Global Policy Volume 10 . Supplement 1 . January 2019

# Power, Politics and Knowledge Claims: Sexual and Reproductive Health and Rights in the SDG Era

Special Issue Article

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## Abstract

The selection of Sustainable Development Goals (SDGs) , targets and indicators for sexual and reproductive health and rights (SRHR) can only be understood in the light of struggles to advance these rights amid a context of the growing reliance on indicators to measure progress. If the Millennium Development Goals (MDGs) de-politicized inherently polemical issues in SRHR, the (re)production of knowledge of rights in the SDGs poses a subtler, but just as serious, threat. Although rights, and SRHR in particular, are apparently taken into account, the apparent neutrality of these metrics obscures politics and ideology. There is a danger that over-reliance on quantitative indicators obscures the structural challenges facing the advancement of SRHR, and therefore indicators should be coupled with qualitative information derived in context.

In a 2012 article, I argued that, given the knowledge and governance functions of indicators in global development, we should be 'counting what we know and knowing what to count' (Yamin and Falb, 2012). While maternal mortality is notoriously difficult to measure for statistical and practical reasons, measuring the enjoyment of SRHR entails an array of conceptual, philosophical and normative complexities. That article concluded:

> In selecting a few numerical indicators, and in highlighting one – the Maternal Mortality Ratio (MMR) – the MDGs process largely attempted to erase those complexities. In the course of the MDGs, the narrative of progress became driven by an extreme focus on measurement of that one numerical indicator; questions regarding the root causes of maternal mortality, let alone gender inequality and obstacles to promoting a broader SRHR were lost in the process. (Yamin and Falb, 2012, p. 370)

In many ways these and other human rights and gender justice concerns regarding what was missing in the Millennium Development Goals (MDGs) were addressed in the Sustainable Development Goals (SDGs), as a result of enormous political mobilization and strategic advocacy. However, in this article, I argue that if the MDGs de-politicized inherently polemical issues in SRHR, the (re)production of knowledge of rights in the SDGs poses a subtler, but just as serious, threat. Although rights, and SRHR in particular, are apparently taken into account, there is a danger that measurement based on abstracted data systematically obscures structural obstacles to achieving those rights, and displaces the political energy needed to combat injustice. I suggest complementing such quantified measures with contextual, qualitative information.

I begin by providing some context for the use of indicators to measure aspects of SRHR, focusing on indicators related to emergency obstetric care. In the next section, I examine the struggles toward the end of the MDGs, both from within the United Nations and from civil society, to expand the understanding of SRHR in the next development agenda, which achieved important advances, sometimes in alignment and sometimes independent of the G77.

In the third section, I set out the indicators selected to measure the SRHR targets under Goal 5 'Gender Equality': and especially those used to measure laws and regulations relating to SRHR. I also note that the selection of indicators for the SDGs was part of a global turn toward the use of indicators to crystallize measures of progress in SRHR, which reflected a shift toward a notion of accountability as monitoring data points rather than structures to remedy and transform social problems.

In the fourth section, I discuss the dangers inherent in measuring progress in rights through these metrics that are abstracted from social context and may well obscure more than they reveal about the power dynamics at play. I argue that there is a real danger that the form of measurement masquerades as progress while systematically obscuring the ways in which women and others are deprived of SRHR. I conclude that while global indicators are potentially critical tools to measure dimensions of SRHR, they should be used to *indicate* where contextual and generally qualitative information is necessary to understand a given situation.

From the outset, I acknowledge that I am not a detached observer in any aspect of this process; I have played a role in developing indicators for the measurement of economic, social and cultural (ESC) rights, and SRHR in particular; in developing human-rights based approaches to SRHR and health; in advocacy leading to the SDGs; and participated in the selection of indicators for their implementation, as well as oversight – both from within the United Nations and on behalf of civil society and independent academic institutions and civil society coalitions. Indeed, much of my argument is that the construction of knowledge and how we frame the world is inexorably an ideological exercise, shaped by an often invisible architecture of political and epistemic trends of the day, which are themselves reflective of power.

