

Reproductive health and human rights: the way forward

Laura Reichenbach & Mindy Jane Roseman, editors

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The term “reproductive health” was first adopted at the International Conference on Population and Development (ICPD) in 1994 and heralded a major shift in thinking and approach to population issues – from pure population control through family planning, to a much wider field encompassing not only fertility control but safe sex and pregnancy free from coercion, discrimination and violence.

This volume is a collection of 16 critical essays by leading scholars and practitioners in the field of sexual and reproductive health and rights. Each author analyses the legacy of ICPD from a different perspective or focuses on a particular topic. They examine strengths, weaknesses and whether and how the ICPD mandate can still be used to improve sexual and reproductive health.

Given the complexities and challenges of implementing and continuing to take forward the ICPD agenda after more than 15 years, the undertaking in this volume is laudable. The essays, however, are somewhat uneven in the depth of treatment, yet all contain some dimension that should be of interest to a variety of readers. Some provide historical background which might otherwise be forgotten. Several other authors point out that the absence of reproductive health in the initial targets for the Millennium Development Goals was a serious setback. While the target of “universal access to reproductive health” has since been added, Tom W Merrick (author of the “Mobilizing resources for reproductive health” chapter) points out that a strong evidence base is needed to demonstrate that poor reproductive health outcomes do, in fact, undermine the chances of the poor to escape poverty.

Most of the authors find that ICPD has left a landmark legacy and remains an

essential tool in work to improve sexual and reproductive health globally. Mindy Jane Roseman (“Bearing human rights: maternal health and the promise of ICPD”) describes how the connection between human rights and health outcomes forged at ICPD “remains vital, resilient and indispensable” and maintains that the enduring legacy of ICPD is that it articulated the fact that “reproductive health requires functioning and accountable health, education, judicial and other state systems”.

Sofia Gruskin (“Approaches to sexual and reproductive health and HIV policies and programs: synergies and disconnects”) notes that one of the weaknesses of ICPD was that it poorly addressed HIV, focusing almost exclusively on prevention and control. This was partly because few organizations and individuals engaged in HIV-related efforts were present at ICPD to help forge a stronger agreement. However, she goes on to show that ICPD was a landmark for legitimizing the use of human rights in both sexual and reproductive health and HIV programming and laid much of the groundwork for subsequent international agreements. While agreeing that ICPD remains a momentous achievement, some of the essays focus on its failures.

Marge Berer’s essay (“The Cairo ‘compromise’ on abortion and its consequences for making abortion safe and legal”) analyses the impact of the ICPD’s failure to include reference to the need for safe and legal abortion, one of the most commonly used methods of fertility regulation and a major cause of avoidable mortality and morbidity in women. She argues that making abortion safe, legal and accessible is the only way to reduce this morbidity and mortality.

Alaka Basu (“Situating reproductive health within the academy”) shows how reproductive health as conceived of in ICPD has not been translated into curriculum design for medical or paramedical practitioners, and elaborates how this could be done.

An important dimension in several essays is an analysis of the United Nations process, demonstrating the political

forces at work that contributed to shaping the ICPD Programme of Action and subsequent events. Françoise Girard (“Advocacy for sexuality and women’s rights: continuities, discontinuities, and strategies since ICPD”) gives insights into the negotiating process of ICPD and subsequent follow-up meetings, concluding that “new, bolder agreements are not likely in the near future” as there is “little or no appetite for them at the intergovernmental level”. Frances Kissling (“Examining religion and reproductive health: constructive engagement for the future”) describes the negative influence of the Vatican and some fundamentalist Christian groups on stifling support for ICPD but argues that the world’s religions could be one of the most significant forces for the implementation of ICPD rather than the most significant obstacle. She concludes that “our common commitments to human dignity and poverty alleviation” can forge some of the bonds necessary for moving the agenda forward with representatives of world religions.

The concluding essay by Firestone, Reichenbach and Roseman (“Conceptual successes and operational challenges to ICPD: global reproductive health and rights moving forward”) acts like an editorial on the whole volume, highlighting commonalities and differences in the previous essays. It strongly argues in favour of the “enduring value of ICPD’s legacy”, particularly with regard to its core principles and the emphasis on human rights. It suggests three areas, emerging from the essays collectively, for further work by any and all who care about reproductive health and rights: improving measurement and accountability; creating and renewing alliances for strengthened advocacy; and new strategies for mobilizing resources.

This is a highly readable volume which should be of interest to anyone – advocate, practitioner, scholar, policy-maker – who is concerned about sexual and reproductive health and human rights. It has an extensive bibliography and an excellent index. ■

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