



The Road to Global Reproductive Health

*Reproductive Health and Rights
on the International Agenda, 1968–2003*

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Introduction

The right to access family planning and safe motherhood and protection against sexually transmitted infections such as HIV/AIDS, should be available to all women, men and adolescents worldwide.

Unfortunately these reproductive health rights do not come about automatically. Nor do they occur naturally with social or economic development. Governments do not spontaneously include these vital health rights and measures in their spending plans, even though there is a wealth of evidence to support the economic, social, health and human rights rationale in doing so.

In every country where reproductive health services are now available, family planning pioneers have had to fight to get them on the national agenda. That process began back in the 1920s, but the battle continues today with the provision of reproductive health still tied up with politics, finance and religion. In many countries, individuals still lack access to the information and the products which would protect them against sexually transmitted infections and enable them to choose their families' size, timing and spacing. What's worse is that in some countries, access to reproductive health services is denied and even actively opposed.

The most powerful tool to cut across opposition and to create a global mainstream movement for action is to have it enshrined within a United Nations (UN) declaration or programme of action. The UN is the one global body that represents the voice of nations and commands the respect of governments worldwide. Many of the economic and social transformations that have taken place globally in the last five decades have been significantly affected in their direction and shape by the work of the UN.

Furthermore, the UN has "created a universal and internationally protected code of human rights, to which all nations can subscribe and to which all people

can aspire". It has established mechanisms with which to promote and protect these rights and to assist governments in carrying out their responsibilities.

This publication charts the development of international co-operation on reproductive health through the UN system and outlines the language and declarations, which should be delivering these vital health and human rights services to people in every nation.

35 years of policy progress

The issues surrounding reproductive health cut across different UN divisions and subject areas from human rights, development and health, to population, youth and women. This has resulted in discussion and resolutions at many different UN conferences over the years, with the language evolving and the emphases changing over time.

The policies under which family planning and mother and child initiatives have been provided have also undergone a radical shift. In the early years they were associated with demographic-based population programmes. Countries sought to lower their fertility rates and improve their economic growth through population targets.

Nowadays the driving force is health and human rights, respecting individual choice and freedom.

Currently, the most significant UN document is the Programme of Action resulting from the International Conference on Population and Development, held in Cairo in 1994, which forms the blueprint for reproductive health policy around the world. Other key moments in UN policy are outlined below, many of which were highly significant at the time and represented great breakthroughs on the international agenda.

The key moments

1968 – International Conference on Human Rights, Teheran

This was the first point at which it was declared that parents have a human right to family planning.

Paragraph 16 stated:

“The protection of the family and of the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and the spacing of their children”.

Part of this wording is still in use today.

1974 – World Population Conference, Bucharest

This was the first UN population conference, and 1974 was designated World Population Year to increase awareness, promote the development of population policies and programmes and encourage the expansion of international co-operation and assistance. Before this Bucharest event, rapid population growth rates were viewed as being barriers to economic growth. It was generally felt that countries with high birth rates would struggle to create enough jobs, provide education and be able to develop. But at this event a new viewpoint emerged. It was argued that rapid population growth was caused by under-development, and was not the cause of it. Delegates became convinced that unless couples could experience the benefits of development, including better education and reduced infant mortality rates, they would not be motivated to have smaller families.

The resulting document was the World Population Plan of Action (WPPA), which recommended that all governments: “Respect and ensure, regardless of their over-all demographic goals, the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children.” (Paragraph 29(a))

There was a significant change in the language, with the term “parents” being substituted with “persons” to encompass couples and individuals.

The WPPA did galvanise considerable international co-operation on population issues and for 20 years it served as the blueprint for governments, international agencies and non-government organisations. It succeeded in bringing the need for family planning onto the international agenda and had many positive spin-offs such as a greater commitment to population policies, more trained family planning workers, a greater supply of materials and other resources. Population was firmly established as a legitimate issue on social, economic, environmental and other development agendas.

1975 – First World Conference on Women, Mexico City

This brought in a new dimension, stating that the right to family planning is essential for gender equity.

1984 International Conference on Population, Mexico City

The conference recognised that since 1974, knowledge of family planning and access to it had increased widely. Governments supported it as a contribution to maternal and child health, to the human rights of individuals and couples, and as a demographic measure. But data from the World Fertility Survey for developing countries showed that of women at risk of pregnancy who wanted no more children, only half had access to contraception.

This raised the notion of ‘unmet need’ for the first time – the issue of couples wanting contraception but not being able to get access to it. “The unmet needs for family planning in many countries, which unless they are addressed will grow even greater as the number of couples of reproductive age increases substantially during the coming decade.” (Paragraph 10 (h))

Men

The role of men also emerged as a critical factor. The conference stated: “In order to provide women with the freedom to participate fully in the life of society, it is equally necessary for men to share fully with women responsibilities in the areas of family planning, child-rearing and all other aspects of family life. The achievement of these objectives is integral to achieving development goals, including those related to population policy.” (Paragraph 7)

Abortion

The dangers of unsafe abortion were recognized as a major cause of maternal mortality, resulting in the following recommendation: “To take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and whenever possible, provide for the humane treatment and counseling of women who have had recourse to abortion.” (Recommendation 18 (e))

Child spacing was also highlighted as a means of reducing maternal death. Governments were urged: “To support family planning as a health measure in maternal and child health programmes as a way of reducing births that occur too early or too late in the mother’s life, of increasing the interval between births and of diminishing higher birth orders, and by giving special consideration to the needs of those in the post-partum and/or breast-feeding period.” (Recommendation 18 (f))

Non-Government Organisations (NGOs)

The 1984 conference wanted to increase access for women and men, in rural as well as urban settings, as rapidly as possible. To do so, the conference introduced new concepts such as community-based distribution and ‘social marketing’ (subsidized commercial retail sales). Significantly, it urged greater involvement of women’s groups and NGOs, which it recognised could offer greater innovation in improving the availability and effectiveness of family planning services. (Recommendation 28)

Adolescents

The family planning needs of adolescents came onto the agenda for the first time, with a call for information and appropriate services. “Governments are urged to ensure that adolescents, both boys and girls, receive adequate education, including family-life and sex education, with due consideration given to the role, rights and obligations of parents and changing individual and cultural values. Suitable family planning information and services should be made available to adolescents within the changing socio-cultural framework of each country.” (Recommendation 29)

Mexico City Policy

The recognition of the role of men, the needs of adolescents and the use of NGOs to reduce the unmet need for family planning were all significant achievements, but the 1984 Mexico City conference went down in history for other reasons. It was during this forum that the US President Ronald Reagan announced the

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