## Indicators to measure rights, and SRHR in particular

Incorporating indicators to capture human rights dimensions in the measuring of SRHR, as well as human rights more generally, is necessary to move beyond rhetoric and provide a better picture of actual efforts to realize rights on the ground. This is a process that has been going on since at least the 1990s, when human rights advocates began moving beyond anecdotal reporting of disputed facts, for example, how many people were massacred under a regime. Further, it was clear that in ESC rights, and health perhaps in particular, it would not be sufficient to use paradigmatic illustrations or inductively argue that there were systematic violations, without broader information. In ESC rights, including health, not just more but different kinds of information would be necessary to measure violations as well as the realization of rights that are dependent on resources.

Multiple efforts within the United Nations and regional bodies, as well as by non-governmental organizations (NGOs), have been dedicated to capture distinct dimensions of ESC rights compliance. For example, the Center for Economic and Social Rights devised the OPERA framework to measure outcomes, policies, economic resources and assessment (Center for Economic and Social Rights, 2012). The UN Office of the United Nations High Commissioner for Human Rights (OHCHR, 2008) developed indicators related to structure (laws), processes (policy inputs) and outcomes. Indicators were also developed in the Inter-American System to measure progress on ESC rights under the Protocol of San Salvador (Organization of American States, 2015). Further, many in human rights have called for disaggregation of data already collected to be able to discern patterns of discrimination. These efforts recognize that quantitative indicators have to be examined in the context of a state's overall performance. They are useful tools to enhance the picture of state compliance by going beyond the adoption of laws and policies to assess the effective enjoyment of rights in practice.

More particularly, the mid 1990s saw dramatic paradigm shifts in both human rights and public health, which ultimately enabled the construction of maternal morbidity and mortality (MMM) as a human rights issue. In public health, the paradigm of predicting and preventing obstetric complications, which led to a focus on identifying risk in pregnancy and pre-natal care, gave way to an understanding that *all* pregnant women needed to have access to emergency obstetric care (United Nations Children Fund, World Health Organization, and United Nations Population Fund, 1997). Thus, as Lynn Freedman (2001, p. 56) wrote, emergency obstetric care (EmOC) is 'not just another good idea with respect to maternal mortality' just as anti-retrovirals were in the case of HIV/AIDS, EmOC is *the* pivotal governmental obligation to ensure women do not die.

Thus, when Deborah Maine and I wrote an article in the late 1990s – before the UN treaty-monitoring bodies had elaborated more specifically state obligations with respect to maternal mortality – we argued that EmOC indicators, which had been issued by the UN in 1996, could be used to measure compliance with international human rights obligations relating to women being free of avoidable mortality in pregnancy and childbirth, asserting that these measures defined 'appropriate measures' under international law (Yamin and Maine, 1999; p. 563). The idea was simple: governments too easily claim to be addressing complicated public health or social issues; however, if they are not taking *appropriate measures* – based on the best empirical evidence at the time – they cannot be said to be complying with their obligations under international law, nor under many domestic laws. That is, our starting points were: (1) compliance with normative obligations – *what should be done* – in relation to health are shaped by empirical realities relating to what is reasonable and effective; and (2) there are many areas beyond health systems that affect maternal health and SRHR, nevertheless using appropriate indicators could indicate whether women had access to and were using EmOC, and, if they were not, could spur qualitative investigation (Yamin and Maine, 1999).

The normative, empirical and epistemic premises of using these EmOC indicators to measure dimensions of compliance with the right to maternal health are significant to note here for the argument I will make later. First, the EmOC indicators were objective and comparable across time and space. Across the world, regardless of race, class or culture, women's bodies require blood when hemorrhaging, antibiotics when infected, anticonvulsants when pre-eclamptic, etc. Second, these process indictors were measurable by local populations in real time, unlike MMRs (UNICEF, WHO and UNFPA, 1997). Third, the EmOC indicators were useful for identifying and remedying health *system* failures. Thus, as indicators to complement other approaches to measure women's rights to be free of avoidable maternal morbidity and mortality: (1) normatively, they did not depend upon subjective interpretation, nor did they vary across cultures; (2) empirically, they did not depend upon statistical modeling or opaque algorithms done from afar or only possible every 5–7 years; and (3) accountability the EmOC indicators promoted was *system reform* not scapegoating of individual health providers who likely could not have prevented a maternal death (Yamin and Falb, 2012; Yamin and Maine, 1999).

