



Guest Editorial

Sexual and reproductive health in the changing world: How close are the SDGs?

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In the last quarter of 2023, the world is recovering from the mighty blow of the COVID-19 pandemic, which affects almost all aspects of human life, including sexual health and reproduction. At the same time, people from different parts of the world have been facing enormous challenges and violence, like the Russia-Ukraine war, the Palestine-Israel war, the civil war in Myanmar, and conflicts in African countries like Sudan and Burkina Faso. There were immediate past conflicts in several regions like Afghanistan, Azerbaijan, Iraq, Libya, Lebanon, Mali, Niger, Syria, and Yemen. The world has recently experienced a devastating pandemic with a global impact, the aftereffects of which are still being felt. The COVID-19 pandemic has caused significant

mortality, disrupted the economy, increased poverty and undernutrition, and exhausted resources. These effects have drastically affected global visions for health and development.^[1]

After the Millennium Development Goals (MDGs), the United Nations declared Sustainable Development Goals (SDGs) in 2015 for the next 15 years.^[2] Sexual and Reproductive Health (SRH) is an important component of health-related SDGs proposed by the United Nations. It generally aims to “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”.^[2] Specifically, it covers family planning for women of reproductive age (15-49 years) and adolescent birth rate (aged 10-14 years; aged 15-19 years).^[3] SDG 3.7 is one of the targets within the United Nations SDG 3, which aims to “Ensure healthy lives and promote well-being for all at all ages”. Specifically, SDG 3.7 focuses on achieving universal access to sexual and reproductive healthcare services, including family planning, information, education, and the integration of

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reproductive health into national strategies and programs.^[4] This goal is essential for improving maternal health, reducing child mortality, and promoting gender equality.^[4] We aimed to overview the sexual and reproductive health current status and challenges in low and middle-income countries (LMICs) in regard to SDGs while facing unexpected global, regional, and local events and how they impact the SDG 3.7 progress.

The proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern contraceptive methods has been increasing slightly from 76.5% in 2015 to 77.6% in 2023 and is projected to reach 78.2% by 2030, which indicates substantial progress but still not sufficient to meet the target of ensuring universal access to sexual and reproductive healthcare services by 2030. Sub-Saharan Africa has witnessed the most significant increase from 51.6% to 57.4% for this period and is expected to increase to 62.1% by 2030.^[5]

However, the status of SDG 3.7, with a particular focus on LMICs can vary significantly by region and over time. A range of various factors, including government policies, healthcare infrastructure, cultural norms, and socio-economic conditions influence progress. The current status of SDG 3.7 in LMICs has been mentioned here.^[6]

Worldwide, there are almost 1.8 billion individuals aged 10 to 19, with 90% of them residing in (LMICs).^[7] A significant number of adolescents from LMICs, especially females, are at risk of facing challenges related to SRH. These challenges include early and unwanted pregnancy, unsafe abortions, sexual violence, and sexually transmitted infections (STIs).^[8] These teenagers were already confronted with substantial obstacles in obtaining crucial sexual and reproductive health information and treatments prior to the COVID-19 pandemic. Lockdowns and the reallocation of medical resources have resulted in a situation

where millions of women and girls are compelled to undergo undesired pregnancies or face the dangers of unsafe abortions. Furthermore, the limited availability of SRH information and services has led to a rise in adolescent pregnancies globally, particularly in many LMICs.^[9]

The lockdown period in Mozambique resulted in a small decrease in service delivery, which was promptly followed by a reasonably swift recovery.^[10] In Nigeria, a similar occurrence occurred, when healthcare workers on the frontlines observed a swift recovery in the delivery of services due to the prompt implementation of diverse levels and health systems interventions.^[11] Based on the existing evidence, there was a marginal decline in the percentage of primary health centres providing family planning (FP) services in Nigeria. The proportion decreased from 98% prior to the pandemic, to 95% during the lockdown, and further to 92% after the lockdown. While the number of clients receiving care decreased by 50% during the lockdown compared to the period before the lockdown, there was a 3% rise in cases after the lockdown compared to the time before the pandemic.^[12] In Ethiopia, there was a temporary decline in the availability of contemporary contraceptive services for adolescents between March and April 2020. This decline occurred in both the public sector and the two leading private sector providers of sexual and reproductive health services, resulting in a 3.5% reduction overall.^[13]

