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'REPRODUCTIVE RIGHTS' WITHIN SDG 5

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ABSTRACT

In September of 2015, 193-Member States of the United Nations agreed on the 17 Sustainable Development Goals 2030 (SDG) and their corresponding 169 targets. This represented an integrated universal call to action to prioritise, among others, vulnerable groups in society. This study reviews the sexual and reproductive health and rights agenda within the SDG and seeks contextualization within the provisions of its predecessor, the Millennium Development Goals (MDG) created in 2000. Under the umbrella of MDG 5 (maternal health), MDG 5b sets out the target of 'universal access to reproductive healthcare'- this agenda being included in 2007. In this study issues within SDG 3 (health and well-being) and SDG 5 (gender equality) are reviewed as they stand out in relation to the issue of reproductive and sexual health. Target 3.7 within SDG 3 refers to 'universal access to sexual and reproductive health-care services…' whilst Target 5.6 of SDG 5 sets out to 'ensure universal access to sexual and reproductive health and reproductive rights'. What is apparent is that the label 'reproductive rights' is not used in Target 3.7 but is included in Target 5.6 which goes on to reference the 1994 International Conference on Population and Development (ICPD) in Cairo and the Beijing Platform for Action and the outcome documents of their review conferences. ICPD highlighted the importance of reproductive health as part of the overall health agenda and this sparked off the placement of reproductive rights as a human rights agenda. The objectives of this study are to review the advent of the sexual and reproductive health agenda into MDG via MDG 5b and to define 'reproductive rights' as used in Target 5.6 of SDG 5.This study adopted a specific legal research methodology by utilizing a doctrinal approach to research. This involved a systematic analysis of a range of formal documents including legal texts, legislative provisions, judicial decisions in cases, treaties and conventions, domestic and international documents and reports. This study contributes towards the understanding of the language of 'rights' and the continued discourse surrounding the scope, context and consequence of the 'reproductive rights' label.

Keywords: reproductive rights, sexual and reproductive health, gender equality, SDG

INTRODUCTION

In September of 2015, an ambitious global agenda for transformation via the 2030 agenda for 17 Sustainable Development Goals (SDGs) in the economic, social and environmental arena was adopted by 193 Member States of the United Nations (United Nations, 2016). These SDGs include the goal of 'zero poverty', prioritise vulnerable groups in society and pledge to 'leave no one behind' (United Nations Chief Executives Board for Coordination, 2017). The principles within the SDGs are a continuum flowing from those in the Charter of the United Nations and are 'grounded in the Universal Declaration of Human Rights' (United Nations General Assembly, 1948, Resolution 217A (III)). The SDGs also reaffirm the outcomes of international conferences including the Programme of Action at the International Conference on Population and Development (United Nations, 1995) and the Beijing Platform for Action (United Nations, 1996).

The 1994 International Conference on Population and Development (ICPD Cairo) saw the meeting of agencies of the United Nations, government and civil society representatives and resulted in 179 countries adopting the 20-year Programme of Action (ICPD POA) relating to global concerns about health, development, population and education. There was also a commitment made in relation to achieving universal access to sexual and reproductive health (SRH) by 2015.The central placement of reproductive health within the overall health agenda was of significance in ICPD Cairo as prior to ICPD Cairo, reproductive health issues were viewed as population and family planning issues. The utilisation of the 'human rights lens' resulted in a seminal declaration on the reproductive rights of people, positioning reproductive rights within the human rights agenda. The Fourth World Conference on Women, Beijing (FWCW) followed suit in 1995. Human rights are 'inherent to all human beings…these rights are all interrelated, interdependent and indivisible' (United Nations, n.d).

The SDGs build upon and aim to complete the Millennium Development Goals (MDGs), its immediate predecessor (United Nations, 2016, p.1). For the main part, the MDGs were agreed upon in 2000, with a late entrant, MDG 5b, 'universal access to sexual and reproductive health services' attaching itself to the maternal health agenda in 2007. The SDGs continue the sexual and reproductive health agenda within several goals including, but not limited to, SDG 3, SDG 4 and SDG 5.

It is important to note that the elements that constitute the framework of the SDGs are organised as Goals, Targets and Indicators, with each element performing a specific function. Goals establish a broad aspirational and transformational commitment. Targets are specific measurable objectives that contribute to the achievement of one or more Goals. Indicators then show the measurement by which those Targets can be assessed as either a success or a failure (United Nations, 2014a).