Much has happened since then in linking maternal health, and SRH and human rights, including general

comments by treaty-monitoring bodies, litigation and fact-finding a and documentation. Further, during the MDGs, utilizing a human rights-based approach (HRBA) to health – especially in the context of maternal and child health – was advanced at the UN level and by scholars, in many ways as a reaction to the technocratic approach to development adopted in the MDGs (United Nations Human Rights Council (UNHRC), 2009, 2010, 2011, 2012; United Nations Secretary General (UNSG), 2010). Greater interest was taken in the 'evidence of impact' of human rights-based approaches, especially in the context of women's and children's health, including maternal health and SRH, where efforts were made to establish that adding participation, equity and other aspects of rights could enhance outcomes (Bustreo et al., 2013; Hunt et al., 2015).

Nonetheless, all of these efforts to develop and apply HRBAs need to be placed in the context of what happened to SRHR in the MDGs. As has been well documented, conservative forces quickly mobilized at national and global levels in response to the ICPD and Beijing advances (Hulme, 2009; Yamin and Falb, 2012). The only goal related to SRHR was MDG 5 on improving maternal health. The original indicators chosen – Maternal Mortality Ratios (MMR) and Skilled Birth Attendance (SBA) – were ill-suited for planning purposes as they came to be used; incentivized narrow technocratic approaches within health sectors; and marginalized concerns of non-discrimination as well as law reform beyond health (Austveg, 2011; Spangler, 2012). At the same time, many multilateral institutions, including the World Bank, as well as governments with which they worked, began promoting 'Institutional birth' (World Bank Group, 2012, p. 21). Thus the dramatic innovation of EmOC was lost. EmOC defined signal functions; it did not mandate all women to give birth in facilities (United Nations Children Fund, World Health Organization, and United Nations Population Fund,1997). Institutional birth did the opposite. It led to coercive practices to increase facility delivery, but did not guarantee functions that were saving lives were accessible. And without increases in budgets for training and supplies, etc., it led to severe overcrowding in many cases, which provided an ideal environment for 'obstetric violence'.

In sum, there is no doubt that empirical indicators can be used to advance the promotion of human rights and SRHR in particular. However, this requires indicators that: (1) are based upon objective empirical evidence that does not impose subjective understanding of what the norm means; (2) are fit-for-purpose, for example,, in improving health systems functioning as opposed to scapegoating workers or leading to coercive practices; and (3) are placed in the context of a broader understanding of human rights advancement, which involves inherently contextual power struggles against ideological, biomedical and macroeconomic challenges.

## Advocacy leading up to the sustainable development agenda

Every new development agenda is in a way a response to the last one. With its limitations, the OWG process that led to the creation of the SDGs was far more inclusive and participatory than that which produced the MDGs. There were other outcomes that seemed promising gains for the human rights and women's rights movements as well, which had been excluded in the MDG process. The Sustainable Development Declaration, 'Transforming Our World; The 2030 Agenda for Sustainable Development' was infused with notions of dignity and human rights (United Nations General Assembly (UNGA), 2015). States affirmed their commitment to implementation 'in a manner consistent with the rights and obligations of states under international law' (UNGA, 2015).

