

Forum: UNHRC

Issue #07-01 : Measures to Address the Access of Reproductive Healthcare

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Introduction

On a global scale, the access to reproductive healthcare is a disquieting issue growing at concerning rates each day it is further ignored. Worldwide and per year, there are approximately 750,000 teen pregnancies, 25 million unsafe abortions (<https://www.unfpa.org>). Adding onto this, the maternal mortality rate is 216 deaths per 100,000 live births (<https://www.who.int>). This issue arises when nations view “reproductive rights” which are defined as legal rights and freedoms relating to reproduction and reproductive health, as rights completely separate from human rights.

There are other factors that work to amplify this issue, such as cultural and social barriers. Aspects concerning religion have a great influence on the legislation of a nation regarding contraceptives, abortion, and sexual education therefore a nation with a stronger religious background will have more conservative laws. This goes hand in hand with cultural and social stigmas which prevent a nation from a more liberal nature. Other factors include the economic stability of a nation, which physically limits the access of reproductive healthcare to the whole of a country. There are simply not enough materials and healthcare facilities in a developing country to grant their citizens their rights. These factors all come together to restrict the access of healthcare within a nation, stripping women of their rights when it comes to their body.

Definition of Key Terms

Human Rights: Human rights are the rights that are believed to belong to every person no matter the race, sexual indemnity, gender, religion, ethnicity, and age of a person. These rights are meant to define the standard state of living of every person according to the Universal Declaration of Human Rights.

Reproductive Health: As defined by the United Nations, reproductive health is the "...state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions, and system at all stages of life." This key term is the basis of the debate.

Social Stigmas: A social stigma is disapprobation of, or prejudice against, a person based on perceivable social characteristics that serve to distinguish them from other members of society. Social stigmas are commonly related to culture, gender, race, intelligence, and health. This key term is involved with the debate due to the social stigmas against sexual education and discussion.

Sexually Transmitted Diseases: As defined by MedlinePlus, sexually transmitted diseases are "... infections that are passed from one person to another through sexual contact. The causes of STDs are bacteria, parasites, yeast, and viruses." This key term is prominent when discussing reproductive health, as well as sexual education about these diseases.

Contraceptives: Contraceptives is a method or device used to prevent pregnancy. This key term is prominent in the debate seeing as it is controversial in several countries due to the fact that it is used to purposely avert life.

Abortion: According to medicinenet.com, in medicine, an abortion is the premature exit of the products of conception (the fetus, fetal membranes, and placenta) from the uterus. It is the loss of a pregnancy and does not refer to why that pregnancy was lost.

General Overview

The United Nations states that sexual and reproductive health is related to multiple human rights in the International Declaration of Human Rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. Therefore violating the reproductive rights of an individual is violating a number of underlying rights granted to that individual. This issue was brought to attention in the mid to late 1900's with contraceptives being largely available, although the first controversy arose shortly after that with Pope Paul VI's *Humanae Vitae*. Nowadays, reproductive rights and healthcare have been more accessible than ever before, although it is still not fully granted to all individuals worldwide. Religious ideologies, sociocultural stigmas, economic and political instabilities do not fully allow for these issues to be addressed. In developing countries, these issues are even more prevalent. Regarding the health of an individual, there exists several physical and mental health issues that may arise through the inaccessibility to safe reproductive healthcare, or simply unsafe personal reproductive choices. In order to improve these issues, measures to address access of reproductive health care must be taken.

The Issue in the Past

On an international scale, women's reproductive healthcare has become more of a prominent political issue as the years progress. In the early and mid-1900s, reproductive healthcare was a topic that carried little to no importance internationally. Though in 1960, the first artificial oral contraceptive was made available to married couples in the United States, giving the issue a glimpse of the spotlight that it carries today. Though it wasn't until 1972 The Supreme Court granted the legalization of birth control for all citizens of this country, irrespective of marital status. But this political choice called religious attention, and therefore as an aftermath to legalizing artificial birth control, the church spoke out. Pope Paul VI commended the church's strict prohibition

against artificial contraception with the usage of the encyclical called *Humanae Vitae* (*Of Human Life* in Latin). This was extremely politically controversial and had a tremendous effect on the ideology of religiously focused countries. To this day, this has continued to have a long-lasting impact on many countries, specifically in Latin America such as Bolivia and Peru.

