

sexual & reproductive health

BRIEFING CARDS

- rights-based approach
- life cycle approach
- violence against women
- safe motherhood
- unwanted pregnancy
- unsafe abortion
- adolescent sexual and reproductive health
- STDs/HIV/AIDS
- fertility and population growth



Selected organizations were consulted in the preparation of these briefing cards, reflecting their technical and programmatic areas of expertise and interest. A list of organizations consulted on each card can be found at the end of each card.

(AGI)	Alan Guttmacher Institute
(CEDPA)	Center for Development and Population Activities
(CMA)	Commonwealth Medical Association
(DSW)	German Foundation for World Population
(CHANGE)	Center for Health and Gender Equity
(CRLP)	Center for Reproductive Law and Policy
(IBRD)	World Bank
(IHAA)	International HIV/AIDS Alliance
(ICM)	International Confederation of Midwives
(IAVI)	International AIDS Vaccine Initiative
(IPPF)	International Planned Parenthood Federation
(Partners)	Partners in Population and Development
(PC)	Population Council
(PCI)	Population Communications International
(PAI)	Population Action International
(UNAIDS)	Joint United Nations Programme on HIV/AIDS
(WHO)	World Health Organization
(WPF)	World Population Foundation, Netherlands
(UNFPA)	United Nations Population Fund
(UNICEF)	United Nations Children's Fund

Abbreviations for international agreements used in the cards:

(ICPD Programme of Action)

International Conference on Population and Development, Programme of Action, Cairo, September 1994.

(FWCW Platform for Action)

Fourth World Conference on Women, Declaration and Platform for Action, Beijing, September 1995.

(Key actions for the further implementation of the ICPD Programme of Action)

Key Actions for the further implementation of the Programme of Action of the International Conference on Population and Development. Twenty-first Special Session of the United Nations General Assembly, Agenda item 8. New York: United Nations, July 1999.

The **rights-based approach to sexual and reproductive health** adopted at the International Conference on Population and Development (ICPD) in 1994 reflects a new global policy consensus on the relationships between population policy and sexual and reproductive health and rights: if women are empowered and people's needs for sexual and reproductive health are met, population stabilization will be achieved by virtue of choice and opportunity, not coercion and control. The rights-based approach is built on existing international human rights agreements and recognizes sexual and reproductive health and rights as important ends in themselves.¹

Client-centered care is a major component of the rights-based approach, emphasizing free and informed consent and respect for clients' rights. Such care seeks to provide services that meet the individual client's needs; involve clients in program design and evaluation; offer clean, well-equipped facilities with technically competent and well-supervised staff; and integrate or link service components.^{1,2}

The rights-based approach was reaffirmed and extended at the Fourth World Conference on Women (FWCW) in Beijing in 1995, and again at the ICPD+5 review in 1999. Among the main components of the rights-based approach are: *gender equity and equality; sexual and reproductive rights and client-centered sexual and reproductive health care.*

gender refers to the socially defined roles and responsibilities of men and women, boys and girls.³ *Gender equality* means equal treatment of women and men in laws and policies, and in access to resources and services within families, communities and society at large. *Gender equity* means fairness and justice in the distribution of benefits and responsibilities between women and men, and often requires women-specific projects and programs to end existing inequalities.^{3,4}

Advancing gender equality and equity and the empowerment of women...and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programs.

ICPD PROGRAMME OF ACTION, PRINCIPLE 4

reproductive rights include the rights of couples and individuals to:

- decide freely and responsibly the number, spacing, and timing of their children, and to have the information, education, and means to do so;
- attain the highest standard of sexual and reproductive health; and make decisions about reproduction free of discrimination, coercion, and violence.^{2,4,5}

The promotion of the responsible exercise of these [reproductive] rights should be the fundamental basis for government—and community-supported policies and programmes in the area of reproductive health, including family planning.