Although substantial progress had been made in achieving the MDGs on their own terms, advocates argued that in relation to SRHR, and women's rights more broadly, the indicators incentivized narrow, technocratic approaches that failed to draw connections among sectors and dimensions of women's lives; and created unfortunate secondary consequences, such as the focus on institutional delivery without capacity to resolve emergencies. Thus, on the whole, the MDGs presented an inadequate theory of change – focused on aggregate outcomes as opposed to institutional and process changes – to illuminate the real power dynamics that were keeping women – and some women more than others – from the effective enjoyment of rights. (Sen and Mukherjee, 2014; GDB 2015 Maternal Mortality Collaborators, 2016)

Among the women's movement, organized discussions began to take place about strategies for reclaiming a broader SRHR and gender equality agenda, and these would bear fruit in the groundbreaking 'Montevideo Consensus' adopted by 33 countries in 2013 (Economic Commission for Latin America and the Caribbean/Montevideo Consensus on Population and Development, 2013), which specifically mentioned 'sexual rights: the promotion and protection of sexual rights and reproductive rights are essential for the achievement of social justice and the national, regional and global commitments to the three pillars of sustainable development: social, economic and environmental' (Economic Commission for Latin America and the Caribbean/Montevideo Consensus on Population and Development, 2013). The Montevideo Consensus was a regional meeting that was held as part of a broader process led by UNFPA on ICPD + 20, which produced the ICPD Beyond 2014 Global Report, which ultimately provided guidance for achieving the ICPD goals through the SDGs (United Nations, 2014). But the power dynamics in and beyond the United Nations made clear that ICPD +20 was not going to have the same influence that other processes had.

Indeed, it was the follow-up to the United Nations Conference on Environment and Development in Rio de Janeiro in 2012 (Rio+20) that led to the creation of the Open Working Group of the General Assembly on Sustainable Development Goals (OWG) which eventually led to Agenda 2030 and the Sustainable Development Goals. Initially skeptical of the Rio +20 process, feminists quickly began to organize around the OWG process to have their concerns incorporated in the outcome document.

The SDGs adopted the same framework of goals, targets and indicators that had been in the MDGs, although significantly more, with 17 Goals and 169 Targets. However, there were notable differences in the framework, which signaled a shifting conception of development, no longer as aid from North to South but as emphasizing sustainable growth 'within nations, between nations and between generations' (Caballero, 2016). Many of the aims of the women's and human right movements were embedded in the architecture of the SDGs, sometimes because they coincided with the aims of the SDG coalition of states. For example, it was a universal framework, which emphasized tackling inequalities, was consistent with human rights.

There is no single goal that encompasses all of SRHR; precisely the point is that aspects of SRHR are diffused throughout the SDGs. Gender equality and health contained targets and indicators that were significant aspects of SRHR measurement (UNGA, 2015). There are multiple targets under Goal 3 (healthy lives) that address: maternal mortality (3.1); universal health coverage, including tracer indicators for SRH services (3.8); and sexual and reproductive health ('family planning') (3.7). Goal 5 on achieving gender equality and empowering all women and girls also contains a target on sexual and reproductive health and rights (5.6) (UNGA, 2015). In addition to these specific SRHR targets, and closely related issues under gender equality (such as reducing violence against women), there are other obviously related targets, including the promulgation of non-discriminatory laws, participation within government and reducing other forms of inequalities. Moreover, unlike the MDGs, the SDGs were meant to be read as 'integrated and indivisible' and governments pledged not just to reduce inequalities, but to reach the furthest behind first. Similarly, the UN Secretary-General's revised 'Global Strategy' for the SDGs was far bolder than the one under the MDGs, and ambitiously proposed enabling women, children and adolescents to not just survive and thrive but also to transform the conditions that systematically deprived some of healthy flourishing and lives of dignity (UNGA, 2015).

The most glaring weaknesses – and unresponsiveness to demands from civil society that include but extend beyond SRHR and human rights groups – lay in the failure to implement a robust accountability structure and the overwhelming reliance on the private sector for financing and implementation of the SDGs, including the health SDGs, which indicated the continuing neoliberal framing of state responsibilities (Center for Economic and Social Rights, 2014). The former was in the words of a colleague at a multilateral development institution, 'classic project failure'. But most global institutions, diverse actors in the private sector and governments in North and South alike were quite content with an anemic accountability based on monitoring the proliferating indicators, with some 'follow-up and review'.