It is believed that the crux of reproductive healthcare was flourished by *Roe v. Wade*'s landmark decision of the U.S. Supreme Court to rule that the Due Process Clause of the Fourteenth Amendment of the U.S. Constitution contain a fundamental right to privacy, including a protection granted to pregnant woman to have the liberty of the choice of abortion. This spiked debate around the world concerning the topics of morality and legality of birth control and abortion access. The United States Supreme Court overruled a Texas statute that had criminalized abortion unless a woman was at fatal risk. The court made history when ruling that it was within a woman's constitutional right to terminate a pregnancy under their right to privacy. Meanwhile, countries in Latin American countries were left with a social stigma on the topics of artificial contraceptives and abortion after Pope Paul VI's *Humanae Vitae*. European countries also allowed for the legalization of artificial contraceptives and the choice of abortion, although French politicians panicked when they learned France's birth rate had fallen nearly a third between 1870 and 1914, while Germany's birth rate had barely changed at all.

Accessibility of Reproductive Healthcare

According to the United Nations Universal Declaration of Human Rights, Article 25 states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services." Meaning that the accessibility of reproductive healthcare is a right fundamentally granted to all human beings. Although this grant has been ultimately limited in the majority of countries worldwide; issues such as economic instability, cultural and social

barriers, as well as political oppositions have consequently affected the accessibility to reproductive healthcare on National levels.

Economic instability physically limits countries to provide reproductive healthcare to all their citizens living in both rural and urban communities. In the country of Bolivia for example, reproductive healthcare access is already in issue in general; although regarding the indigenous population, it becomes more pronounced as these facilities are not concentrated around rural areas. Meanwhile, cultural and social barriers prevent the legislation necessary for the full ability to provide all aspects of reproductive healthcare including contraceptive methods and abortion services. For example, in countries like El Salvador and Dominican Republic, abortions have been banned interly due to their strong tie to their religious backgrounds. Political oppositions involve both economic and socio-cultural aspects, as countries are unable to make political decisions on this topic without the full potential to expand on what reproductive healthcare includes. Another issue that is prominent in this discussion is the accessibility in which rural communities, including indigenous communities, have to safe hospitals or clinics which are able to provide this aid.

Reproductive Healthcare in Developing Countries

According to the 2014 report *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health*, currently, 225 million women in developing countries want to avoid pregnancy but are not using modern contraceptives. In addition, tens of millions of women do not receive the basic pregnancy and delivery care they need to protect their health and that of their newborns. The lack of economic stability is evidently the cause of many shortages such as medical professionals, clean and sanitary materials, healthcare institutions, and medicine within a country. Even if the country is able to legislatively grant this healthcare, there simply is not a way to make reproductive healthcare viable in an economic way. International and national NGOs such as Center for Reproductive Rights, Planned Parenthood, and

National Latina Institute for Reproductive Health, provide some services to countries that are unable to provide them on their own but are limited by political decisions within the country itself.

Cultural and Social Barriers

Pope Paul VI's encyclical, *The Humanae Vitae*, commended the churches strict prohibition against artificial contraception. This was the first historical statement that the Catholic Church composed on the topic of reproductive healthcare. As mentioned before, this statement influenced many cathaolically-rooted countries' ideologies on topics such as contraception, artificial birth control, and abortion, which have managed to hold their ground even to this day. Some of these countries including Due to the conservative nature of many countries worldwide, the question of culture plays a superlative role in the legislative political decisions made surrounding the topic of reproductive health. Catholic religion and culture featured prominently in the constitutions of multiple countries specifically in Latin America. The "right-to-life" is a written grant of the constitutions of Argentina, Bolivia, and Nicaragua, which prevents abortion to be a choice in these countries. But this is also present in a number of other countries including the United States of America and Canada, although this has not had an extensively influencing effect on these countries political rights on this matter. Allowing abortion to be a choice for woman in these countries.

Following this, many countries argue that cultural norms of patriarchy and religious values must be held to a higher standard than the desire for women's advancement. This, therefore, shows the extensive nature in which culture, specifically religion, is able to interfere with the rights of reproductive health access. This influences legislative decisions made within the country, but these ideologies are also integrated within the people themselves. Citizens of conservative countries are sometimes opposed to a move towards a more progressive system, making political parties even more reluctant to pass such

laws. With a strong Catholic church that delivers condemning messages to the pro-choice populations, even Catholic legislators that are in favor of progressive change often fear backlash from the general population that could affect the outcome of approaching elections. Thus, this becomes a social and cultural stigma that countries are unable to get passed, and religiously-restricted reproductive healthcare takes over a country. Although having these norms and values allows a country to demonstrate their strong cultural background and beliefs, which is important for a nation.