ICPD PROGRAMME OF ACTION, 7.3, KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION, 3

sexual rights include the rights of all people to:

- decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual and reproductive health;
- be free of discrimination, coercion or violence in their sexual lives and in all sexual decisions; and
- expect and demand equality, full consent, mutual respect, and shared responsibility in sexual relationships.⁴

The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

FWCW PLATFORM FOR ACTION, 96

sexual and reproductive health care includes:

- family planning information, counseling and services
- prenatal, postnatal and delivery care
- health care for infants
- prevention of treatment of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs)

- where legal, safe abortion services and management of abortion-related complications
- prevention and treatment of infertility
- information, education and counseling on human sexuality, reproductive health and parenthood.

If additional services, such as diagnosis and treatment of reproductive system cancers and HIV/AIDS are not offered, a system should be in place to provide referrals to this care.^{5,6}

Governments, in collaboration with civil society, including NGOs, donors and the UN system, should: increase investments designed to improve the quality and availability of sexual and reproductive health services, including establishing and monitoring clear standards of care; ensuring the competence, particularly the technical and communication skills, of service providers; ensuring free, voluntary and informed choices, respect, privacy, confidentiality, and client comfort...taking care that services are offered in conformity with human rights and ethical and professional standards.

KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION, 52(E)

AREAS FOR ACTION

Around the world governments have taken steps to re-orient or expand services to better meet clients' sexual and reproductive health needs, advance gender equality and equity, and promote sexual and reproductive rights. Still, much more action is needed, if the goals and intent of the rights-based approach are to be made real in the lives of women throughout the world. Key actions that governments should prioritize include:

- changing laws, policies, and attitudes that continue to inhibit the full exercise of reproductive and sexual rights;
- enforcing gender-sensitive laws and policies, and raising awareness among boys and men of their responsibility for promoting equity and equality in relations with girls and women;
- strengthening health infrastructures to make comprehensive care more widely available, and putting priority on financing for sexual and reproductive health care—as well as spending funds more efficiently and effectively.^{1,7}

Funding to provide universal sexual and reproductive health services, as called for at the ICPD, is falling far short of agreed upon levels. At least \$17 billion will be needed in the year 2000 to provide the services governments agreed to at the ICPD, and more in subsequent years. To date, donor commitments are well below what is needed. Developing countries, by contrast, are spending almost \$8 billion each year, nearly 80% of the amount they pledged.^{1,8}

“The health of society cannot be assured unless women’s rights to equality and full participation are assured—and it is essential that health programmes recognize and fully address that fact.”

*Carol Bellamy, Executive Director, UNICEF*⁹

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5. ICPD Programme of Action, 7.3, and International Convention on the Elimination of All Forms of Discrimination against Women.
6. ICPD Programme of Action, 7.2,7.6. and “Overall Aims and Goals.” Division of Reproductive (Technical Support), World Health Organization, Geneva, 1998.
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a life cycle approach to women's health anticipates and aims to meet women's health needs throughout their lives, from infancy through old age. This approach emphasizes the importance of health-seeking behavior throughout life and the need for appropriate services to meet women's needs.^{1,2}

COMMITMENTS TO ACTION

Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men...Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health...is basic to their empowerment.

