sexual and reproductive health services.

Paragraph 23: We advocate for the inclusion of language supporting science and rights-based, gender sensitive comprehensive sexuality education, and prevention methods.

Paragraph 25 and 26: We advocate for language that includes comprehensive sexuality education, based on human rights and democratic values as part of all school curriculum. In addition, we recommend a focus on prevention of adolescent pregnancies as a core strategy to boost girls' educational achievement and participation in the economy.

Paragraph 56: We advocate for the inclusion of language emphasizing the importance of improving women's reproductive choices and services as a way to foster women's equal participation and work toward meeting new targets for the MDGs.

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March 2009

Publications Mail Agreement: 40012931

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