The Health of an Individual

Regarding the issue of reproductive healthcare, it is important to frame the issue as that of health rather than that of morality. There are several health issues that may arise to an individual through the inaccessibility to safe reproductive healthcare, or simply unsafe personal reproductive choices. These may include the risk of sexually transmitted diseases and infections. According to the WHO, more than 1 million STIs are acquired every day. Each year, there are an estimated 357 million new infections with 1 of 4 STIs: chlamydia (131 million), gonorrhea (78 million), syphilis (5.6 million) and trichomoniasis (143 million). More than 500 million people are living with genital HSV infection. This is a result of unsafe sex due to the lack of sexual education in countries worldwide, as well as the lack of proper diagnosis and treatment, leading individuals do not even recognize that they have acquired diseases.

Other health issues that may arise are those due to the inappropriate usage of contraceptives and unsafe abortion methods. As a result of countries restricting the use of contraception specifically oral, and the lack of education given to this topic, young girls and women often misuse this method which could cause several health issues to arise. Continuing onto this, according to WHO statistics, the risk rate for unsafe abortion is 1/270; according to other sources, unsafe abortion is responsible for at least 8% of maternal deaths. Worldwide, 48% of all induced abortions are unsafe. The British Medical Bulletin reported in 2003

that 70,000 women a year die from unsafe abortion. The restricted access to sanitary, safe abortions have caused woman and young girls worldwide to die from this cause.

Although even when the pregnancy is carried through, there are still threats to the health of an individual regarding maternal healthcare both mental and physical. Due to the inability to access reproductive healthcare including monthly checkups which assess the health of the individual and the fetus, both the mental and physical health of the mother can be largely affected. This then interrupts the right to health, as the sufficiently appropriate environment to care for the pregnant mother and deliver the baby is not provided.

Major Parties Involved and Their Views

Islamic Government of Afghanistan

The country of Afghanistan contains controversial beliefs when it comes to reproductive health access. The legislation involving reproductive rights is highly concentrated on islamic religious beliefs, and therefore contains conservative laws on topics such as contraception, abortion, and sexual education. In Afghanistan, there is little to no sexual education, therefore information about and access to contraception has been limited. This is due to the widespread poverty within the country, but as well as the discouragement from religious figures who have banned this information from the public. This then leads citizens to be uneducated about contraception and family planning, which arises a whole other set of issues within the country, seeing as Afghanistan has the second highest rate of under-five mortality in the world. Adding onto this, according to UNICEF, every two hours a woman dies due to maternal complications related to birth. There have been efforts from several organizations to educate families about reproductive healthcare, although it makes it more difficult to inform the citizens in rural regions.

Islamic Republic of Iran

The country of Iran has more of a conservative legislation involving reproductive rights when compared to other nations. According to the Amnesty International Report of 2015, women in Iran face restrictions in the usage of contraceptives and other labour services if they do not already have a single child. These proposed laws have been imposed on the woman on Iran as a means to encourage repeated childbearing, and increase the population from 78.5 million to 150-200 million in these upcoming years. This legislative action can be viewed as a proper way to increase Iran's steadily decreasing population, although its reproductive rights management has spiked conversation worldwide; "The proposed laws will entrench discriminatory practices and set the rights of women and girls in Iran back by decades. The authorities are promoting a dangerous culture in which women are stripped of key rights and viewed as baby-making machines rather than human beings with fundamental rights to make choices about their own bodies and lives."- Hassiba Hadj Sahraoui, Deputy Director for the Middle East and North Africa at Amnesty International.

Oriental Republic of Uruguay

In the last decade, Uruguay became the third Latin American Nation to decriminalize abortion, allowing woman to request an abortion procedure during her first trimester without restriction as to reason. To this decision, the Director of the Global Legal Program at the Center for Reproductive Rights, Lilian Sepúlveda, has spoken up. "This law is a big step forward for women's rights in Uruguay. In a region where access to reproductive health services is highly restricted, the country's senate has taken a progressive stance to protect women's basic human rights. Now reproductive health advocates in the country and internationally must continue to be vigilant in order to ensure that the government implements the law and that women are not inhibited from fully exercising these fundamental reproductive rights." This is a huge step for Latin

American countries, seeing as restrictive abortion laws are not associated with lower rates of abortion, but in contrary higher rates of unsafe abortions and maternal death. Making this decision will have a positive rippling effect on the reproductive healthcare in Uruguay.

