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Monitoring and evaluating sexual and reproductive health and rights (SRHR)[1,2]

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Sexual and reproductive health and rights (SRHR) are inextricably intertwined with human life. However, the body continues to be a political site: where interests of the individual continue to be pitted against interests of governments, markets and religious beliefs. This is the primary reason that SRHR issues are till today, highly contested and still remain in a flux, despite 15 years after Cairo. Although progress in SRHR is perceived as being fundamental to the social and economic development of communities, economies and nations, however the much-needed consistent and continuous investment in and political will to SRHR is still not realized to its fullest extent.

Global conferences of governments, organized by the United Nations (UN), have asserted sexual and reproductive health and rights as being fundamental to human rights and development. Sexual and reproductive health and rights were identified and acknowledged on a governmental level at the 1994 International Conference on Population and Development in Cairo and reaffirmed in the 1995 Fourth World Conference on Women in Beijing. Specifically the ICPD Programme of Action and the Beijing Platform for Action recognize sexual[3] and reproductive rights as human rights, thereby affirming them as an inalienable, intergral and indivisible part of universal human rights.

SRHR has also found a place in The World Conference on Human Rights, (Vienna, 1993), World Summit for Social Development (Copenhagen, 1995), and the 2005 World Summit - follow-up to Millennium Summit 2000 (New York, 2005), reflecting government commitments that need to be acted upon at national levels.

Apart from global conferences, governmental commitments to sexual and reproductive health and rights are drawn from the International Convention on Economic, Social and Cultural Rights (ICESR, 1976); the International Covenant on Civil and Political Rights (ICCPR, 1976); Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979); The Declaration on the Elimination of Violence Against Women (DEVAW, 1994); and the Convention on the Rights of the Child (CRC, 1989).

The key message and principle in all the above conferences was that individuals should be able to enjoy all human rights and fundamental freedoms.

Why monitor?

Monitoring government commitment to international conferences and international covenants is a key activity of non-governmental organisations in holding governments accountable. 2009 marked the fifteenth year of the implementation of the ICPD PoA, and 2014 will mark the target year for the commitments stipulated in the ICPD PoA. 2010 marks the tenth year of the implementation of the Millennium Development Goals.[4]

Progress on the SRHR agenda has been chequered in these past 16 years: the ICPD PoA was sidelined by the MDGs; universal access to reproductive health was only incorporated into the MDGs 7 years later; the Global Gag Rule was in force for 8 years of the Bush administration; continued hostility to many dimensions of SRHR (especially the 'rights' dimension) in many countries; application of a market-driven model on health services; and rising religious conservatism and fundamentalisms.

There is an urgent need to ensure that the complete SRHR agenda, which promotes, respects and fulfills the sexual and reproductive rights of all, especially individuals, survives in this context.

It is also important to understand and know what progress has or has not been made, in order to inform inter-governmental organisations, governments and civil society on the actions that need to be taken.

Hence, the pivotal reasons we (as an NGO) engage in monitoring is three-fold:

1) To hold governments accountable to their international commitments and its implementation through national development plans at the national level thereby, fulfilling their commitments to their citizens.
2) To identify gaps, especially with regard to marginalised groups and their rights, that may not be reflected within mainstream data.
3) To keep pushing the boundaries to ensure the realization of sexual and reproductive rights and sexual and reproductive health for all.

What are we monitoring?

The positioning of our monitoring work is crucial – we are using international commitments in order to track progress and hold governments accountable to the SRHR agenda and to advocate for further investments to ensure that pathways are created for the realization of sexual and reproductive rights for all.The term sexual and reproductive health and rights (SRHR) covers four different, inter-linked components- reproductive health, reproductive rights, sexual health and sexual rights.[5]

While the term 'reproductive health' was first developed by institutions, such as the World Health Organization (WHO), in the early-1980s, the term 'reproductive rights' was initially first used in feminist meetings in the late 1970s and was clearly defined in the International Women and Health Meeting (IWHM) of 1984.[6] The term 'sexual health' has been defined as early as in 1975 by WHO.[7] These terms found a place in UN documents for the first time in the ICPD PoA and the Beijing Platform for Action (BPfA). The Cairo and the Beijing Conferences established and legitimized notions of reproductive rights, as well as 'sexual health' and 'sexual rights.'[8] Sexual rights were also written for the first time in the ICPD PoA though it was not retained in the final text.[9]

Paragraph 7.2 of the ICPD Programme of Action[10] talks about a 'safe and satisfying sex life' and the interpretation of what constitutes this and the conditions that provide for this, include key aspects of sexual rights including the choice of sexual partners.