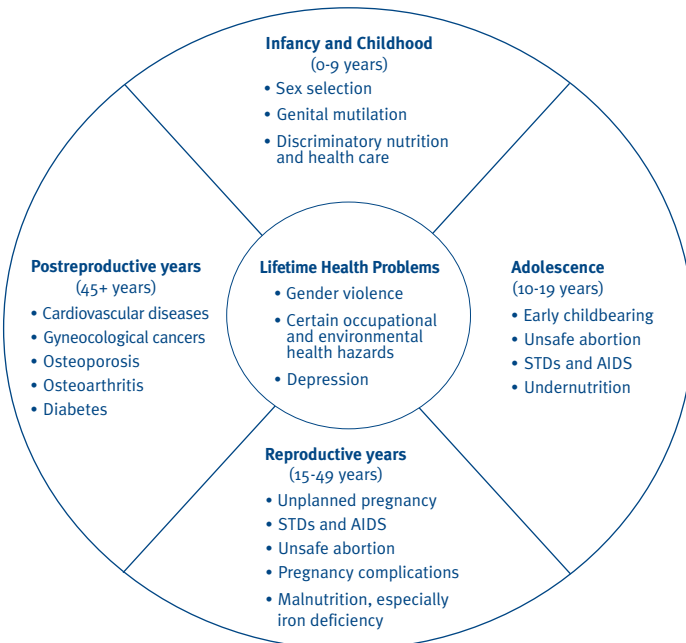
FCW PLATFORM FOR ACTION, 92

Additional commitments have been made in international agreements to meeting women's health needs throughout the life cycle: Key actions for the further implementation of the ICPD Programme of Action, 40, 52(b), 73(a,b,e) World Summit on Social Development Declaration Commitments 2(b), 5(d); Programme of Action 36(h) ICPD Programme of Action, 6.17(b), 7.2, 7.45, 7.46, 7.47, 8.3(a), 8.7 Convention on the Elimination of All Forms of Discrimination against Women, 12; CEDAW General Recommendation on Health, 29

ISSUE AT A GLANCE

- Women are more likely than men to be poor; have minimal schooling and low social status; and be burdened with heavy work from an early age. As a result, women tend to have special health needs, limited access to health services, and little sense of entitlement to health care.^{1,3,4}
- Girls face considerable health risks, often resulting from family preference for boys. Millions of girls do not receive sufficient preventive health care or treatment for illness, and are poorly fed.¹ An estimated 450 million adult women in developing countries are stunted, a direct result of malnutrition in early life.⁴
- During adolescence (ages 10 to 19) women are exposed to a new set of health risks. Lack of knowledge about their bodies and limited access to appropriate health services put adolescent women at risk of early childbearing, unwanted pregnancy, and unsafe abortion as well as sexually transmitted diseases (STDs), including HIV/AIDS.^{1,4}
- During their reproductive years (ages 15 to 49), women's risk of death and disability is high: one out of every 48 women in the developing world will die from pregnancy-related complications. It is estimated that 56% of pregnant women in developing countries are anemic, significantly increasing their risk of dying in childbirth.^{1,4}

HEALTH AND NUTRITIONAL PROBLEMS AFFECTING WOMEN DURING THE LIFE CYCLE ADAPTED FROM 1



- In their post-reproductive years (45 and older), women face health risks associated with aging. Cervical cancer now accounts for more new cases of cancer in developing countries than any other type of cancer.¹

AREAS FOR ACTION

- Investing in preventive services can save women's lives and avoid the costs of expensive curative or emergency care. Preserving a young woman's health and survival means society will be able to benefit from her life-long productive labor and also improves the chances that her children will be healthy.^{1,4}
- Most of the health problems women experience throughout the life cycle can be prevented or treated through interventions that are both low cost and highly cost-effective: safe pregnancy and delivery services; prevention and management of unwanted pregnancies; prevention and management of STDs; promotion of positive health practices; and prevention of practices that harm health.¹
- The health needs of young girls, adolescents, and women past reproductive age are often neglected. Governments, donors, and community organizations should work to raise awareness of girls' nutritional needs and ensure that they receive proper nutrition. For older women, health services should focus on integrating screening and treatment for gynecological cancers, uterine prolapse, and other diseases that disproportionately affect women over 45.¹
- Female education is a critical input for women's health. Studies show that women who have had access to education are more likely to know when and where to seek health care; access services effectively and use medication properly; and return promptly for additional treatment when required.^{1,4}
- Community-based and national-level public education efforts are needed to raise awareness of the health risks that women and girls face, including violence, and provide families, community organizations, schools, and workplaces with tools to reduce these risks.¹

“Reproductive health is a lifetime concern for both women and men. Boys need early socialization in sexual responsibility to promote healthy and responsible behaviour in later life; women need protection from discrimination from childhood on and positive moves towards equality. Both need reproductive health care appropriate to their age and situation.”

