Sexual and reproductive health and rights matters: a new age

Julia Hussein, a Jane Cottingham, b Mike Mbizvo, c Eszter Kismödi

a Editor-in-Chief, Reproductive Health Matters, London, UK. Correspondence: julia.hussein@rhmatters.org
b Chair, Board of Trustees, Reproductive Health Matters, London, UK
c Member, Board of Trustees, Reproductive Health Matters, London, UK; Zambia Country Director, Population Council, Lusaka, Zambia
d Chief Executive, Reproductive Health Matters, London, UK

This year, we mark 25 years since RHM’s beginnings. 2018 is an uplifting year for an anniversary, with several notable events in relation to sexual and reproductive health and rights (SRHR). In January, the Inter-American Court of Human Rights published an advisory opinion on gender identity, equality and non-discrimination of same-sex couples, declaring that the rights for name change to conform to a person’s gender identity, and for legal mechanisms, including marriage in same-sex couples, are protected by the American Convention on Human Rights. 1 In March, protests took place in Poland against the creation of legal restrictions on abortion. Rallies were held in Chile against the new government’s attempt to allow conscientious objection as a reason to limit women’s access to safe abortion. 2 In May, a long-awaited referendum in the Republic of Ireland overturned, by a convincing majority, a restrictive abortion law which had been in place for decades. 3 India’s Supreme Court unanimously struck down one of the world’s oldest bans on consensual same sex relations in September. 4 In the same month, the United Nations issued a joint letter to the International Association of Athletics Federations (IAAF). 5 The letter raised concerns of human rights violations with regard to the IAAF’s new criteria on intersex persons in Olympic competitions, which may affect the participation of several top African athletes, including Caster Semenya, amongst others. 6

Other highlights of 2018 included the release of the World Health Organization’s new edition of the International Classification of Diseases (ICD-11), which now classifies gender incongruence as a sexual health condition, instead of a mental health illness. 7 The release of the Guttmacher–Lancet Commission’s report this year provides a reference point for a comprehensive definition of SRHR, set within the context of the United Nation’s Sustainable Development Goals. 8 These developments are testimony to the solid gains made over the last 25 years, the legacy of a watershed event – the International Conference on Population and Development (ICPD).

Saluting RHM’s origins

It was in 1994 that the ICPD first produced an internationally agreed definition of reproductive health and sexual health, based on wording proposed by HRP/WHO, the Human Reproduction Programme at the World Health Organization. 9 RHM has a history which parallels the progression of SRHR within this timeframe. In October 1992, a group of women’s health advocates from different parts of the world identified the need for a platform to publish research that gave voice to women’s perspectives on reproduction. 10 This led to the creation of the journal, Reproductive Health Matters, and its first issue on “Population and family planning policies” in 1993, 11 born from the vision and commitment of its founding Editor and Director, Marge Berer. She set out on a course that would result in her being recognised as an individual at the forefront of the reproductive health and rights arena, 12 and RHM as a key vehicle for discourse on reproductive health and rights.

Tackling contentious, new and emerging topics was something RHM faced full on over the years, addressing “Making abortion safe and legal” in 1993, “fatherhood”, included in an issue on fertility in 1994, fundamentalism and reproductive rights in 1996, “Sexuality” in 1998, and more, 11 all well before the rest of the international community started to address these questions in earnest.
As a range of topics on SRHR emerged which were not yet fully explored, RHM successfully expanded its scope as a space for sharing evidence, informing policy and practice, and building capacity for dialogue, advocacy and knowledge generation.

The 54 journal issues and 6 supplements published between 1993 and 2018 \(^1\) are testimony to the dedication of not only one person, but a group of people, international and multi-disciplinary, who have fostered and maintained rigorous standards for evidence generation and uptake over the years, alongside a commitment to expanding a geographically diverse authorship. RHM has provided extensive editorial input and mentoring to authors to ensure that those who need support, including young or less experienced authors and those whose first language is not English, are able to publish in the journal. In addition, RHM has convened and participated in workshops on cutting-edge topics, to inform discourse, dialogue and political agenda setting.

