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**REPORT ON SEXUAL AND REPRODUCTIVE HEALTH
IN THE AMERICAS**

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SEXUAL AND REPRODUCTIVE HEALTH IN THE AMERICAS

People with good sexual and reproductive health can enjoy satisfying and risk-free sexual and reproductive lives, decide if they wish to partake in sexual relations or not, and if so, freely choose the time and frequency of such relations.

This freedom implies that men and women have the right to family planning information, as well as access to their choice of effective, safe, affordable, and acceptable birth control methods and to suitable health care services to reduce the risks associated with pregnancy and childbirth. Reproductive rights include the following:

1. The fundamental right of all couples and individuals to freely and responsibly choose the number of children they want to have and the amount of time between pregnancies, as well as the right to receive suitable information on how to achieve these goals.
2. The right to access the best possible sexual and reproductive health services and the freedom to make their own decisions concerning reproduction without discrimination, constraints, or violence, and in accordance with charters on human rights.

Facilitating the exercise of these rights must be a cornerstone of all government and community policies and programs on reproductive health and family planning. As a matter of fact, this very goal was one of the main objectives outlined in the program of action at the 1994 International Conference on Population and Development in Cairo.

Issues of sexual and reproductive health are a fundamental part of complex human relationships where emotions, love, and spiritual convictions lead partners, especially women, to expose themselves to both the happy consequences and the risks of sexual relations and reproduction.

Whereas international forums may hold up the democratic ideal of justice and equality, access to proper health care services and acceptable living conditions is far from universal. The number of poor is on the rise, so much so that for millions of people, reproductive health is a virtually inaccessible reality.

- At least 350 million people who would like to avoid pregnancy have no access to family planning methods.
- Some 120 million women have no access to acceptable reproductive services.
- Nearly half a million women die each year following an abortion.

Moreover, because human reproduction is intrinsically woven into complex social relationships, procreation, gender roles, and family structures are intrinsically linked to norms of social control that are not necessarily beneficial to all.

International Conferences

The theme of sexual and reproductive health and human rights was first broached by the United Nations Organization (UNO) at the 1975 International Women's Year World Conference, in Mexico.

During the 1990s, the United Nations held a series of worldwide government conferences that culminated in the adoption of a plan of action aimed at achieving sustainable development and social equity over the course of the 21st century.

The various gatherings, particularly the World Conference on Human Rights (Vienna, 1993), the International Conference on Population and Development (Cairo, 1994), the 4th World Conference on Women (Beijing, 1995), and the World Summit for Social Development (Copenhagen, 1995) finally brought about the adoption of an ambitious and progressive program whose objectives were social equality, the elimination of injustice, and the promotion of development and peace.

At the International Conference on Population and Development in Cairo, countries in attendance declared that the right to reproductive and sexual health was a fundamental human right. On the development front, the aim was to successfully provide universal access to reproductive health care and information by the year 2015.

The conference set forth basic principles to consider when making policy, notably those respecting the basic right of women to fully control and freely make all decisions about their bodies and sexuality; free access to sexual and reproductive information and services—especially for women and adolescents; the necessity to take gender issues into account in all national policies and programs; and the right to enjoy the best physical and mental health possible.

Inadequate health care and violations of sexual and reproductive rights are at the root of numerous problems that the international community believes must be resolved. These include the following:

- Violence
- Sexual abuse and rape of women and young girls and boys
- HIV/AIDS
- Maternal mortality
- Pregnancy among adolescents
- Child abandonment (girls and boys)
- Harmful practices, such as female genital mutilation
- The preponderance of women and young people among the poor
- The violation of fundamental human rights and personal dignity, including the right of every individual to security and freedom

The situation in the Americas

In the Americas, despite modest reductions in maternal and infant mortality in some countries, great inequalities persist among the population. Many women still die in childbirth due to inadequate care, as do numerous infants who develop complications during the first few months of life. Yet it has been shown that most of these deaths could be prevented if coordinated efforts were made to provide adequate care.

More than 500,000 mothers die each year across the globe during pregnancy or in childbirth, 23,000 of them in the Western Hemisphere alone.

In Latin America and the Caribbean, 79% of women have access to basic obstetric care. It is essential to provide care to those groups who for all intents and purposes have no health services, reduce disparities between countries, and, in order to improve the quality of services during childbirth, ensure that health care personnel are well trained.

For women born in Latin America or the Caribbean, the risk of death due to complications during pregnancy is 27 times higher than it is for women born in the United States. It is estimated that one million young children die each year following the death of their mother.