Dr. Nafis Sadik, Executive Director, UNFPA⁵

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3. *Women's Health: Improve Our Health, Improve the World*. World Health Organization (WHO), Geneva, 1995.
4. *Programming for Safe Motherhood: Guidelines for Maternal and Neonatal Survival*. UNICEF, New York, 1999.
5. *State of World Population 1997*. UNFPA, New York, 1997.



violence against women is any gender-based act or conduct that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women. This includes threats of such acts, and all forms of coercion or arbitrary deprivations of liberty in both the public and private sphere.^{1,2}

COMMITMENTS TO ACTION

Violence against women both violates and impairs or nullifies the enjoyment by women of human rights and fundamental freedoms...Any harmful aspect of certain traditional, customary or modern practices that violates the rights of women should be prohibited and eliminated. Governments should take urgent action to combat and eliminate all forms of violence against women in public and private life, whether perpetrated or tolerated by the State or private persons.
 FWCW PLATFORM FOR ACTION, 224

Additional international agreements have called for action to eliminate violence against women and address underlying causes; provide services for victims of violence; and raise public awareness of the consequences of violence against women and the need to end it:
 Key actions for the further implementation of the ICPD Programme of Action, 42, 48, 50, 52(g), 68
 World Summit on Social Development Programme of Action, Declaration Commitments, 5(h), 6(y), Programme of Action, 15(k), 17(b), 28(g), 35(i), 39(d,e), 70, 71(d), 73(f), 79(a,b,k)
 ICPD Programme of Action, Principle 4, Programme 4(e), 4.9, 4.10, 4.16(a), 4.22, 4.23, 6.9, 7.35, 7.39, 7.40, 10.18
 World Conference on Human Rights Declaration 18,27, Programme 38,48,49
 Declaration on the Elimination of Violence against Women, 1993
 Convention on the Rights of the Child, 19.1, 19.2, 24.3, 34, 35, 36, 39
 Convention on the Elimination of All Forms of Discrimination against Women, 2(f), 5(a), 6, and General Recommendation No. 19, 11th session, 1992
 Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women

PROBLEM AT A GLANCE

- Domestic violence (violence occurring within the household) is the most widespread form of violence against women: studies in 35 countries suggest that one-quarter to one-half or more of all women have been physically abused by a current or former partner.^{3,4}
- Adolescent girls and young women experience violence disproportionately. Forty to 58 percent of sexual assaults are committed against girls aged 15 and younger—usually by family members or someone the victim knows.³
- Violence affects women throughout the life cycle. In childhood, girls may be subject to child marriage, sexual abuse and female genital mutilation. Throughout their childhood, adolescence, and adult life, women may be denied education, health care, and even food. Throughout the course of a woman’s life, she may be subject to forced pregnancy; emotional, physical, or sexual abuse by relatives, partners, spouses, or non-family members; and sexual harassment, trafficking, and rape.^{3,4}

ESTIMATED GLOBAL HEALTH BURDEN OF SELECTED CONDITIONS FOR WOMEN (AGED 15-44) ³	
CONDITION	DISABILITY-ADJUSTED LIFE YEARS LOST (MILLIONS)
Complications of pregnancy and childbirth	29.0
STDs (excluding HIV)	15.8
HIV	10.6
Rape and Domestic Violence	9.5
All cancers	9.0
Malaria	2.3

- Violence against women is deeply rooted in power relations between women and men and in traditions that value females less than males.³ Women are taught, and often believe, that violence may be “deserved.” In addition, many societies do little to stop

or reduce violence or punish perpetrators. Even where explicit laws against domestic violence exist, this problem is often neglected by the police and the courts.^{3,4}

- Violence can have numerous negative consequences for women's sexual and reproductive health, such as unwanted pregnancy, miscarriage, pelvic inflammatory disease, chronic pelvic pain, STDs/HIV/AIDS, and infertility. Fear of domestic violence often prevents women from using contraception or asking partners to use condoms.^{3,4}

AREAS FOR ACTION

- Women and girls who are victims of violence require medical and supportive services, such as shelters, counseling, and legal aid, to ensure their safety and well-being. Governments, NGOs, and community organizations must inform women of their legal rights and encourage them to recognize and report violations, and establish mechanisms for them to do so safely.⁵
- Policies and programs are needed, including sexuality education, that promote open discussion of the responsibility of men and boys for their own sexual behavior and for the respect of their partners' sexual and reproductive health and rights. Emphasis must also be placed on conflict resolution and gender sensitization.^{3,4,6}
- Eliminating violence against women requires new or stronger laws and enforcement mechanisms to prohibit and punish it. National and local level systems are needed to gather data on violence against women and to guide program and policy interventions.^{2,4,5}

“Right now, violence against women is a universally devastating and often unpunished crime. It transcends all boundaries, and its exorbitant human and economic costs have yet to be calculated...[But] activism on violence against women is on the rise everywhere, with each small step adding to the collective power and momentum of the whole. Together, we are proving beyond doubt that with political will, resources and action, the end to violence against women is in sight.”