In short, the narrative contained in the SDGs seemed to be a triumph for many in human rights and women's health. The SDG framework took on board many of the issues that had been marginalized or excluded in the MDGs in relation to SRHR as a cross-cutting theme under both health and gender equality, as well as access to institutions and broader development goals, which applied in rich and poor countries alike. However, inconsistency among targets and reliance on the private sector for financing and implementation arguably meant that these noble aspirations would merely add window dressing to the steady march of neoliberal globalization, and the inexorably gendered effects of macroeconomic policies. (Connell, 2012; Walby, 2000) Further, just as the SDGs were going into effect, a wave of conservative populists swept into office and quickly began dismantling elements of liberal democratic institutions, including conjuring a parade of horribles around SRHR, from 'gender ideology' to abortion on demand. In this context, inserting the language of rights into the declaration of the Agenda 2030 or the SDG targets did not guarantee either the laws, social practices or institutional structures to promote, interpret and enforce them.

## From the political narrative to measuring progress through indicators

While the setting of the SDG Goals and targets was more political, the setting of indicators was in many respects consigned to 'technical expertise'. The initial selection of SDG indicators to be developed by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs). The IAEG-SDGs created a three-tiered system for indicators: Tier 1 indicators for which already had available data, Tier 2 indicators for which a methodology exists but for which data is not available, and Tier 3 indicators for which an internationally-agreed methodology does not exist. Of course, the very tiering of indicators is a concession to data availability, and masks disputes over reliability of indicators, such as MMRs and SBA.

Within this framework, some indicators related to SRHR were unsurprisingly recycled due more to data inertia than statistical reliability. Under the overall health goal, Target 3.1 called for a reduction of global MMRs to under 70 per 100,000 live births. This was viewed as necessary to provide continuity to the MDGs. SBA was again adopted as an indicator along with MMRs (UNGA, 2015). Target 3.7 extended MDG 5B and called for ensuring 'access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes' (UNGA, 2015).

Advocates hoped that dimensions not captured in Target 3.7 could be reflected in the indicators under 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'. UNFPA, UN Women and WHO had developed proposals for the two indicators included under SDG 5.6, and as both indicators were Tier 3, statistical experts were brought together with other kinds of subject matter 'experts' from SRH and women's rights to discuss the indicators and arrive at a methodology for their measurement.

(McGovern et al., 2016; United Nations Population Fund and UN Women, 2016) In 2015–16, and again in 2018, UNFPA and UN Women convened several 'Expert Group Meetings' (EGMs), in which this author participated, to review the two indicators under 5.6 (McGovern et al., 2016; UNFPA and UN Women, 2016). This was an inherently challenging task and to be clear: my critiques in no way question the positive intentions of these UN agencies.

Indicator 5.6.1 initially measured 'proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care'. (United Nations Population Fund and UN Women, 2016). The indicator was defined as the proportion of women in a given country who satisfy *all* three criteria, based on survey data.

Indicator 5.6.2 was amended during 2016 to '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, *disaggregated by sex*' (changes to the original formulation in italic) (UNFPA and UN Women, 2016). It was noted in the EGM that 'This indicator is measuring exclusively legal frameworks and barriers and does not measure implementation of such laws' (McGovern et al., 2016, p. 9).

In 2017–18, a scoring sheet was established based on these indicators. States would be given individual grades on the five sections of the survey (pregnancy/childbirth, contraception/family planning, abortion, sexuality education/information and sexual health/well-being) to allow the UNFPA to monitor areas in need of more comprehensive laws, regulations and policies' (McGovern et al., 2016; United Nations Population Fund, 2018). At a follow-up EGM in 2018, after a piloting of the survey for 5.6.2 in five additional countries, the methodology for the survey and for ranking scores was again discussed, with the aim of refining and making the survey less burdensome to countries (UNFPA webinar, 2018).