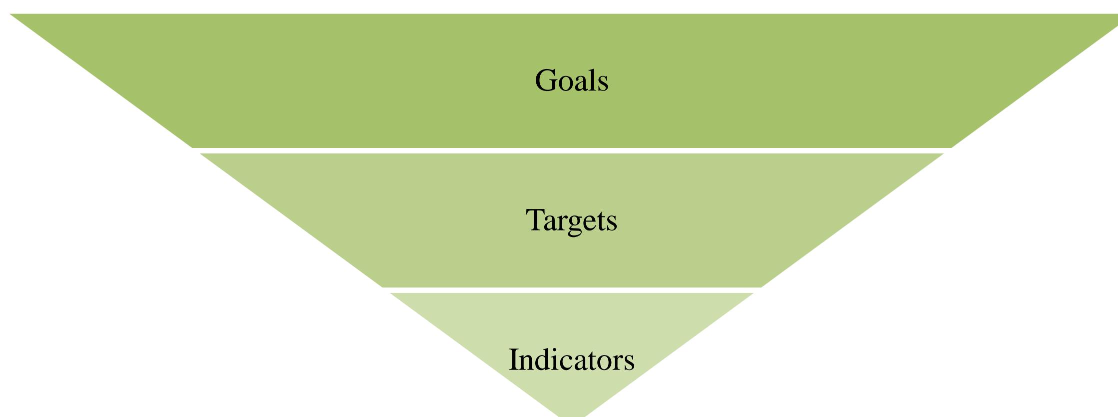

Figure 1 Goals, Targets and Indicators in the Sustainable Development Goals

Within SDG 3, 'ensuring healthy lives and promoting well-being for all at all ages', Target 3.7 has a corresponding goal of 'Universal access to Sexual and Reproductive Care, Family Planning and Education.' SDG 4, which sets out to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, also has elements of the sexual and reproductive health agenda. Target 4.7, points directly to gender equality. Within SDG 5 which seeks to achieve gender equality and empower all women and girls' there is a specific reference via Target 5.6 not only to sexual and reproductive health services but also to 'reproductive rights'.

Table 1 Compilation of specific provisions from the Sustainable Development Goals and the Millennium Development Goals on reproductive health

MDG 5	**SDG 3**	**SDG 4**	**SDG 5**
Improve maternal health	Ensuring healthy lives and promoting healthy lives for all at all ages.	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	Achieve gender equality and empower all women and girls
Target 5b Universal access to sexual and reproductive health services	Target 3.7 Universal access to sexual and reproductive care, family planning and education.	Target 4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others …through education of human rights and gender equality.	Target 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

Note: Compiled from the Sustainable Development Goals and the Millennium Development Goals (United Nations, 2016).

The objectives of this study are to review the advent of the sexual and reproductive health agenda into MDG via MDG 5b and to define 'reproductive rights' as used in Target 5.6 of SDG 5. The definition of 'reproductive rights' and related concepts as used in ICPD will be reviewed as the SDGs refer to the ICPD. This study contributes towards the understanding of the language of 'rights' and the continued discourse surrounding the scope, context and consequence of the 'reproductive rights' label.

This study adopted a specific legal research methodology by utilizing a doctrinal approach to research. As a discipline, the doctrinal study of law produces information about the law and systemises legal norms (Aarnio, 2011). Doctrinal legal research as a methodology, relies on references to the written text via cases or statutes or treaties to explain the law (McConville, 2017). This study involved a systematic analysis of a range of formal documents including legal texts, legislative provisions, treaties and conventions, domestic and international documents and reports. The systematic exposition of the law facilitated an understanding of areas of difficulty and an evaluation of the adequacy of existing provisions of the law (Bhat, 2019). Subjecting legal provisions to critical scrutiny is therefore a primary driver in legal scholarship (Bódig, 2021). Thus, doctrinal research is 'research into the law and legal concepts' (Hutchinson & Duncan, 2012 p. 85).