Several challenges are currently hindering the attainment of SDG 3.7. These include:

Healthcare disparities: Access to sexual and reproductive healthcare services is not equitable across countries and populations. In LMICs, rural communities and marginalized groups often face more significant barriers to accessing quality services, leading to disparities in health outcomes. Achieving universal access requires addressing these disparities.^[14]

Cultural and societal norms: Cultural norms and societal stigmas surrounding SRH can impede access to information and services. These norms vary widely across regions and can limit individuals' ability to make informed choices about their reproductive health.^[15]

Limited healthcare infrastructure: Inadequate healthcare infrastructure, including a shortage of healthcare facilities, personnel, and essential supplies, can hinder access to sexual and reproductive health services. Many LMICs struggle to provide the necessary infrastructure to meet the demand for these services.^[16]

Economic constraints: Economic constraints can affect the ability of countries to invest in healthcare systems and services. Limited budgets may result in challenges related to the availability and quality of SRH.

Global events and pandemics: Global events, such as the COVID-19 pandemic, have disrupted healthcare systems and posed challenges to the provision of sexual and reproductive healthcare services. These crises can strain resources and impact the ability to maintain essential services.

Roberton et al. (2020) indicated steps to move forward effectively, which is crucial to address the challenges and barriers that hinder the progress of SDG 3.7.^[17]

Investment in healthcare infrastructure: LMICs must prioritize investments in healthcare infrastructure, including constructing and maintaining healthcare facilities and training healthcare personnel. These investments are essential to expand access to sexual and reproductive healthcare services.

Comprehensive sexuality education: Governments should promote comprehensive sexuality education programs in schools and communities. These programs empower individuals with knowledge, enabling them to make informed decisions about their SRH.

Cultural sensitivity and awareness: Addressing cultural and societal norms is critical. Awareness campaigns, community engagement, and partnerships with cultural and religious leaders can help challenge stigmas and promote open discussions about SRH.

Gender equality and women's empowerment: Promoting gender equality and women's empowerment is central to achieving SDG 3.7. Women's access to sexual and reproductive health services should be prioritized, and initiatives should aim to address gender disparities in healthcare access.

Data and research: Continued research and data collection are necessary to understand the evolving landscape of sexual and reproductive health. Robust data can inform policies and strategies to ensure that services are tailored to the specific needs of different populations.

Global collaboration: Achieving SDG 3.7 requires international collaboration. Governments, NGOs, and international organizations should work together to share best practices, resources, and strategies for success.

Resilience to global events: Given the impact of global events like the COVID-19 pandemic, countries must develop resilient healthcare systems that can withstand crises. Contingency plans should ensure the continuity of essential sexual and reproductive healthcare services.

During the period of global crisis (war, terrorism, pandemic), many people are deprived of essential health services, and their sexual and reproductive health is likely to be compromised. Sexual abuse, teen pregnancy, risky sexual behaviour, inadequate contraception facilities, sexually transmitted diseases including HIV & AIDS, sex trafficking, and unavailability of health services for pregnancy and sexual disorders are significant challenges that deprives people of their sexual and

reproductive rights; hence, they may stand as hurdles in reaching the global SDGs.

Sexual and reproductive health is inextricably linked to the achievement of the SDGs. It sets an ambitious goal for universal access to sexual and reproductive healthcare services. Challenges such as cultural norms and global events' impact persist. Achieving the SRH-related SDGs requires comprehensive strategies, addressing cultural norms, investment in healthcare systems, and a commitment to gender equality and education where nations can make strides toward realizing this critical goal.

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