The Kingdom of Sweden

The country of Sweden is one of the nations involved in the making of the “She Decides” conference first established in 2017. The conference is intended to mobilize financial and political support for sexual and reproductive health rights. It contains representatives from 50 countries in total, including representatives from the United Nations. Sweden has also shown interest in repairing worldwide economic issues involving healthcare, as it donated 2.3 billion USD (2015) to support sexual and reproductive health rights (SRHR). Not only this, but Sweden has also grown to be the largest donor to the UNFPA. Statistically, the donations given have prevented an estimated amount of over 200,000 unsafe abortions, 1,000 cases of maternal mortality, and have granted contraception to 1,600,000 worldwide. On a global scale, Sweden is one of the biggest contributors in financially granting access to reproductive healthcare, seeing as it has donated 545 million USD already, and increasing.

United Arab Emirates

Similar to the legislation in the Islamic Republic of Iran, the regulations in reproductive healthcare in the United Arab Emirates also follows strict policies which correlate with the nations cultural beliefs. Regarding services such as contraceptives in the form of birth control, this is only legal when a prescription is present. Other forms of contraceptives such as plan b is banned. The country also has legislation which states that premarital intercourse is illegal, and therefore the laws that exist on contraceptives are in place to assist in regulating this law. In a report conducted by Frontier titled “Contraceptive preferences, beliefs and behaviors among women of reproductive age in the United Arab Emirates”, the results demonstrate that a higher level of education and

communication benefits and risks of different types of contraceptive methods are needed to improve the use of contraception in the country of UAE. The report concludes by recommending additional training in the area of healthcare, as well as sexual education to be provided as a means to maximize appropriate utilization of contraceptive methodology.

United States of America

After the Programme of Action was adopted in 2005, the United States of America was one of the nations which strived most to change the way reproductive health rights were addressed. This nation is one of the most advanced when it comes to discussing topics such as contraceptives and abortion. Since 1965, after the Supreme Court ruled that it was unconstitutional for the government to prohibit married couples from using contraceptives such as birth control, States have been very liberal regarding contraceptives. Although there are no national legislation regarding this manner and abortion, it is up to each State to propose laws. Therefore, the USA ranges in legislation from Alabama, which is considered to have the most conservative abortion law in that they are completely illegal, even in those cases of incest and rape. To those States such as Virginia, where third trimester abortions are legal with the verification of three doctors that the continuation of the pregnancy would cause the patients death, or “substantially and irremediably impair” her mental or physical health. Overall, the United States of America contains liberal views when compared to other nations of the world, although this does range from state to state.

Timeline of Events

Date	Description of event
Early 1900's	Contraceptives legalized and largely available to women in the USA.
1965	The Supreme Court ruled that it was unconstitutional for the

government to prohibit married couples from using contraceptives such as birth control.

Pope Paul VI commended the church's strict prohibition against artificial

1968 contraception with the usage of the encyclical called *Humanae Vitae* (*Of Human Life* in Latin). This was extremely politically controversial and had a tremendous effect on the ideology of religiously focused countries.

1972 The Supreme Court granted the legalization of birth control for all citizens of this country, irrespective of marital status in the USA.

1994 Meeting in Cairo where 179 governments adopted a revolutionary Programme of Action and called for women's reproductive health and rights to take centre stage in national and global development efforts.

2003 Measuring Access to Reproductive Health Services Summary Report of a WHO/UNFPA Technical Consultation 2–3 December 2003

2005 The Programme of Action adopted by consensus at the 1994 International Conference on Population and Development (ICPD) was put into place. The adoption of the Programme of Action marked the beginning of a new era in which governments and international agencies would advocate for reproductive health and rights and for improved quality of care.

2010 Welcoming the General Assembly in its resolution 65/234 of 22 December 2010 to extend the Programme of Action and the key actions for its further implementation⁴ beyond 2014 and ensure its

follow-up in order to fully meet its goals and objectives.

2011	Resolution 2011/1 Fertility, reproductive health and development of the United Nations Fund for Population Activities
2017	The Reproductive Health Policies (2017) is a data booklet was published by the United Nations.

UN involvement, Relevant Resolutions, Treaties and Events

The United Nations has been aware of the ongoing issue of the access to reproductive healthcare over the past decade, although this issue has grown in importance in these past years. They have strived to set clear reproductive health policies and have recognized that this is an issue that is critical to achieving the Goals of the 2030 Agenda for Sustainable Development. The United Nations has given special attention to developing countries, seeing as further issues within them contribute to worsening reproductive healthcare access. The main United Nations that have been involved are the OHCHR along side the UNFPA as well as other committees.