**An evolving landscape in SRHR**

Among the major achievements over the years since the ICPD is the regular use, at national, regional and international levels, of human rights norms and standards to protect sexual rights, non-discrimination and reproductive self-determination. The Supreme Court in Nepal, for example, called for the creation of a government fund to improve access to abortion services in 2009.\(^1\) United Nations international human rights treaty monitoring bodies\(^1\) have issued a raft of statements and conclusions on aspects of SRHR which have subsequently been used by national legislators, but also in guidance developed by the World Health Organization. For example, the World Health Organization’s guidance on ensuring human rights in contraceptive provision identifies lack of access to contraceptives as a form of discrimination.\(^1\) At the regional level, the recent European Court of Human Rights made a ruling on young peoples’ right to sexuality education at school.\(^6\)\(^,\)\(^7\)

Attention to and understanding of sexual health and sexual rights, as distinct from reproductive health and rights, while reaffirming the links between them, has vastly increased.\(^8\) Alongside this, solid statistics on the myriad aspects of SRHR worldwide are now much more widely available; with several seminal reports being published over the decades, from the Guttmacher Institute’s first report in 1999 on estimates of abortion worldwide\(^9\); the World Health Organization’s first, second and third regional and global estimates on unsafe abortion\(^1\); the Lancet series on maternal survival and health\(^2\);\(^3\); their series on transgender health\(^4\); and UNAIDS 2018 reports which provide innovative and consistent articulation of gender, human rights and community engagement in relation to HIV and AIDS.\(^2\)\(^,\)\(^3\)

Achieving rights for all and acknowledgement of the centrality of SRHR to the broader development agenda nevertheless continues to be a grand aspiration. Global commitments made by governments and lessons learnt from decades of history in the field are all too easily lost or overlooked as new generations and political powers enter the arena. There remains a need for evidence, information and space for dialogue, grounded in human rights and based on lived experiences of affected populations. The propensity to draw from ideology rather than evidence in formulating policy is a persistent and growing problem, and organised efforts to reverse gains achieved in SRHR have grown louder and stronger all over the world.\(^9\) Fragmentation of the SRHR agenda continues to occur: alongside every new advance in conceptualisation of SRHR is its dissection into supposedly politically acceptable, manageable and fundable pieces.\(^8\) The result is incomplete fulfilment of SRHR, precisely because health needs, problems and violations of rights do not occur in discrete packages but are intrinsically linked. Implementation efforts have fallen short of expectations, for example, with persisting inequities within and across countries, regressive and increasingly restrictive abortion regulations put into place in some countries, and continued stigmatisation and discrimination against people with diverse gender expressions and sexual orientations.\(^2\)\(^,\)\(^7\)

Layered over these concerns are the dramatic changes that have occurred in the external environment for research, publishing and information-sharing. Technological developments and new publishing models have revolutionised the way information is produced, shared and used. The proliferation of sources and materials brings new challenges to authors, researchers and readers in terms of the modalities to share and obtain information. At the same time, many topics remain under-researched, including the potential for “multipurpose prevention technologies”, such as the use of condoms for contraception and HIV/AIDS prevention, and in some areas of adolescent SRHR and maternal and newborn care.\(^2\)\(^,\)\(^8\)
availability of scientific SRHR research in languages other than English remains limited.

**RHM: renewal for the future**

In this ever-changing environment, RHM is strengthening its role and expanding the scope of its work to respond to evolving SRHR research, policy and advocacy. As we move into the next 25 years, RHM’s mission will be to share and use knowledge and evidence for the advancement of SRHR. RHM will continue to provide a trusted, independent forum for discussion on current and new approaches to SRHR by stimulating research and evidence-sharing, as well as advocating for advancing the SRHR agenda. The unique feature of RHM is being truly global, publishing in English and seven other languages to reach a world-wide audience, and with staff, associate editors, expert editorial teams, advisory board members and trustees located in over 25 countries. We will continue to bring and represent the voices of people from the Global South and those who are most marginalised, connecting local voices to global political agendas, and translating international policies for local relevance and realities (Box 1).

