

# BY CHOICE, NOT BY CHANCE

FAMILY PLANNING,  
HUMAN RIGHTS AND  
DEVELOPMENT



state of world population 2012

All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

—*Programme of Action of the International Conference on Population and Development, paragraph 7.16*

## The State of World Population 2012

This report was produced by the Information and External Relations Division of UNFPA, the United Nations Population Fund

### EDITORIAL TEAM

Editor: Richard Kollodge  
Editorial associate: Robert Puchalik  
Editorial and administrative associate: Mirey Chaljub  
Distribution manager: Jayesh Gulrajani

### ACKNOWLEDGEMENTS

The editorial team is grateful to the report's advisory group at UNFPA for guiding the conceptualization, direction and development of the report and for providing invaluable feedback on drafts. The group included: Alfonso Barragues, Beatriz de la Mora, Abubakar Dungus, Werner Haug, Michael Herrmann, Mona Kaidbey, Laura Laski, Edilberto Loaiza, Kechi Ogbuagu, Niyi Ojuolape, Nuriye Ortayli and Jagdish Upadhyay.

Drafts were also reviewed by Anne-Birgitte Albrechtsen, Klaus Beck, Ysabel Blanco, Delia Barcelona, Saturnin Epie, François Farah, Kate Gilmore, Elena Pirondini and Ziad Rifai.

Hafedh Chekir, Thea Fierens, Nobuko Horibe, Bunmi Makinwa, Marcela Suazo also contributed to the substantive development of the report. Additional advisory support was provided by Mohamed Afifi, Monique Clesca, Jorge Cordoba, Adebayo Fayoyin, Sonia Heckadon, Gabriela Iancu, Yanmin Lin, Suzanne Mandong, William Ryan and Sherin Saadallah.

The editorial team is also grateful to Marisabel Agosto for her sustained involvement with the report through development, writing and editing. Many thanks also to Karin Ringheim and David Levinger for their contributions to the report.

Cover photo: *Mother and child, Pakistan.*

©Panos/Peter Barker

## ABOUT THE AUTHORS

### Margaret Greene

Margaret Greene (lead writer-researcher) has worked for nearly 20 years on the social and cultural determinants of health, adolescent reproductive health, development policy and gender. She is widely known for her research and advocacy on the conditions faced by girls and women in poor countries and on engaging men and boys for gender equality. She currently directs GreeneWorks, a consulting group working to promote social change for health and development. She is Chair of the Board of Promundo-USA and of the Willows Foundation, which provides reproductive health services in Turkey. Dr. Greene received her doctorate and master of philosophy degrees in demography from the University of Pennsylvania, and a bachelor of arts in linguistics from Yale University.

### Shareen Joshi

Shareen Joshi (researcher-writer for Chapter 4) is a visiting professor of international development at Georgetown University's School of Foreign Service in Washington, DC and teaches courses in economics and political development; poverty, gender and politics; and integrated approaches to sustainable development. At Yale University, she received her doctorate in economics, a master of philosophy in economics, and a master of arts in economics. She holds a bachelor's degree in mathematics from Reed College in Portland, Oregon.

### Omar Robles

Omar Robles works as a consultant on health, gender and development. He has led training in gender-sensitive programming for UNFPA in Indonesia and is currently a gender advisor on CARE International's emergency deployment roster. Prior to consulting, Omar was a gender and health policy advisor on the global USAID Health Policy Initiative, implemented by Futures Group. He holds a master of science degree in public health, health policy and management from the University of North Carolina's Gillings School of Global Public Health and a bachelor's degree in journalism and mass communication, also from the University of North Carolina.



## BY CHOICE, NOT BY CHANCE

FAMILY PLANNING, HUMAN RIGHTS AND DEVELOPMENT

Foreword page ii

---

Overview page iv

---

**1** The right to family planning page 1

---

**2** Analysing data and trends to understand the needs page 17

---

**3** Challenges in extending access to everyone page 39

---

**4** The social and economic impact of family planning page 71

---

**5** The costs and savings of upholding the right to family planning page 87

---

**6** Making the right to family planning universal page 97

---

Indicators page 106

---

Bibliography page 117

---



◀ *Teenage girl attends informational meeting about family planning in Dominica.*

©Panos/Philip Wolmuth

# Foreword

The right of the individual to freely and responsibly decide how many children to have and when to have them has been the guiding principle in sexual and reproductive health, including family planning for decades, but especially since 1994, when 179 governments came together and adopted the groundbreaking Programme of Action of the International Conference on Population and Development, the ICPD.