Noeleen Heyzer, Executive Director, United Nations Development Fund for Women (UNIFEM)⁶

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7. “A World Free from Violence against Women,” Statement by Noeleen Heyzer for the First International Day to Eliminate Violence against Women, 25 November, 1999.



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safe motherhood means ensuring that all women receive the care they need to be safe and healthy through pregnancy and childbirth.

COMMITMENTS TO ACTION

Governments, with the increased participation of the UN system, civil society, including NGOs, donors and the international community, should recognize the linkages between high levels of maternal mortality and poverty and promote the reduction of maternal mortality and morbidity as a public health priority and reproductive rights concern; [and] ensure that...women have ready access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary...

KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION, 62(A,B)

Additional international agreements have called for action to ensure safe motherhood:

FWCW Platform for Action, 100j, 106(e,k,r,y), 108(i)

World Summit on Social Development Declaration Commitments 2(b) and 6(p), Programme of Action 36(d), 37(e)

ICPD Programme of Action, 8.20(a,b), 8.21, 8.22, 8.23, 8.24, 8.26

World Conference on Human Rights Programme of Action, 47

Convention on the Rights of the Child, 24.2(d)

Convention on the Elimination of All Forms of Discrimination Against Women, 12.2, 14.2(b)

PROBLEM AT A GLANCE

- Every day at least 1,600 women die from the complications of pregnancy and childbirth*. That is 585,000 women—at a minimum—dying each year.¹ In addition to maternal deaths, each year over 50 million women experience pregnancy-related complications, many of which lead to long-term illness or disability.²
- Complications of pregnancy and childbirth are the leading cause of death and disability for women in developing countries aged 15 to 49.³ Of all the health statistics monitored by the World Health Organization, maternal mortality has the largest discrepancy between developed and developing countries.¹

WOMEN'S LIFETIME RISK OF DYING FROM PREGNANCY¹

REGION	RISK OF DYING
Africa	1 in 16
Asia	1 in 65
Latin America & Caribbean	1 in 130
Europe	1 in 1,400
North America	1 in 3,700
All developing countries	1 in 48
All developed countries	1 in 1,800

- Millions of women lack access to maternal health care that could save their lives. For example, only 53% of deliveries in developing countries take place with a skilled birth attendant—doctor, nurse, or midwife.⁴
- Unsafe motherhood is caused by a number of factors, including women's poor health and nutrition before pregnancy; inadequate, inaccessible or unaffordable health care; and poor hygiene and care during childbirth. Socio-economic and cultural realities also contribute, i.e. poverty; women's unequal access to resources, including health care, food and preventive services; their heavy physical work load, which often continues throughout pregnancy; and their lack of decision-making power in families, communities, and societies.⁵
- When a mother dies, her family and community also suffer, and surviving children face higher risks of poverty, neglect, or even death.³

* A **maternal death** is defined as the death of a woman while pregnant or within 42 days of the end of her pregnancy from any cause related to or made worse by the pregnancy, regardless of the duration of pregnancy.

AREAS FOR ACTION

- Good quality maternal health care is the single most important intervention to prevent maternal and newborn mortality and morbidity. US\$ 3 per person per year is the approximate cost of ensuring that women in low-income countries get health care during pregnancy, delivery and after birth, postpartum family planning, and newborn care.⁶ Maternal health services, including essential obstetric care for complications, must be made available to all women during pregnancy and childbirth.⁵
- Families and communities have critical roles to play in ensuring that safe motherhood is achieved. Public education programs, at national and community levels, should focus on the following supportive actions: improving nutrition for girls and women; facilitating women's access to maternal health care during and after pregnancy and delivery; educating women and families to recognize and respond to emergency situations; and ensuring that women get the rest they need during pregnancy and after delivery.⁵
- Safe motherhood is viewed as a human right that governments are obliged to protect and promote. In order to ensure women's rights to safe motherhood, governments must adopt and enforce policies and laws that ensure women's access to a full range of good quality reproductive health services.⁵

“Safe motherhood is a human right...if the system lets a woman die, then the system has failed. Our task and the task of many like us...is to ensure that in the next decade safe motherhood is not regarded as a fringe issue, but as a central issue.”