The heart of RHM is, and will continue to be, an international journal with global relevance that explores emerging, strategic, as well as neglected topics across the field of SRHR. The journal is the primary vehicle for RHM’s work; it is the backbone upon which other activities are built. Our renewed strategy will have a significant focus on expanding RHM as *more than a journal*, creating and participating in spaces that improve policy, services, practice and research. We will contribute to capacity building in knowledge generation and inspire new rights-based thinking and action in the field of SRHR through various strategic approaches, and through expansion of multi-disciplinary global and local partnerships. RHM will take forward with enhanced commitment the dissemination of rights-based information, grounded in scientific and research excellence, providing an invaluable platform for debate on policy and practice within the sphere of SRHR.

The protests, declarations and events of 2018 highlighted earlier reflect an energy and an evolution of the importance placed on SRHR over the last few decades, giving a reason for optimism. But this should not be a cause for complacency. Recent political developments – the rise of populism in different parts of the world, the nomination of the highly conservative Judge Kavanaugh to the US Supreme Court, the ever-present patriarchy of the Catholic Church in Latin America – have implications for our collective global efforts to advance SRHR. They present continuing challenges that make it essential to galvanise this energy for the continued struggle to advance SRHR across the world.

**Box 1. Knowledge, influence and capacity building at RHM.**

1. We play a vital role in advancing sexual and reproductive health and rights (SRHR) globally, as a trusted, evidence and rights-based voice for research, advocacy, policy and practice.
2. Our open access, peer-reviewed journal publishes research, in-depth analysis and critical reviews across disciplines, including anthropology, economics, law, political science, sociology and public health.
3. More than a journal, our organisation initiates discussion, informs policy, programmes and practice, and advocates for universal SRHR.
4. We build capacity for knowledge generation, inspiring new rights-based thinking and action for SRHR.
5. We are a truly global organisation. Our staff are based in London, Geneva and Cape Town, and we work with regional partners in Brazil, China, Egypt, India, Peru, and Russia to promote the dissemination of our publications in seven languages.
6. We are a voice for all population groups, including the young and ageing, people living with disabilities, indigenous people, migrants, transgender and intersex people, sex workers and those who have been marginalised because of their sexual orientation, religion, race or other personal or social characteristics.
7. A rights-based organisation, we connect evidence with global political agendas to uphold sexuality and reproduction as a human right.
References