Sexual rights issues are because the majority of women, who live in patriarchal societies, still continue to struggle for sexual rights. The concept of sexual rights is also so closely intertwined and interlinked with that of reproductive rights so much so that, in some aspects, it is difficult to separate both. In order to achieve desirable SRH outcomes, it is crucial to empower men and women with rights which enable them to be equals[11] in the public and in the most private spheres of life. It is also important to empower women to exercise their decision-making with regards to sexuality and reproduction.[12] It is also imperative to establish rights for women, where those rights may not currently exist, in order to enable women's decision-making capacities.[13] All of these have been established in the ICPD PoA itself, 15 years ago.

Paragraph 96 of the Platform for Action of the Beijing Conference, although it does not explicitly mention sexual rights, spells out the elements of sexual rights: "The human rights of women include their right to have control over and decide freely and responsibly on

matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."

It is not possible to extricate and exclude sexual rights from the Cairo agenda, although it was framed within a health, violence and disease lens and not within a freedom, rights and choices lens.[14]

Using the human rights framework

The framing of SRHR within a human rights' framework is a critical step in pushing the envelope for the SRHR agenda. Most governments have binding human rights agreements, through the ratification of treaties such as CEDAW, ICESR and ICCPR and states have an obligation to promote, respect and fulfill the rights described in these treaties.

Analysing policies and programmes with a human rights lens also helps to uncover the inter-linkages between causes, factors, issues and impact of SRHR: discriminatory impact of policies, violations either at the individual, group or national levels, access to life-saving procedures and medicines, affirming sexuality, arresting sexual and reproductive socio-cultural norms which result in death and disability for women.[15]

Concretisation of rights within policies and international documents is the first step in holding governments accountable. A rights-based approach describes a strategy for promoting SRH based on the acknowledgment that SRH are human rights, and includes components of gender equity and equality; sexual and reproductive rights, and client-centered sexual and reproductive health care.[16]

The second step is to look at indicators which embody the concepts of rights around SRHR issues especially taking into account the needs of the vulnerable and marginalized groups.

The ARROW experience with 'rights' indicators

There is a pressing need to reiterate the rights of individuals to achieve autonomy over their sexual and reproductive lives. ARROW has been consistently monitoring the ICPD PoA at the plus five intervals. We recently worked on looking at the achievements of the ICPD PoA in the last fifteen years and we attempted to describe the 'rights' aspects of sexual and reproductive health through the extrapolation of already available data.

The value of a human rights approach and analyses to health and sexual and reproductive health has been well-documented[17] and presented in different international fora.

ARROW's work is in line with the thinking that "*A human rights-based approach to health indicators is not a radical departure from existing indicator methodologies. Rather, it uses many commonly used health indicators, adapts them so far as necessary (e.g. by requiring disaggregation), and adds some new indicators to monitor issues (e.g. participation and accountability) that otherwise tend to be neglected. In short, a human rights-based approach to health indicators reinforces, enhances and supplements commonly used indicators.*"[18]

On indicators around fertility and contraception and family-planning: we have looked at Wanted Fertility Rates in comparison with Total Fertility Rates (how many children did you want to have in comparison with how many children did you have); we have looked in-depth at what constitutes the Contraceptive Prevalence Rates i.e. range of methods used, reasons for non-use of contraception; provision of informed choice (all of this to indicate rights and choices around contraception decisions); access to safe abortion and barriers (legal and non-legal); access of marginalised groups (women belonging to lower wealth and education quintiles; rural/urban/ remote areas of location; age groups; ethnic minorities; migrant; sex workers) within the CPR and MMR data.

Although gender-based violence has always been a traditional indicator of both gender equality and women's health, indicators around this have been neglected by the MDG agenda. We chose to look at laws on sexual violence and provision of services from public health facilities for survivors of violence as indicators of rights.