*James D. Wolfensohn, President, The World Bank*⁷

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unwanted pregnancy is a pregnancy that a pregnant woman or girl decides, of her own free will, is undesired.

COMMITMENTS TO ACTION

The United Nations system and donors should, upon request, support Governments in: (i) mobilizing and providing sufficient resources to meet the growing demand for access to information, counseling, services and follow-up on the widest possible range of safe, effective, affordable and acceptable family planning and contraceptive methods, including new options and underutilized methods.

KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION, 57

Other international agreements have called for prevention of unwanted pregnancies and for reproductive health and family planning services that respond to women's needs:

FWCW Platform for Action, 83(l), 93, 99, 106(c,e,i,k,q), 122

ICPD Programme of Action, 7-14(b), 7-38, 7-41, 7-44(a), 8-12, 8-25

World Summit on Social Development, Declaration Commitments 2(b), 5(d), Programme 7, 36(b,h), 37(d), 39(e), 70, 73(c), 79(b)

Convention on the Elimination of All Forms of Violence against Women, 12, 14-2(b)

PROBLEM AT A GLANCE

- More than one-third of all pregnancies—80 million each year—are unwanted or mistimed.¹ Unwanted pregnancies occur for many reasons, the most common of which are non-use or incorrect use of contraception, or contraceptive failure.² A pregnancy may also be unwanted because the woman has been sexually coerced or raped, because of her physical or mental health problems, because she lacks the resources to raise and support a child, and because of other reasons.^{1,2}
- In many countries, women have little control over sexual relations and contraceptive use, which limits their ability to prevent unintended pregnancies.^{2,3} Between 20% and 50% of all women report having experienced sexual coercion, abuse, or rape, putting them at high risk for unwanted pregnancy.⁴ Adolescents and unmarried women are particularly vulnerable.^{1,2}
- Nearly 230 million women worldwide—1 in 6 women of reproductive age—lack information on and access to a full range of contraceptive methods.³
- Contraceptive services, even where they exist, often do not meet women's needs. A full range of modern methods, including oral contraceptives, IUDs, injectables, implants, male and female condoms, emergency contraception*, and voluntary sterilization, is often not available. Providers are often poorly trained and do not counsel women in the proper use of appropriate and available methods.^{2,5}
- Unwanted pregnancies are more likely to result in maternal death, since women experiencing unwanted pregnancies often resort to unsafe abortion when safe services are not available. Every year approximately 50 million unwanted pregnancies end in abortion; 20 million of these are unsafe, threatening women's health and lives.⁶

AREAS FOR ACTION

- Consistent and correct use of modern methods of contraception can prevent many unwanted pregnancies and, in turn, save lives. Governments and donors must improve access for men, women, unmarried individuals, and adolescents to high quality, client-centered information and services that offer a range of methods appropriate for people at different stages of their lives. They must also ensure that clinics are accessible and staffed with well-trained, caring providers.⁵
- Restrictions on women's access to sexual and reproductive health care must be ended, both through action at the national level (policy changes) and at the community level (through public education for women, their families, and communities).

* **Emergency contraception** or EC refers to contraceptive methods women can use to prevent unwanted pregnancy in the first few days following unprotected sex. The most common method of EC is to take an increased dose of oral contraceptive pills within 72 hours of intercourse. Emergency contraceptive methods are safe and effective for most women, and are simple to use. EC does not or cause abortion.^{7,8}

- Governments around the world have agreed that women with unwanted pregnancies should be offered reliable information and compassionate counseling, including information on where and when a pregnancy may be terminated legally. Such information and services need to be made more broadly available as part of comprehensive reproductive health care. Where abortion services are legal, they should be safe. It is essential that all providers of care have the necessary medical supplies, technical skills, and information to offer high quality care.