It is important to place these efforts into context. The insatiable need for data to be created and the eagerness to employ so-called 'Big Data' from secondary sources in order to monitor 'progress', including on rights, was replicated within different fields – nowhere more so than in health. And within global health institutions, as well as many NGOs and academics, there was an idea held by many key actors that the exclusion and marginalization of SRHR in the MDGs could be remedied by including rights. For example, the Ending Preventable Maternal Mortality (EPMM) monitoring framework, Every Newborn Action Plan (ENAP), and the UN Secretary General's Global Strategy on Women Children and Adolescents Health (Global Strategy) Indicator and Monitoring Framework all attempted to monitor progress on aspects of SRHR. The Global Strategy's Indicator and Monitoring Framework (Every Women, Every Child, 2016) itself theoretically aligns with the SDG indicators, allowing for cross analysis. In private if not in public, many questioned the duplication in these SDG-related monitoring frameworks, the expense entailed, the burden on national statistical offices in collecting and reporting data, and the limits of what numbers could show. Even so, the Independent Accountability Panel for the UN SG's Global Strategy (IAP), noted 'major gaps in data availability across' the 60 indicators for the Global Strategy on women's children's and adolescent health, and questioned whether the right indicators were being used (Executive Office of the Secretary General Independent Accountability Panel, 2017, p. 11).

In 2018 the UN Committee on Economic, Social and Cultural Rights decided to adopt an indicators table to help the Committee structure its concluding observations and measure compliance with General Comment 22 on the Right to Sexual and Reproductive Health (United Nations Committee on Economic, Social and Cultural Rights, 2016; United Nations Office of the High Commissioner for Human Rights, 2018). In 2018, the Pan American Health Organization also developed a 'women's empowerment indicator' tailored to the Latin America and Caribbean region (Pan American Health Organization, 2018). Most, if not all, of these initiatives were launched with the intention of making visible women's SRHR, which had indeed been cast into the shadows in terms of attention during the MDG era.

There were some notable calls for broader understandings of 'accountability' for meeting SRHR, and other health-related rights in the SDGs, including independent review and remedies and action to redress failures (Williams and Hunt, 2017). The IAP forcefully argued: 'Accountability requires more than monitoring, ... goes well beyond the health sector [to independent review and remedies] and is necessary to transform the conditions that systematically deprive women, children and adolescents of their health and human rights' (EOSG Independent Accountability Panel, 2017, p. 4). Nonetheless, in general, there were few warnings regarding how the quantification of progress was potentially obscuring fundamental aspects of SRHR in particular, or that this was happening precisely at a time when conservative political trends were producing a forceful backlash against SRHR in particular (Chapman, 2017).

## Knowledge, politics and power in SRHR struggles

The proliferation of 'SRHR indicators' by donors, governments and global institutions is part of an apparently hegemonic acceptance of indicators as a technology of global governance (Merry et al., 2015). And it is a troubling one.

If the EmOC indicators were intended to reveal what abstracted policy statements regarding promotion of women's health might obscure, we have gone from using quantitative indicators to illuminate power dynamics to using indicators to substitute for those other forms of knowledge and evidence. In so doing, we are also losing a fundamental understanding of what rights are, and what kinds of social change their advancement requires. If human rights, including SRHR, are fundamentally normative constructs about the meaning of being human, advancing SRHR, requires understanding how social institutions function in particular societies and communities, and subjecting discriminatory laws, discourses and institutional practices to public scrutiny.

For example, dismantling the harmful gender stereotypes that underpin violations' of SRHR – from involuntary

sterilization or contraception to virginity testing to lack of access to essential services for adolescent girls – is an important part of what human rights tools can help to achieve, by guiding the interpretation of laws in line with reasoned arguments (Cook and Cusack, 2010). However, if we understand laws as socio-legal phenomena, and not formalistic statements of rules, this means that they cannot be understood by their technical workings alone or abstracted one by one. For example, just since 2012, 98 countries have enacted laws restricting civil society activities and space (Kode, 2017). The implications of these other laws cracking down on civil society, including often a focus on groups that advocate SRHR, are not captured by yes/no metrics regarding isolated statutes and regulations.