The ICPD marked a great paradigm shift in the field of population and development, replacing a demographically driven approach to family planning with one that is based on human rights and the needs, aspirations, and circumstances of each woman.

The impact of this milestone has been nothing short of revolutionary for the hundreds of millions of women and young people who have over the past 18 years gained the power and the means to avoid or delay pregnancy.

The results of the rights-based approach to sexual and reproductive health and family planning have been extraordinary. Millions more women have become empowered to have fewer children and to start their families later in life, giving them an opportunity to complete their schooling, earn a better living and escape the trap of poverty.

Countless studies have shown that women who use family planning are generally healthier, better educated, more empowered in their households and communities and are more economically productive. And in homes where parents have the power and the means to decide on the number and spacing of pregnancies, their children tend to be healthier, do better in school and grow up to earn higher incomes.

And now there is indisputable evidence that when family planning is integrated into broader economic and social development initiatives, it can have a positive multiplier effect on human development and the well-being of entire nations.

The visionaries who forged the ICPD Programme of Action in 1994 have much to be proud of; the progress made since then has been remarkable.

Still, wherever I travel, I continue to meet women and girls who tell me they are unable to exercise their right to family planning and end up having more children than they intend, burdening them economically, harming their health, and undermining opportunities for a better life for themselves and their families.

Recent statistics show that 867 million women of childbearing age in developing countries have a need for modern contraceptives. Of that total, 645 million have access to them. But a staggering 222 million still do not. This is inexcusable. Family planning is a *human right*. It must therefore be available to all who want it. But clearly this right has not yet been extended to all, especially in the poorest countries.

Obstacles remain. Some have to do with the quality and availability of supplies and services,



but many others have to do with economic circumstances and social constraints. Regardless of the type of obstacle, it must be removed.

Recognizing the urgent need to address this lingering and massive unmet need for family planning, UNFPA, the United Kingdom Department for International Development, the Bill and Melinda Gates Foundation and other partners organized a summit in July 2012 that garnered \$2 billion in funding commitments from developing countries and \$2.6 billion from donor nations. This new funding aims to make voluntary family planning available to an additional 120 million women and adolescent girls in developing countries by 2020. But additional resources and political commitments are needed to meet the *entire* unmet need.

Family planning is central to many of the international community's goals—to improve the health of mothers and children, to promote

gender equality, to increase access to education, to enable young people to fully participate in their economies and communities, and to reduce poverty. It must therefore be fully integrated into all current and future development initiatives, including the global sustainable development framework that will build on the Millennium Development Goals after 2015.

The international community made a commitment in 1994 to all women, men and young people to protect their rights as individuals to make one of life's most fundamental decisions. It is high time we lived up to that commitment and made voluntary family planning available to all.

**Dr. Babatunde Osotimehin**

United Nations Under-Secretary-General and Executive Director  
UNFPA, the United Nations Population Fund

▲ *UNFPA Executive Director Babatunde Osotimehin pledging continued assistance for reproductive health and voluntary family planning in the Philippines.*

©UNFPA

# Overview

One hundred seventy-nine governments affirmed individuals' right to family planning at the International Conference on Population and Development, ICPD, in 1994, when signatories of the ICPD Programme of Action stated that, "the aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so." This affirmation marked a paradigm shift in the way governments and international organizations looked at development and population issues.

Family planning is critical to individuals' abilities to exercise their reproductive rights, and other basic human rights. The international consensus around the right to decide the timing and spacing of pregnancies is the result of decades of research, advocacy and debate. Reflecting this consensus, there is now a renewed focus in the development community about the need for more policy and programmatic action to ensure that all people can equally exercise their right to access high-quality services, supplies and information when they need them.