The UN has made various steps such as finalizing Worldwide Reproductive Health Policies (2017) that includes an overview of the issue as well as measures that should be taken by each country to combat it. Although, it is prominent that many countries are limited in resources and stability, which does not allow them to take these steps on their own. For this reason the ICPD Programme of Action works to help these nations, with the “end product of a process of negotiation and compromise involving over 180 States.”

- Resolution 2011/1 Fertility, reproductive health and development of the United Nations Fund for Population Activities and stands upon:
 - Adapting and/or reinforcing the Programme of Action of the International Conference on Population and Development³

adopted at the International Conference on Population and Development in 1994.

- Welcoming the General Assembly in its resolution 65/234 of 22 December 2010 to extend the Programme of Action and the key actions for its further implementation⁴ beyond 2014 and ensure its follow-up in order to fully meet its goals and objectives.
- Reaffirming the sovereign right of each country to implement the recommendations of the Programme of Action or other proposals in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.
- Stressing the need to strengthen health systems so that they deliver equitable health outcomes.
- Urging Governments to redouble efforts to eliminate preventable maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015.
- Reiterating the need for Governments to ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning, including male and female condoms, and the requisite supplies, so that they are able to exercise free and informed reproductive choices;
- Rights to Sexual and Reproductive Health - the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women works to:
 - Examine the textual framework of women's rights to sexual and reproductive health as expressed in this and other international human rights documents. Rights to reproductive and sexual health include the right to life, liberty and the security of the person; the

right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility. Of central importance are the rights to autonomy and privacy in making sexual and reproductive decisions, as well as the rights to informed consent and confidentiality in relation to health services.

- Describe the ICPD Programme of Action: The end product of negotiation between 180 states, which focuses on reproductive rights; addresses gender equality and empowerment of woman, prioritizes the eradication of sex discrimination as a prominent objective of the international community, articulates the principle of autonomy and is also central.
- Explain the health related rights under the women's convention with the aid from several articles which address the issue, such as Article 12 which formulate States Parties' obligation "to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."
- Give information on the sub-issues within the broad issue of reproductive rights and access, such as Non-Discrimination in Allocation of Resources, The Right to Life, Reproductive Choice - Abortion, Reproductive Choice - Family Planning, Informed Consent, Equality Before the Law, and Women in Vulnerable Situations
- The Reproductive Health Policies (2017) is a data booklet:
 - Focuses on achieving the Goals of the 2030 Agenda for Sustainable Development.
 - Highlights current policies on reproductive health and family planning, drawing on data published in World Population Policies

Database: The 2015 Revision.

- Defines what reproductive health is according to the 1994 Programme of Action of the International Conference on Population Development (ICPD), as well as states the services included.
- Outlines measures taken by nations to reduce maternal and newborn deaths, as well as discusses governments support for family planning and the gaps persisting in women's access to family planning.
- Discusses unsafe abortion as one of the leading causes of maternal death, and states that in 73 per cent of countries, it is considered to be a major concern.
- Measuring Access to Reproductive Health Services Summary Report of a WHO/UNFPA Technical Consultation 2–3 December 2003:
 - Gives light to the Programme of Action adopted by consensus at the 1994 International Conference on Population and Development (ICPD) holistically changed the matter in which reproductive healthcare was being addressed. This included expelling away from actions aimed at achieving specific demographic targets, to those focused on attainment of reproductive health, through a coherent framework, guided by the principles of human rights from the International Declaration of Human Rights , equality, and gender equity.
 - Mentions the new policies and developing programs of which were adopted from some nations in order to improve reproductive health access in accordance to the international policies placed by the Plan of Action in 2005.
 - Discuss approaches to measuring the access to reproductive healthcare within a nation including: distribution and proximity of health facilities and health care providers (often measured through

geographical and health information systems), affordability and cultural acceptability of the services being offered, and the availability of information about the services, and client satisfaction with them.