“We must do everything we can to prevent unwanted, unintended and high-risk pregnancies, including making family planning information and services universally available. The technologies and techniques needed are all well-known. Countries need only the will to act.”

Dr. Nafis Sadik, Executive Director, UNFPA ⁹

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unsafe abortion is the termination of a pregnancy carried out by someone without the skills or training to perform the procedure safely, or in a place that does not meet minimal medical standards, or both.*¹

COMMITMENTS TO ACTION

...Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling...in circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help avoid repeat abortions.

ICPD PROGRAMME OF ACTION, 8.25, FWCW PLATFORM FOR ACTION, 106K, KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION, 63(I)

Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care...

FWCW PLATFORM FOR ACTION, 97

Other international agreements have called for action to reduce the incidence of unsafe abortion and for the provision of safe abortion services, where not against the law, and post-abortion care and counselling:, World Summit on Social Development, Declaration Commitment 6(p), Programme of Action 38(d) World Conference on Human Rights Programme of Action, 47 Convention on the Elimination of All Forms of Discrimination against Women, 12.2, 14.2(b)

PROBLEM AT A GLANCE

- Twenty million unsafe abortions take place each year—95% of them in the developing world. Complications of unsafe abortion kill at least 78,000 women every year. Hundreds of thousands of other women experience short- or long-term disabilities including severe bleeding, injury to internal organs, and infertility.³

UNSAFE ABORTION: REGIONAL ESTIMATES, PER YEAR ³			
	NUMBER OF UNSAFE ABORTIONS	NUMBER OF DEATHS DUE TO UNSAFE ABORTION	% OF MATERNAL DEATHS DUE TO UNSAFE ABORTION
Africa	5,000,000	34,000	13%
Asia*	9,900,000	38,500	12%
Latin America	4,000,000	5,000	21%
Eastern Europe	800,000	500	24%
Northern Europe	<30,000	<20	2%
North America	negligible	negligible	negligible

*Excludes Japan, Australia and New Zealand

- The vast majority of the world's people live in countries where abortion is legal if pregnancy endangers a woman's life. Sixty-two percent live in countries where abortion is permitted with consideration of a woman's economic resources, her age, her marital status, and the number of children she already has.⁴ Many women do not know their legal rights to safe abortion services and, despite the law, some providers refuse to provide treatment.⁵

* **Induced abortion**, the termination of a pregnancy by a deliberate intervention, is an extremely safe medical procedure when carried out by qualified personnel according to health policy guidelines.² **Spontaneous abortion** or miscarriage can result in complications, although these are relatively rare.

- Even where abortion is legal, services are often unavailable or inadequate with insufficient numbers of trained providers, lack of necessary equipment, and expensive or poor quality services.^{6,7} Where safe abortion services are not available, treating abortion-related complications may consume up to 50% of hospital budgets and resources, including medical staff time and supplies like antibiotics.³

AREAS FOR ACTION

- Providing access to reproductive health care and a full range of modern, effective contraceptive methods, (including emergency contraception, methods that can prevent unwanted pregnancy in the first few days after unprotected sex) saves women's lives by reducing the number of unwanted pregnancies and the possible need for abortion.^{8,9}
- Even where contraception is available, some women will experience unwanted pregnancy and some will seek to terminate the unwanted pregnancy.⁹ Where legal, safe abortion services should be made available. Public health systems should seek to improve the quality and availability of care by training physicians and other health workers to provide safe abortion services and regulate and monitor clinical practices.⁸
- In all cases, every woman should have access to care to manage the complications of unsafe abortion, along with postabortion counseling and contraception to avoid repeat abortions.¹⁰ Women with incomplete abortions (either spontaneous or induced) can be treated safely and effectively with procedures such as manual vacuum aspiration (MVA).^{8,9}

“Unsafe abortion is a major public health issue, whose humane management should encompass all levels of prevention—education, contraception, safe services, and proper treatment for those who have suffered an unsafe abortion.”