1. Contesse J. Inter-American Court of Human Rights’ advisory opinion on gender identity and same-sex marriage. Insights. 2018; 22(9).
2. Hussein J, Cottingham J, Nowicka W, Kismodi E. Abortion in Poland: politics, progression and regression. Reprod Health Matters. 2018;26:52. doi:10.1080/09688080.2018.1467361
3. Kasstan B. Irish voters repealed the eighth: now it’s time to ensure access to abortion care in law and in practice. Reprod Health Matters, 2018;26:52. doi:10.1080/09688080.2018.1513271
4. SC decriminalises Section 377, calls 2013 ruling ‘arbitrary and retrograde’; [cited 2018 Oct 9]. Available from: https://timesofindia.indiatimes.com/india/sc-decriminalises-section-377-calls-2013-ruling-arbitrary-and-retrograde/articleshow/65712063.cms
5. Open letter OL OTH 62/2018. [cited 2018 Oct 9]. Available from: www.ohchr.org/Documents/Issues/Health/Letter_IAAF_Sept2018.pdf
6. UN backs Caster in hammering IAAF over new gender rules. [cited 2018 Oct 9]. Available from: https://citizen.co.za/sport/south-africa-sport/sa-athletics-south-africa-sport/2013878/un-backs-caster-in-hammering-iaaf-over-new-gender-rules/
7. ICD 11. [cited 2018 Oct 24]. Available from: www.who.int/health-topics/international-classification-of-diseases
8. Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. Lancet 2018;391:2642–2692. doi:10.1016/S0140-6736(18)30293-9
9. HRP celebrated 40 years of innovation in 2012. [cited 2018 Oct 10]. Available from: www.who.int/reproductivehealth/hrp/hrp_achievements/en/
10. RHM History. [cited 2018 Oct 5]. Available from: www.rhmatters.org/how-we-work/about-us/
11. RHM Journal. [cited 2018 Oct 30]. Available from: www.rhmatters.org/our-journals/?filters%5B5%5D=language:english
12. Watts G. Marge Berer: battling for women’s reproductive rights. Lancet, 2013;381:444. doi:10.1016/S0140-6736(13)60235-4
13. Centre for Reproductive Rights (CRR). Reproductive rights at the start of the 21st century. [cited 2018 Oct 8]. Available from: www.reproductiverights.org/sites/crr.civicationas.net/files/documents/RR_10years_2010.pdf
14. Human rights treaty bodies. [cited 2018 Oct 30]. Available from: https://www.ohchr.org/EN/HRBodies/Pages/TreatyBodies.aspx
15. Ensuring human rights in the provision of contraceptive information and services. Guidance and recommendations. World Health Organization 2014. [cited 2018 Oct 12].

Available from: www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en /

16. Decision A.R. and L.R. v. Switzerland - Refusal to exempt primary school pupil from sex education did not breach Convention. [cited 2018 Oct 20]. Available from: www.strasbourgconsortium.org/common/document.view.php?docId=7501
17. International technical guidance on sexuality education. An evidence-informed approach. UNESCO 2018. [cited 2018 Oct 20]. Available from: unesdoc.unesco.org/images/0026/002607/260770e.pdf
18. World Health Organization. Sexual Health, human rights and the law. Geneva: WHO; 2015.
19. Henshaw SK, Singh S, Haas T. Recent trends in abortion rates worldwide. Int Family Plann Persp. 1999;25(1):44–48. doi:10.2307/2991902
20. Unsafe abortion: Global and regional estimates of incidence of and mortality due to unsafe abortion with a listing of available country data, 3rd ed. Maternal Health and Newborn Health/Safe Motherhood Programme. World Health Organization, Geneva. 1998. [cited 2018 Oct 20]. Available from: www.who.int/iris/handle/10665/64087
21. Maternal survival series. Lancet 2006. [cited 2018 Oct 26]. Available from: www.thelancet.com/series/maternal-health-2006
22. Maternal health series. Lancet 2016. [cited 2018 Oct 26]. Available from: www.thelancet.com/series/maternal-health-2016
23. Transgender health series. Lancet 2016. [cited 2018 Oct 20]. Available from: www.thelancet.com/series/transgender-health
24. The GAP report. UNAIDS. [cited 2018 Oct 24]. Available from: www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
25. UNAIDS data 2018. [cited 2018 Oct 24]. Available from: www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
26. The GAP report. UNAIDS. [cited 2018 Oct 24]. Available from: www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
27. Pugh S, Desai S, Ferguson L, et al. Not without a fight: standing up against the Global Gag Rule. Reprod Health Matters. 2017;25:49. doi:10.1080/09688080.2017.1303250.
28. Ferguson L, Desai S. Sexual and reproductive health and rights for all: translating the Guttmacher-Lancet Commission’s global report to local action. Reprod Health Matters. 2018;26:52. doi:10.1080/09688080.2018.1487621.
29. Al A, Farron M, Ouedraogo L, et al. Research gaps and emerging priorities in sexual and reproductive health in Africa and the eastern Mediterranean regions. Reprod Health. 2018;15:39. doi:10.1186/s12978-018-0484-9.