FINDINGS

SCOPE OF REPRODUCTIVE RIGHTS

There is no singular international instrument that deals with 'reproductive rights.' The Convention on the Rights of Persons with Disabilities (CRPD) is the only international treaty which has used the term 'reproductive and sexual rights' (United Nations, 2006). Since the phrase 'reproductive rights' is used within Target 5.6 which is to 'ensure universal access to sexual and reproductive health and reproductive rights', this has to be referenced back to ICPD Cairo. Section 7.3 ICPD Cairo sets out to recognise reproductive rights as recognised in international documents, declarations and treaties and that which nested within national laws (United Nations, 1995, p. 40). Reproductive rights are a cluster of rights connected by issues relating to health, sex and reproduction.

Section 7.3 of the ICPD POA states that reproductive rights:

> rests on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so and the right to attain the highest standard of reproductive and sexual health (United Nations, 1995, p. 40).

Section 7.3 also includes the right of all to make decisions concerning reproduction, free of discrimination, coercion and violence (United Nations, 1995, p. 40). The language of rights resonates in the use of label of 'reproductive rights' and within its definition and scope. The connection to health and healthcare services is clear in this definition. Health is defined in the Constitution of the World Health Organization (WHO) as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organization, 2020, p.1). According to Section 7.2, this definition is embraced in relation to reproductive health, 'in all matters relating to the reproductive system and to its functions and processes.' (United Nations, 1995, p. 40). Reproductive healthcare as identified in Section 7.2 accordingly, relates to a host of 'methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems including sexual health issues' (United Nations, 1995, p. 40). Services in relation to sexual health in Section 7.2 covers counselling and care related to reproduction and sexually transmittable diseases and embraces a broad notion of 'enhancement of life and personal relations' (United Nations, 1995, p. 40). Access to healthcare services envelope the right of women to go through pregnancy and childbirth safely so that they can have a healthy child. The biological role played by the woman places her in a different sphere in relation to pregnancy since the experience of pregnancy is unique to women (Diduck & Kaganas, 2012). This element of gender bias is also seen in the laws that prohibit abortions as these laws restrict access to health services that only women need on the basis of their reproductive capacity (Celorio, 2022).

The concept of reproductive health in Section 7.2 embraces the idea 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' (United Nations, 1995, p. 40). This, therefore, as indicated in Section 7.2, refers to the right to information and the right to access 'safe, effective, affordable and acceptable methods of family planning of their choice' and other methods for the 'regulation of fertility' (United Nations, 1995, p. 40). What has to be highlighted is that consensus as to the constitution of healthcare services, could only be reached when it was accepted that the methods for the regulation of fertility are limited, (as stated in Section 7.2) to those 'which are not against the law' (United Nations, 1995, p. 40). One of the issues of concern among some of the Member States was the issue of abortion. ICPD Cairo was not spared heated debates on issues of abortion and 'reproductive rights' in general (Crosette, 2005). For instance, the Holy See had multiple objections to any definition that threatened the concept of family and the heterosexual marriage and made statements representing their views on sexual and reproductive health and rights (Pizzarossa, 2018). Attempts to include abortion services as part and parcel of the overall healthcare services provided were not successful as there was clear opposition to by some State Parties (Cohen & Richards, 1994, p. 272). The FWCW Beijing also did not include a right to abortion (Yoshihara, 2012, p. 379).

In order to charter the waters of dissension, ICPD POA did not include abortion as part of the healthcare services, as of right. It was agreed however that, where there are unplanned pregnancies, abortion can be part and parcel of the healthcare services provided, where it is not against the law. While including abortion within the ambit of issues related to 'Health, Morbidity and Mortality', the ICPD POA has made it clear in Section 8.25 that, 'in no case should abortion be promoted as a method of family planning' (United Nations, 1995, p. 58). However, abortion was highlighted in Section 8.25, using the health perspective 'to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services' (United Nations, 1995, p. 58). Thus, there was reference to unsafe abortion as defined by WHO as 'a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both' (World Health Organization, 1993). It has been stated that the agreement that abortion should not be promoted as a method of family planning in Section 8.25 'facilitated the resolution of sections on reproductive health and rights, family planning and safe motherhood.' (United Nations Population Information Network, 1994). This also meant that, 'while abortion advocates failed to walk away with the declaration of a new international right to abortion, they gained inclusion of abortion as part of reproductive health care, where it was not against the law' (Yoshihara, 2012, p. 369).