Second, the ways in which those gender stereotypes are constructed and perpetuated in specific cultural contexts needs to be identified. Much of advancing SRHR requires discerning where the barriers to effective enjoyment lie, and how laws can be crafted to address them. But these barriers are complex – inexorably sitting at the boundaries between psychology, politics, anthropology and philosophy, as well as law. In Colombia, conservatives may connect 'gender ideology' to 'Castro-Chavismo' – communism – while in the United States the loss of women' virtue may be associated by the religious Right with materialistic individualism.

When indicators cease to be supplemental tools to measure reflections of the freedoms that we value in objective ways, that is, staying alive through pregnancy, and instead come to define the freedoms themselves, there is a distinct loss of meaning, as well as accountability, in human rights. This occurs in at least two ways. First, as Sally Merry writes, 'indicators typically conceal their political and theoretical origins and underlying theories of social change and activism. They rely on practices of measurement and counting that are themselves opaque' and therefore not subject to open contestation (Merry 2011, p. S84; see also Merry, 2016). Second, as a result of this invisible arrogation of power, the use of abstracted metrics is particularly epistemically ill-suited to capture rights realization which requires political contestation.

First, what Merry refers to as 'uncertainty absorption' occurs in multiple phases (Davis et al., 2012; Merry, 2016). For example, there is the: (1) selection of laws to measure by global actors often unfamiliar with the context, language and culture; (2) level at which to measure those laws and policies (constitutions, statutes, regulations, etc., and complications in decentralized systems); (3) knowledge of person(s) (generally bureaucrat(s) at national level) answering questions and noting whatever restrictions they deem relevant; and (4) collective ranking of country based upon 'experts' subjective decision.

Each phase of this opaque process entails an exercise of power, which is largely invisible and therefore uncontestable by advocates. For example, indicators inexorably erase differences in the definitions of rights. Sally Merry has pointed to this in terms of violence against women (e.g. freedom from physical violence v. fear=) and Catalina Smulovitz has shown in detail how the different provinces in Argentina have different definitions of domestic violence (Merry, 2016; Smulovitz, 2015). The same is true of SRHR. Take for example one of the five components of 5.6.2 – 'sexuality education' – which varies enormously across states in the United States in both content and basis in scientific accuracy (e.g. as opposed to creationism), let alone across the world, or another component of 5.6.2 – abortion. If an abortion law is based on privacy, as it in the United States, it has very different ramifications, than if it is based on equality or dignity. Among other things, poor women do not have rights to abortion guaranteed. It reflects something different about how we see reproductive rights, and society (Rebouché, 2014). Similarly, abortion laws that require verification by the police of sexual assault encode a different understanding of women's voice, reliability and subjectivity than those that do not. Abortion laws that place criteria on institutions where women may seek abortions, which provide some 'constructive accountability', structure a very different power relationship between women and health providers than laws that are coupled with provisions allowing unfettered conscientious objection of providers (Freedman, 2003). Likewise, laws and regulations that mandate waiting periods may create barriers to access for abortions; nevertheless waiting periods may be necessary to prevent involuntary sterilizations. The list goes on and on, but the crystalization of progress into these global indicators undermines the capacity of national actors to see use rights argumentation to mobilize for political change.

This leads to the second point: uncertainty absorption is a problem more generally, but the abstracted measurement of SRHR transforms the meaning of what these rights *are*, and what they *mean*. For example, in accordance with Target 5.6.2, laws relating to SRHR in five areas are evaluated as 'yes/no' fulfilling certain criteria. But all rights – including SRHR – are concise formulations of profound arguments about justice, equality and dignity. Reducing them to checklists of criteria abstracted from context, cultural significance, sociological and normative legitimacy is at odds with the how human rights – especially SRHR – function, and points to some intractable epistemic dissonances. Brinks et al. (2015, pp. 290–291) note that although the language of rights is indeed global, 'these rights go through a process of vernacularization that selectively translates apparently universal aspirations into a much more localized version deeply grounded in local social and political realities. The extent, to which they are universal, or particular, or effective, is a function of this process of vernacularization'. They continue that '[t]he comparative literature on social rights [which includes aspects of SRHR]can be read as an account of how the universal language of rights is transformed by and transforms particular contexts'.