In addition we felt it was critical to also look at how governments are providing access to prevention, treatment and care for reproductive cancers through examining the cancer registries of the respective countries. In the same manner, it was also important to look at STI prevention, treatment and care beyond the risk-behaviour modality of HIV/AIDs.

It was also feasible and possible to attribute indicators from already established data sources for many aspects of sexual rights such as: median age of marriage in comparison with legal age of marriage, existence of forced/arranged marriage, traditional practices such as FGM and child marriage, access to sex and sexuality education for unmarried young people, recognition of previously marginalised groups such as sex workers, people of diverse sexual orientation and gender identities and the recognition of their rights within the broadest possible spectrum of SRH, beyond HIV/AIDS interventions.

This enabled a narratives of rights to be woven around the data. These examples can be seen in ARROW's MDG campaign "Women are Watching their Governments" available at http://www.mdg5watch.org [19,20]

It was also possible to use the mainstream data and supplement it with qualitative evidence generated by smaller studies, in order to present the rights aspects more clearly to show provider biases,[21] government policies,[22] and how low quality family planning counseling and post-abortion counseling limits the choices of women and couples.[23,24]

The need for a reporting and reviewing process and mechanism which has 'teeth'

While we as an SRHR community discuss and debate data and indicators and assessment, it is equally important for us to ask for a process where our data and indicators can be incorporated within international review and reporting processes and mechanisms. It is not only data monitoring that is required but a process of reviewing data and coming up with recommendations to the governments on their course of actions for progress which will help us ultimately achieve our agenda.
An example already exists in the CEDAW reporting processes. Each country that has signed onto CEDAW is required to periodically report on progress; when governments compile their reports a coalition of national level NGOs (which cannot include NGOs involved in the government report) compile a shadow report. The CEDAW committee reviews both reports and welcomes oral statements from both parties and then makes recommendations to governments on the necessary actions to take.

Governments are also required to report on the progress on the CEDAW committee's recommendations. NGOs also observe and monitor follow-up by government to the recommendations.[25]

A thorough process like the CEDAW process should be mandatory to ensure transparency and accountability of governments and donors especially for development agendas like the MDGs which drive huge funding flows into countries. The SRHR community can be greatly strengthened by using such rigorous methodologies of process in order to advocate for our issues.

[1] This paper draws heavily from Thanenthiran, S; Racherla S.J. (2009). *Reclaiming & Redefining Rights – ICPD+15: Status of Sexual and Reproductive Health and Rights in Asia*. Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW).

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[3] Although "sexual rights" as a term has not been established in international agreements, its definition and content were adopted within the human rights framework in the Beijing Platform for Action, Paragraph 96.It is worth noting that even governments expressing reservations in opposition to "sexual rights" used the term in their statements at the closing session of the Beijing Conference.

[4] 'MDG5B: Achieve universal access to reproductive health' was only lobbied for in 2005, and indicators were added in 2007. Due to this late introduction of 5B, few countries are monitoring this indicator.

[5] For reproductive health, we use the WHO definition; for reproductive rights, we use the ICPD definition; for sexual health, we use an adapted definition from the UN; for sexual rights we use the working definition from the WHO.

[6] Petchesky, R.P. (2003) Transnationalizing Women's Health Movements. In *Global Prescriptions: Gendering Health and Human Rights* (pp. 4). London, United Kingdom: Zed Books.

[7] World Health Organization (WHO). (1975). *Education and Treatment in Human Sexuality: The training of Health Professionals, Report of a WHO Meeting. World Health Organization (WHO) Technical Report Series Nr. 572.* Geneva, Switzerland: WHO

[8] Although "sexual rights" as a term has not been established in international agreements, its definition and content were adopted within the human rights framework in the Beijing Platform for Action, Paragraph 96.It is worth noting that even governments expressing reservations in opposition to "sexual rights" used the term in their statements at the closing session of the Beijing Conference.

[9] Correa, S; Careaga, G. (2004). *Is Sexuality A Non Negotiable Component of the Cairo Agenda?* Retrieved 26 August, 2009, from Development Alternatives With Women from a New Era (DAWN) Web site: http://www.dawnnet.org/publications/docs/non-negotiable-2520sexuality-2520aug04.doc

[10] "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..."