While Section 7.2 of the ICPD Cairo refers to 'sexual health' and the definition of reproductive health included that, 'people are able to have a satisfying and safe sex life…' (United Nations, 1995, p. 40), sexual rights were not directly dealt with at ICPD Cairo. The World Health Organization gives a working definition of the term sexual and reproductive rights as the right to attain the highest attainable standard of sexual health, including access to sexual and reproductive health care services. (World Health

Organization, 2002). Thus, ICPD Cairo heralded the empowerment and the autonomy of women in relation to their sexual and reproductive health (Shalev, 2000).

MDGS - THE MISSING LINK

September 2000 saw the signing of the Millennium Declaration by 149 international leaders at the Millennium Global Summit. The eight Millennium Development Goals draw from this Declaration and 189 UN Member States agreed that these goals were to be achieved by 2015 (United Nations, 2000). The MDGs aim to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDs, malaria, and other diseases and ensure environmental sustainability. As preparation was underway for the Millennium Summit, Kofi Annan, the seventh Secretary-General of the United Nations, launched a Report '*We the Peoples'* in April 2000 from which to work with at the Summit (United Nations, 2000). This document however, did not include providing universal access to reproductive health despite this 'having repeatedly being agreed at the UN' (Hulme, 2009a, p. 27). On 8 September 2000, the Millennium Declaration was approved. At the 2000 Millennium Summit the inclusion of infant, child and maternal mortality was a victory but 'reproductive health' was not included in the Millennium Declaration (Hulme, 2009a, p. 34). Campbell White et al (2006) argue that the reproductive health agenda had disappeared from the MDGs.Thus, when the MDGs were curated in 2000, there was a clear missing agenda – one that had been affirmed at ICPD Cairo – where 179 governments committed to achieving universal access to sexual and reproductive health (SRH) by 2015.

It could be said that the reproductive and sexual health agenda was still embedded within the MDGs since it relates to other goals like child mortality, reduction of maternal mortality and the combatting of HIV/AIDS and other diseases. The very achievement of the MDGs is said to be dependent on the universal access to reproductive health services (Germain and Dixon-Mueller, 2005). However, the 'explicit commitment to the reproductive rights of women was nowhere to be found, only a vaguer promise of gender equality was there' (Crossette, 2005, p. 2). This move away from a central ICPD goal was of concern. The MDGs in essence are said to build upon ICPD Cairo which provided 'a foundation for the MDGs' (Germain & Kidwell, 2005, p. 90-91). Campbell White et al (2006) argue that the reproductive health agenda had disappeared from the MDGs.

There are many reasons for the missing goal. From the onset it is acknowledged that gaining consensus on any United Nations document is always challenging (Crosette, 2005). The process that led to the MDGs could be termed as 'unique' with the publication of the Secretary General's Millennium Development Report and with limited input from reproductive rights advocates. The declaration was drafted without input from non-governmental organisations and government experts (Crosette, 2005). It has also been put forward that negotiators surrounding the content of the *'We the Peoples'* report were diplomats rather than professionals with specialist knowledge in the field of reproductive health. Consensus was the goal (Hulme, 2009b, p.17). There were objections raised by the Holy See and some Islamic countries in the G-77 who opposed the reproductive health agenda (Hulme, 2009b, p.16). Other factors believed to have contributed to the omission of the reproductive health agenda include the lack of political will by the delegation from the United States to forward the issue on reproductive health. There appeared to be an association of reproductive rights with the single issue of abortion and this stance would have had political repercussions for political candidates. Sudan's representative also put forward arguments based on culture, tradition and the importance of celibacy outside of marriage (Hulme, 2009b).

The UN Secretary General commissioned a team (The UN Millennium Project) to look into the best strategies for implementing the Millennium Development Goals. In the *Millennium Project Report, Investing in Development: A Practical Plan to achieve the Millennium Development Goals*, sexual and reproductive health was identified as a central key factor in reaching the MDGs.

> Sexual and reproductive health is essential for reaching the Goals. It entails healthy, voluntary, and safe sexual and reproductive choices—voluntary choices of individuals and couples about family size and family formation, including early marriage and other exposures to sexual risks (UN Millennium Project Report, 2005, p.82).