A broad range of services must be provided to ensure sexual and reproductive health. Family planning is just one such service, which should be integrated with:

- primary health care as well as antenatal care, safe delivery and post-natal care;
- prevention and appropriate treatment of infertility;
- management of the consequences of unsafe abortion;
- treatment of reproductive tract infections;
- prevention, care and treatment of sexually transmitted infections and HIV/AIDS;
- information, education and counselling on human sexuality and reproductive health;

- prevention and surveillance of violence against women and care for survivors of violence; and
- other actions to eliminate traditional harmful practices, such as female genital mutilation/cutting.

This report focuses on family planning and rights because:

- The basic right of all couples and individuals to decide freely and responsibly on the timing and number of their children is understood as a key dimension of reproductive rights, alongside the right to attain the highest standard of sexual and reproductive health, and the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.
- A person's ability to plan the timing and size of his or her family closely determines the realization of other rights.
- And the right to family planning is one that many have had to fight for and still today requires advocacy, despite the strong global rights and development frameworks that support it.



◀ Women who are able to plan their families are more likely to be able to send their children to school. And the longer children stay in school the higher their lifetime earnings will be, helping them to lift themselves out of poverty.

©Lindsay Mgbor/UK  
Department for International  
Development

### The shift towards a rights-based approach to family planning

The value of a rights-based approach to family planning is that it treats individuals as full human beings in their own right, as active agents, not as passive beneficiaries. This approach is built upon the explicit identification of rights-holders (individuals) and the duty-bearers (governments and others) that are responsible for delivering on rights. Today, family planning is widely accepted as a foundation for a range of rights.

For this reason, a rights-based approach may be the premise for the global sustainable development framework that will succeed the Millennium Development Goals, MDGs, which will conclude in 2015. In a recent essay about the post-2015 agenda, the Office of the United Nations High Commissioner for Human Rights stressed that the “increasing global embrace of human-rights-based approaches to development, based on the principles of participation, accountability, non-discrimination, empowerment and the rule of law, offers hope that a more enlightened model of development is now emerging.”

Rights-based approaches—to family planning or other aspects of sustainable development—can lead to greater equity, equality and non-discrimination.

### Children by choice, not by chance

This *State of World Population* report explains why family planning is a human right and what that means for individuals in developing and developed countries alike. The report synthesizes several frameworks for health, reproductive health, and family planning, while also building upon them by: elevating the discussion about the importance of engaging men in family planning as partners in relationships and in life, and as beneficiaries of services; underscoring the need to collect more data and devise programming that also reaches unmarried young and older people alike; drawing attention to the high rates of unintended and unwanted pregnancies in both developing and developed countries; and showing how changing sexual behaviour in different social contexts and across age groups is increasingly at variance with old patterns about sexuality, which represent a barrier to making family planning available and accessible to all.

*The report is structured to answer the following key questions:*

*What is a rights-based approach to family planning?*

Chapter 1 provides an overview of the international commitments to sexual and reproductive health, including family planning, with a particular emphasis on the ICPD Programme of Action and the renewed international commitment to invest in family planning in a post-MDG sustainable development agenda. The chapter outlines the freedoms and entitlements associated with reproductive rights, drawing from civil, political, economic, social and cultural rights. The chapter outlines States' obligations to fulfil citizens' right to family planning and an accountability framework to monitor implementation.

*Where have gains been made and who cannot yet fully exercise their right to family planning?*

Chapters 2 and 3 draw on research and programmatic evidence to describe global trends and show disparities in enjoyment of the benefits of family planning. Chapter 2 calls attention to inequalities in several key family planning indicators. Inequalities in access to and use of family planning services are examined across levels of wealth, education and place of residence. The chapter discusses why people use specific methods, the predominant use of female methods, and the impact of family planning use on abortion. Chapter 3 discusses the relatively high unmet needs of specific large—and largely neglected—sub-populations: young people, unmarried people of all ages, men and boys, the poor, and other socially marginalized groups with restricted access to information and services. This chapter discusses how the dynamics of sexual activity and marriage patterns are changing and how those changes affect the need for family planning.



**预览已结束，完整报告链接和二维**

<https://www.yunbaogao.cn/report/index/report?reportlo>