- Discusses reproductive health indicators, specifically mentioning the WHO, which took the lead in organizing an interagency meeting,¹ which led to the selection of 15 global indicators for monitoring progress towards reproductive health targets.
- Discusses the differentiations in how reproductive health access is determined according to factors including urban/rural residence, education, ethnicity and income.
- Gives the plan outline of the Millennium Development Goals, targets and indicators being: Goal 1 Eradicate extreme poverty and hunger; Goal 2 Achieve universal primary education; Goal 3 Promote gender equality and empower women; Goal 4 Reduce child mortality; Goal 5 Improve maternal health; Goal 6 Combat HIV/AIDS, malaria, and other diseases; Goal 7 Ensure environmental sustainability; Goal 8 Develop a global partnership for development.

Evaluation of Previous Attempts to Resolve the Issue

As seen through UN involvement, there have already been various resolutions or plans of action created in order to resolve reproductive health access on a global scale. Resolutions such as Resolution 2011/1 Fertility, reproductive health and development of the United Nations Fund for Population Activities, has attempted to set goals for all signing nations to follow. There have also been several programs led by the United Nations such as the ICPD Programme of Action which works to change the way reproductive rights are addressed, which is guided by the principles of human rights from the International Declaration of Human Rights, equality, and gender equity. Another programme would be the Plan outline of the Millennium Development Goals,

targets, and indicators, which work to tackle the reproductive health issue from the roots. The most significant resolution in the United Nations regarding reproductive rights is the ICPD Programme of Action, which is often referred to as “a milestone in reproductive health and rights.” The programme was adopted in 1994 in a meeting in Cairo, where just about 180 nations came together and called for women's reproductive health and rights to be the most prominent issue in national and global development efforts. The aftermath of this plan was remarkable, as statistically mortality rates declined worldwide, and there was a never before seen effort in the making of policies for this issue. Many governments expanded family planning programs, and others took other measures to expand legislation on reproductive health. The programme holistically set that reproductive rights are essential for global development

Possible Solutions

As shown, the human rights violations involved in reproductive healthcare are still a current and ongoing issue in our international society, therefore we must take decisions based on the now. The issues getting in the way of reaching an international middle ground on this issue involve nations with strong religious backgrounds that have strict legislation, causing institutions that limit individuals from accessing and exercising reproductive healthcare. The counterargument here involves nations with opposite views on topics such as contraceptives and abortions, which are on the otherside more liberal and up to an individuals choice. But there are also other issues that get in the way as well, and these involve underdeveloped countries which do not have the efficient economic stability to be able to provide the appropriate reproductive healthcare access, even if an international consensus is reached. Specifically regarding the indigenous population, this issue becomes more pronounced as these facilities are not concentrated around rural areas. Nations should invest their time into developing laws such as Bolivia's Law 2426, which provided the implementation of the Universal Maternal and Child Health Insurance legislation. This legislation

entrenched free healthcare to all pregnant women, including sexual and reproductive healthcare programs which were included in public insurance scheme as packages of established benefits. Although to implement these programs, the international community must find a common ground on the subtopics involving reproductive healthcare access.

Another solution could be establishing programs such as the Extensa Program, which uses mobile health teams financed by the World Bank to increase health treatment in remote rural areas. This is for countries with policies and legislations which already permit all types of healthcare such as contraceptives and abortion, but do not have the resources to allow the whole country to have access to them.

One of the most important possible solutions would be for countries to turn their focus on implementing sexual/reproductive healthcare education in both rural and urban parts of each nation. As mentioned before, in many countries with pronounced religious background, sexual and reproductive healthcare is considered to be extremely taboo. Consequently, sexual education is scarce, and young individuals never acquire the skills and knowledge to avoid situations that could put their health and long term well-being at risk. Urging all nations to develop social services and programs which promote a life free of unwanted pregnancies, sexual abuse, and sexually transmitted infections would begin to solve this issue. An example of this facility could be the non-profit organization UNICEF's Young Child Survival and Development, (YCSD) which aims to prevent and treat indigenous people with HIV. This program, which is funded by voluntary contributions of governments, non-governmental organizations, foundations, corporations and private individuals, strengthens institutional competencies by utilizing an integrated approach dealing with health and education sectors for the prevention of HIV, along with unplanned pregnancies. In order to successfully develop these programs, aid and funding from non-governmental organizations such as Global

Giving, which currently provide sexual education young individuals worldwide, will be necessary.

As an international community, it is of utmost essence to strive to find a middle ground for subtopics of which reproductive health access includes. With this being an issue that involves concepts such as religion and culture, it is of most importance to be respectful of all nations beliefs, and the legislation that comes with it. An international consensus is vital, and will allow all nations to improve this issue and the human rights violations that come with it. This can no longer be ignored.

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