In making recommendations and outlining details under Goal 5 on gender equality, the Report recommended a reference to, 'universal access to sexual and reproductive health information and services and protection of reproductive rights' (UN Millennium Project Report, 2005, p. 277). The UN Secretary General's report (UN In Larger Freedom: Towards Development, Security and Human Rights for All, 2005) created the agenda for the World Summit in September 2005. The World Summit saw the acknowledgement of the importance of reproductive health within the issues of health and gender equality. 2007 saw the revision of the MDG (agreed to at the World Summit) monitoring framework with the inclusion of four new targets including Target 5b , which was to achieve, by 2015, universal access to reproductive health attaching to Goal 5 on improving maternal health (Haslegrave and Bernstein, 2005). There were 4 indicators identified for monitoring progress namely, contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning. It is important to point out that there was still dissension on the issue, for instance, by the Holy See who issued a statement that the introduction of new targets was a distraction from the original goals and these would represent policies and practices that are against human dignity and sustainable development (Coates, 2014). Despite objections, Target 5b had attached to Goal 5 and the reproductive health agenda was back. However, the MDGs did not refer to the concept of reproductive rights (Khemka and Kumar, 2019).When the MDGs came to a close, the MDG Report (Millennium Development Goals Report 2015) highlighted that, 'improving maternal health is part of the unfinished agenda for the post-2015 period' (MDG Report 2015, p. 43).

In June 2012, the United Nations Conference on Sustainable Development (or Rio+20) took place in Rio de Janeiro, Brazil. This built upon the MDGs and started the move towards a set of sustainable development goals and in so doing there was a reiteration of the commitment to sexual and reproductive health as envisioned in ICPD Cairo and FWCW Beijing Programme of Action (United Nations, The Future We Want, 2012). While the basis for the conceptualisation of the SDGs was laid out, there was a corresponding mandate given for the formation of an open working group to develop a set of sustainable development goals for consideration and appropriate action by the General Assembly in September 2015. During the open working group sessions, debates continued and there were objections to issues involving "sexual and reproductive health", "reproductive rights," "family planning" and reservations expressed at ICPD Cairo and FWCW Beijing were also reiterated by the Holy See. The voices of reproductive rights advocates were also being heard and embraced. The working committee finalised their outcome document, *'Open Working Group proposal for Sustainable Development Goals'* in August 2014 (United Nations, Open Working Group of the General Assembly on Sustainable Development Goals, 2014). This formed the blueprint for developments leading to the SDGs thorough the *'Transforming Our World: The 2030 Agenda for Sustainable Development'* (United Nations, 2016).

Prior to the SDGs, 'the sexual and reproductive health and rights community has been increasingly visible in advocating that broader claims to sexual and reproductive health and rights are incorporated into the post-2015 agenda and linked with the ICPD+20 process' (Yamin & Boulanger, 2013, p. 80). The United Nations launched the ICPD Beyond 2014 Global Report on the 12th of February 2014 which reaffirmed their commitments to human rights and equality (United Nations, 2014b). This was followed by a Special Session in September 2014 where access to reproductive healthcare was seen as making great strides ("UNGA Completes 20-year Review of ICPD," 2014). Many advocates of sexual and reproductive health and rights wanted to ensure that these rights were included as a sustainable development goal post-2015. 'The one thing we cannot afford to allow again is what happened with the MDGs in 2000; this time, we must not leave the room empty-handed' (Haslegrave, 2013, p.71) and they did not.

SDGS AND THE RETURN TO 'REPRODUCTIVE RIGHTS'

On the 25th of September 2015 , the General Assembly of the United Nations adopted the outcome document of the United Nations summit for the adoption of the post-2015 development agenda, *'Transforming Our World: The 2030 Agenda for Sustainable Development'* (United Nations, 2016). It set a 2030 target to achieve 17 goals and 169 targets. Within the SDGs, three goals in particular relate to the sexual and reproductive health agenda: Goal 3 on ensuring healthy lives and promoting well-being for all at all ages, Goal 4 on ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all and Goal 5 on achieving gender equality and empowering all women and girls. Target 5.6 in particular relates to, 'ensuring universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the POA of the ICPD and the FWCW Beijing and the outcome documents of their review conferences.' Target 3.7 within Goal 3 set by 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (United Nations, 2016).

The SDGs have been said to have made:

> tremendous progress in addressing women's sexual and reproductive health and reproductive rights. For the first time, an international development framework includes not only targets on services (Targets 3.1 and 3.7), but also targets that address the barriers and human rights-based dimensions (Target 5.6) (United Nations Population Fund, 2020a, para 1).