[11] As is said in Paragraph 7.34: *"Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour." This is reiterated under the section's objectives in Paragraph 7.36: "permitting relations of equity and mutual respect between the genders and contributing to improving the quality of life of individuals."*

Paragraph 7.35 also recognizes that: *"In a number of countries, harmful practices meant to control women's sexuality have led to great suffering."* Paragraph 7.38 encourages governments to *"base national policies on a better understanding of the need for responsible human sexuality and the realities of current sexual behaviour."*

[12] Paragraph 4.1 states that: *"The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public …. In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction."*

[13] Paragraph 4.4 (c) under Actions proposes: *"Eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health."*

[14] Correa, S; Careaga, G. (2004). *Is Sexuality A Non Negotiable Component of the Cairo Agenda?* Retrieved 26 August, 2009, from Development Alternatives With Women from a New Era (DAWN) Web site: http://www.dawnnet.org/publications/docs/non-negotiable-2520sexuality-2520aug04.doc

[15] Bakker, S; Plagman, H. (2006). *HeRWAI: Health Rights of Women Assessment Instrument. Aim for Human Rights*. The Netherlands: Humanist Committee on Human Rights.

[16] Harris, F; Murthy, R.K.; Romero, M; Ramos, S.; Holland-Muter, S; et al. (2005). Session 2: Sexual and Reproductive Rights. In *The Right Reforms? Health Sector Reforms and Sexual and Reproductive Health: Training Manual* (p.20). Johannesburg, South Africa: The Initiative for Sexual & Reproductive Rights in Health Reforms (Women's Health Project).

[17] Hunt, P. (2006). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Retrieved 17 August, 2010, from OHCHR Web site: http://www2.ohchr.org/english/issues/health/right/annual.htm

[18] Hunt, P. (2006) Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Retrieved 17 August, 2010, from OHCHR Web site: http://www2.ohchr.org/english/issues/health/right/annual.htm

[19] MDG3: India. *Women are Watching their Governments: MDG5 Watch*. Retrieved September 15, 2010, from http://mdg5watch.org/index.php?option=com_content&view=article&id=94&Itemid=156#_edn39

Or

International Institute for Population Sciences (IIPS) and Macro International. (2007). *National Family Health Survey (NFHS-3),2005–06: India*. Deonar, Mumbai, India: IIPS

[20] Thanenthiran, S; Racherla, S. (2010) *MDG 5 in Asia: Progress, Gaps and Challenges 2000-2010*. Kuala Lumpur, Malaysia: The Asian-Pacific Resource & Research Centre for Women (ARROW). Retrieved from Women are Watching their Government: MDG5 Watch Web site: http://mdg5watch.org/Regional/MDG5RegionalBrief.pdf

[21] World Health Organization (WHO) et al. (1999).Reducing the Recourse to Abortion. In *Expanding Options in Reproductive Health-Abortion in Viet Nam: An Assessment of Policy, Programme and Reproductive Issues* (p. 16). Geneva, Switzerland: WHO.

[22] United Nations Population Fund (UNFPA) Country Technical Services Team for East and South-East Asia, Bangkok, Thailand. (2005). Reproductive Health and Rights. In *Reproductive Health of Women in Thailand: Progress and Challenges Towards Attainment of International Development Goals* (pp. 37-8). Bangkok, Thailand: UNFPA Country Technical Services Team for East and South-East Asia, Bangkok, Thailand

[23] Hoang, T. A.; Bui, T.T.M; Nguyen T.V.; Pham, K.L. (2008). *Exploratory study on knowledge, attitude and practice related to emergency contraceptive pills*. Vietnam: Pathfinder International.

[24] Hoang, T. A.; Bui, T.T.M; Nguyen T.V.; Pham, K.L. (2008) *Post abortion counseling and use of condom*. Vietnam: Pathfinder International.

[25] CEDAW Reporting/Review Process. Retrieved 20 September, 2010 from Women's UN Report Network Web site http://www.wunrn.com/news/2007/11_07/11_26_07/112607_cedaw.htm