As Rosga and Satterthwaite (2009, p. 258) assert: 'because human rights compliance indicators threaten to close space for democratic accountability and purport to turn an exercise of judgment into one of technical measurement, advocates of human rights should to remain vigilant to effects of the elisions at work in the indicators project'. Advocates of SRHR, which are inherently contested and unstable, should

be particularly vigilant about the invisible exercises of power embedded in these metrics.

In short, the knowledge of what is happening in any given context – What actors? What economic policies? What institutions? What ideologies or practices? – that allows or prevents women, adolescents and LGBTQ persons (erased from the SDGs monitoring framework entirely) from exercising control over their bodies and lives is epistemically ill-suited to being synthesized into indicators, which pretend to be neutral, objective and unchallengeable. Without placing contextual information around such indicators, they may potentially undermine the realization of SRHR more than promote their realization.

## Conclusions

In the era of so-called 'fake news' and an unwillingness to recognize empirical data as a basis for shared conversation about reality (Friedman, 2017), it may seem odd to argue that more data is not necessarily the path to progress in the world regarding SRHR. Yet, the proliferation of indicators as tools of governance is not unrelated to a world in which democratic processes and accountability are being systematically undermined. What we know about rights, and why we claim to know what we know, is a function of empirical truth, which absolutely does exist, and can be an important element in illustrating that states are not doing what they are supposed to be (as in EmOC). It is also a function of socio-linguistic and cultural knowledge, which cannot be constructed in some potential abstract space, but rather requires that the actual terrain in which the struggles are occurring to be mapped.

Finally, what we understand about rights, and SRHR relies on normative premises about all people having equal dignity. These underlying fundamental premises lead to arguments about whether ideological and religious arguments are permissible in the processes of establishing laws and public policies. They lead to challenging economic policies, including the sexual division of labor and those affected by the adoption of neoliberal strictures, which systematically circumscribe women's social roles, and in turn their ability to control their bodies. (Connell, 2012) They lead to examining how biomedical paradigms embedded in the health system encourage the instrumentalization of women's bodies as reproductive objects. Thus, advancing SRHR calls for the possibility to question and transform multiple and interacting barriers through concerted intentional action.

Indicators are a remarkably recent way of ordering the world, and the implications of the use of this technique still need to be more fully considered. My argument in this article does not imply that indicators relating to laws and policies have no place in measuring SRHR. However, it does suggest that they be constructed and interpreted carefully, and deployed in conjunction with qualitative information. It suggests that we be more modest in our expectations and use of global indicators, and how they reflect and refract power between the global and national, as well as converting political issues into technical ones. It suggests we reconsider the ways in which national institutions (governmental and non-governmental) and social practices can be strengthened using different forms of information and different kinds of accountability. Ultimately, as Alice Miller asserts, Applying a 'rights approach' to SRHR calls for engaging with the 'much messier and more context-specific questions of how rights are made real, how services are revised and policy makers and local authorities are convinced that their practice must change, and how affected persons are moved to act as if these rights can in fact underpin their actions and demands'. (Miller, 2005) Evaluation of those impacts is a much trickier enterprise, which requires the capacity to accept 'learnings' that are not always equivalent to quantifiable impacts or achievements (Walby, 2000).

## Note

This paper benefited from support to the special issue project from: Friedrich-Ebert-Stiftung New York Office; UNDP; University of Oslo Centre for Environment and Development and the Environment; Julien J. Studley Grant to The New School Graduate Programs in International Affairs.

1. All opinions expressed are personal and do not reflect those of the IAP or any other UN agency or panel. Additional funding to attend meetings was received with thanks from University of Oslo, The New School, New York, the United Nations Development Programme, and the Friedrich-Ebert-Stiftung.

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