Target 5.6 is measured by indicators 5.6.1 and 5.6.2. Indicator 5.6.1 looks at the 'proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care' whilst indicator 5.6.2 looks into the 'number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education' (United Nations Population Fund, 2020a, para 3).

Target 5.6 presents an opportunity to address women's reproductive rights. In combining both indicators, it presents a picture of the woman's autonomy and whether she is in a position to make autonomous decisions on her reproductive and sexual health and sexual relations. Indicator 5.6.2 allows for the woman's situation to be contextualised, within the national legal and regulatory environment. The combination of the two indicators, 'allows a complementary examination of whether a country has a positive enabling legal and normative framework, and whether its provisions go the last mile to empower all women and girls.' (United Nations Population Fund, 2020a, para 4). The report has found:

> The high level of women who are NOT able to make their own decisions on their sexual and reproductive health and rights highlights the urgent need for policies and programmes to focus not only on the provision of services but to address women's autonomy. Doing so will not only impact sexual and reproductive health outcomes, but contribute to achieving the broader 2030 Agenda and the Sustainable Development Goals (United Nations Population Fund, 2020a, p. 15).

This lack of autonomy as a pressing issue was also highlighted in the SDG Report 2022 where they concluded that:

> Only 57 per cent of women aged 15 to 49 who are married or in a union make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, according to data from 64 countries for the period 2007–2021(United Nations, The Sustainable Development Goals Report 2022, p. 37).

It was further reported that, 'among 115 countries with data, countries had in place an average of 76 per cent of the laws and regulations needed to guarantee full and equal access to sexual and reproductive health and rights' (United Nations, The Sustainable Development Goals Report 2022, p. 37).

DISCUSSION

'Reproductive rights' is therefore an umbrella term that encompasses reproductive health, sexual health and healthcare. Healthcare services here, cover not just ante-natal and post-natal care, treatment of diseases but include the provision of family planning services, where this is not against the law. The MDGs initially had a missing agenda of achieving universal access to reproductive healthcare services; however, advocacy of sexual and reproductive rights played an important role in getting the reproductive health agenda back on the MDGs. In fact, it appears that 'the omission of an explicit reproductive health objective in the original Millennium Development Goals has prompted unprecedented advocacy for sexual and reproductive rights in the lead up to the 20th Anniversary of the ICPD and the finalisation of the post-2015 development goals' (Coates et al, 2014, p. 114). While it can be said that the international human rights framework has been generally referenced within the MDGs (Alston, 2005), the goals themselves were not framed in the language of rights. While the SDGs had to continue from the 'unfinished business' of the MDGs, the SDGs can be set apart from the MDGs not just in the numerous goals and targets it set, but in the clearer articulation of the rights dimension and the return to the sexual and reproductive health and rights framework including the recommitment to ensuring universal access to reproductive healthcare by 2030.

The use of the rights framework leads to asking the right questions and getting answers that would facilitate the achievement of the SDG Goals. It is important to read targets within the bigger Goals set. Target 5.6 within Goal 5 refers to 'access to sexual and reproductive health and reproductive rights', thereby replicating the label of 'reproductive rights' within ICPD Cairo. This label appears to be broader than rights relating to access to sexual and reproductive healthcare services. Target 3.7 within Goal 3 refers to sexual and reproductive healthcare services – the definition of reproduction rights is inclusive of such access. Thus, Target 3.7 relates to reproductive healthcare and is a component of the more holistic definition of reproductive rights. So, in essence, Target 3.7 within Goal 3 and Target 5.6 within Goal 5 are 'measuring' different aspects of the sexual and reproductive health and rights framework. Target 5.6 provides the unique opportunity to refocus on the right tools for assessing achievement. It focuses on the autonomy of the woman as signalled by indicator 5.6.1 which relates to the ability of the woman to make her own choices in her life. Where women are able to exercise choice and control in three key areas of their lives, namely consensual sexual relations, contraceptive use and seeking reproductive health care, they could be 'considered empowered to exercise their reproductive rights' (United Nations Population Fund, 2020b, p. 1). Indicator 5.6.1 has been singled out as the, 'only one of more than 200 indicators to quantify decision-making by women as a matter of agency and autonomy. This differs from an 'emphasis in the past on monitoring access to services, and offers new insight' (United Nations Population Fund, 2020b, p. 1).