For children born in Haiti, the risk of dying before the age of 5 is 17 times higher than for those born in Canada.

In most Latin American and Caribbean countries, access to comprehensive care is far from universal, and the care that is available, when it exists, is not necessarily quality care. There are many women who have never had the chance to receive even the most basic instruction in health, hygiene, and nutrition for themselves or their families. They have no access to modern contraception such as condoms and birth control injections. Complications during pregnancy are the prime cause of death and disability among women 15 to 49 years of age, even though most of these complications could easily be avoided or treated.

Over 189 countries have recognized the importance of maternal and infant health for economic and social development and undertaken formal commitments to this end by signing the United Nations Declaration of the Millennium and ascribing to the Millennium Development Goals. We need to take rapid, coordinated action to ensure that every mother and child, girl or boy, benefits from basic, affordable health care.

Concerning equality between the sexes, we must recognize that only women are directly exposed to the risks of pregnancy, birth, the puerperal period, and abortion, and that the impacts of reproductive infections—including STDs—on women are more severe and long lasting than for men. Governments must address these issues and make them a priority in their policies and programs.

Increased efforts must also be made to educate men and adolescent boys as to the seriousness of all aspects of sexual and reproductive health and to invite them to get more involved in this area. It is also vital to design specific programs to meet women's current and future needs.

Extending health coverage to everyone in Latin America constitutes one of the greatest challenges of health care reform and a goal which must be met to guarantee universal access to basic and preventive care.

In the various countries of the region, women are active in running programs but are still excluded from program design and development, and from decisions on the use of resources, although it is the women who, more often than not, provide health care for their families. Their interests, needs, points of view, and desires as a group are not recognized as they should be, so much so that decisions are generally made in their name on the assumption of their consent.

Cuba's Example

Beginning in 1959, Cuba underwent profound and radical socioeconomic changes that had a positive impact on people's quality of life, particularly because of measures taken to improve the health of the country's population—most notably the women and children, both boys and girls.

Our strategy for basic health care and community involvement—which are essential to ensuring sexual and reproductive health for all—are fundamental to our health care system and we have always been able to rely on the Federation of Cuban Women and its volunteers when putting programs in place for women and young girls and boys.

The “mother-child” program is a high priority for the health sector. Government and non-governmental organizations work faithfully to maintain and improve the level of health of women, girls and boys, and families. They devote considerable effort to this end despite the difficulties that the Cuban economy has faced in the last years due to the economic, financial, and trade blockade imposed on them by the United States.

Among the efforts made to improve the quality of life for the Cuban people, information, communication, and education strategies were developed to encourage responsible sexual and reproductive behaviour, especially among young people.

The public also enjoys access to an ever-growing network of family planning services offered in polyclinics, including everything from basic health care to consultations with health care specialists.

To reduce at-risk pregnancies, health professionals have developed a strategy to lower the biological, psychological, and social risks associated with unwanted pregnancy by concentrating on promoting methods of contraception.

Cuban abortion policy is based on the belief that family planning is a good thing and that contraceptive use allows a woman and her partner to decide when they want to engage in sexual activity for the purpose of having children. The policy also provides information on the risks associated with abortion while at the same time, reminding women that terminating a pregnancy is a valid option if so desired, in which case established ethical standards apply.

Prenatal care is universal and involves some 16 medical examinations plus community accompaniment. Pregnant women receive quality institutional care in childbirth and newborns have the right to immediate care from specialists. Babies are nursed exclusively by their mothers and benefit from immunologic protection thanks to a national vaccination program against 11 infectious diseases (polio, tuberculosis, diphtheria, tetanus, whooping cough, measles, German measles, mumps, typhoid fever, Type B and C meningitis, and hepatitis B), that have, for the most part, been eradicated in Cuba.

The percentage of live births in health centers is 99.9%, which has been the case since 1997.

The significant reduction in Cuba's infant mortality rate has been one of the key factors behind the increase in Cubans' life expectancy at birth, which is 76.15 years. The life expectancy of women—78.23 years—is greater than that of men or 74.20 years. The indicators for 2005 were found to be satisfactory, as the infant mortality rate was 6.2 per 1,000 live births and maternal death directly associated with childbirth was 36.5 women per 10,000 live births.

Prevention of reproductive tract infections and their treatment—particularly sexually transmitted diseases (STDs) and AIDS—constitute a priority for Cuba's Department of Public Health. The main thrust is prevention through information, communication, and education programs, including sexual education.