A combination of indicators 5.6.1 and 5.6.2 provide, 'a comprehensive picture of key dimensions of sexual and reproductive health and reproductive rights, measuring women's ability to make her own decisions on contraceptive use, reproductive health care and sexual relations, as well as the legal and regulatory environment' (United Nations Population Fund, 2020a, para 5). 'In many countries, women still lack the legal right to autonomy over their own bodies' (United Nations, The Sustainable Development Goals Report 2022, p. 37). The combination of indicators points to the barriers prevalent in a country that prevent her from such access.

It is clear from ICPD Cairo that reproductive healthcare services do not include abortion services and does not automatically include all types of contraceptives. However, where abortion is legal, abortion services has to be accessible (Cohen & Richards, 1994).This 'submission' to national law appears to continue within the SDGs. Thus, while the use of reproductive rights might be associated in some quarters as representing reproductive justice and abortion rights – it is clear that this is not a given conclusion– it was not in 1994 and it is not today – it may include abortion where it is not against the law.

This might be part and parcel of the bane of manoeuvring international agreements and coming to an international consensus. With 179 nations representing a myriad of religious, ethical and cultural perspectives, there has to be, as noted in Section 1.15, 'common ground' with 'full respect for the differences' (United Nations, 1995, p. 7). Such common ground could only be reached through a process of negotiation and compromise with some countries stating their reservations and making certain statements and declarations on certain issues including those on sex, sexual orientation, fertility methods and abortion. The regulation of abortion is a polarizing and contentious issue in most societies (Celorio, 2022). At ICPD Cairo, it was accepted that national law is 'sovereign' and that the right to family planning methods did not include the right to abortion. However, as stated in Section 8.25, 'in circumstances in which abortion is not against the law, such abortion should be safe' (United Nations, 1995, p. 58). It appears therefore that the list of services available under reproductive healthcare may vary from State to State. As long phrases such as 'reproductive rights', 'sexual rights' and 'sexual and reproductive health' are used, voices of dissent to certain 'reproductive rights' will be present. Issues of abortion, use of contraceptives, sexual orientation and pre-marital sex are controversial. The Holy See's objections to aspects of reproductive and sexual health and rights continued in the post-2015 debates and are likely to continue (Coates et al, 2014, p. 114).

However, there is a call on governments to consider revision of their laws where there are *restrictions* within abortion laws (United Nations, 2014b) and where the laws hinder *access* to sexual and reproductive health and reproductive rights (United Nations, The Sustainable Development Goals Report 2022).Thus, the findings of the SDG Report 2022 are not just descriptive but prescriptive as well.

As long as there is a 'subject to domestic law' criterion, there will be no one concrete list of reproductive rights within the SDG as what is in the list depends on national law. Thus, the irony is that while there is universal access to reproductive healthcare, there is no universal agreement as to what that healthcare encompasses and 'there is concern that there is still no globally recognised articulation of sexual and reproductive health rights' (Coates et al, 2014, p. 114). It could be argued that the SDGs represent declarations and aspirations and are not binding on State Parties.

CONCLUSION

The SDGs were built upon the MDGs and revived the rights agenda, crafting new goals, targets and indicators. 'Reproductive rights' within SDG 5 and in particular, Target 5.6 sits within the framework of sexual and reproductive health and reproductive rights and within the broader framework of domestic laws. Recommendations on how to improve the state of reproductive rights will continue being made, but these prescriptive blueprints appear to be subject to the principle of 'respecting national sovereignty, cultural values, and diversity' (UN Millennium Project Report, 2005, p. 277). While there is continued movement towards ensuring that women have access to safe abortion services (Hessini, 2005), the unexpected decision in Dobbs v. Jackson Women's Health Organization (No. 19-1392, 597 U.S. 2022) in the United States stating that abortion was not within the United States constitutional rights has reignited the 'abortion debate'. There are new challenges ahead that must be addressed under SDG 5 as gender equality continues to make progress. Gender is no longer considered as binary but both the SDGs and the MDGs are based on a binary definition of gender (Labadi, 2022). As we continue on this voyage, where the effects of the Covid -19 pandemic have left their scars on rights (United Nations, The Sustainable Development Goals Report 2022), let us be reminded of our collective vision: 'we pledge that no one will be left behind. Recognizing that 'the dignity of the human person is fundamental, we wish to see the goals and targets met for all nations and peoples and for all segments of society' (United Nations, 2016, p. 3).

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