Dr. Frederick Sai, Chairman, Main Committee, International Conference on Population and Development

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adolescent sexual and reproductive health refers to the physical and emotional well-being of adolescents (defined as people between the ages of 10 and 19) and includes their ability to remain free from unwanted pregnancy, unsafe abortion, sexually transmitted diseases (STDs) including HIV/AIDS, and all forms of sexual violence and coercion.^{1,2}

COMMITMENTS TO ACTION

...Information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction.

ICPD PROGRAMME OF ACTION, 7.41

Other international agreements have called for action to improve the reproductive and sexual health of adolescents and to provide access to age-appropriate, gender-sensitive information and services:

- Key actions for the further implementation of the ICPD Programme of Action, 73 (a,b,c,d,e,f), 74, 75
- FWCW Platform for Action, 80(g), 83(i,l,s), 88(b), 106(i,m), 107(e,g), 108(k,l), 111(b), 267, 281(a,b,c,d,e,f,g), 283(d)
- World Summit on Social Development, Declaration Commitments 5(d), 6(c,l); Programme of Action 35c, 75(i)
- World Conference on Human Rights Declaration, 21
- Convention on the Rights of the Child, 3.1, 3.2, 5, 14.2, 16.1, 16.2, 17, 24.2(e,f)
- Convention on the Elimination of All Forms of Discrimination against Women, 10(e,f,h)

ISSUE AT A GLANCE

- Throughout the world the majority of men and women, married and unmarried, become sexually active during adolescence.^{2,3} However, most young people lack accurate knowledge about reproduction and sexuality and do not have access to reproductive health information and services, including contraception.^{4,5}

SEXUAL ACTIVITY & CHILDBEARING AMONG YOUNG WOMEN, VARIOUS REGIONS ⁶				
% OF WOMEN WHO BY AGE 20:	SUB-SAHARAN AFRICA	ASIA, NORTH AFRICA MIDDLE EAST	LATIN AMERICA/ CARIBBEAN	FIVE DEVELOPED COUNTRIES*
Have had first intercourse:				
Before marriage	83	†	56	77
Within marriage	38	†	28	67
Have had a child	45	48	28	10
	55	32	34	17

*France, Germany, Great Britain, Poland and the U.S.
 †Comparable national information is not available on sexual activity among unmarried women for all countries in these regions.

- Approximately 14 million children are born to adolescent women each year—10% of all births.^{4,6} The physical immaturity of many of these young mothers increases their risk of death or serious disability; pregnancy-related complications are among the major causes of death for girls aged 15 to 19 worldwide.^{3,6}
- Five million unsafe abortions take place among adolescent girls aged 15 to 19 every year—a quarter of all unsafe abortions.^{2,5} Globally, 1 out of every 20 adolescents gets an STD each year. Half of all new HIV cases—over 7,000 new infections each day—are among young people aged 10 to 24.²
- Girls and young women are often denied the formal education and employment opportunities which enhance decision-making skills and that can empower them to delay marriage and pregnancy, and refuse unwanted sex.³

AREAS FOR ACTION

- Studies show that adolescents who receive information and services are more likely to delay sexual activity and have fewer sexual partners; they are also less likely to engage in risky sexual behaviors, have unplanned pregnancies, or contract an STD.⁸ All adolescents—married and unmarried, male and female—should have access to accurate information on sexuality and reproduction along with good quality reproductive health services and counseling.
- Delaying marriage and first pregnancy until young women are physically and mentally ready is critical for their health and development, and that of their children.^{6,9} Governments should enforce existing laws that prescribe a minimum age for marriage, and work in partnership with communities to increase support for later marriage and childbearing.^{6,10}
- Adolescent sexual and reproductive health is determined by social, cultural, and economic factors. Policy-makers, parents, health system managers, and educators should work to help adolescents develop into healthy, productive adults by providing them with a safe and supportive environment, accurate information and counseling, training to build life skills, and accessible, good quality health services.^{2,11}

“Young people especially, as they embark upon their sexual and reproductive lives, must be able to protect themselves from disease, abuse and exploitation. They have a right to information and to services...Giving young people information does not encourage promiscuity, rather it fosters mutual respect and shared responsibility.”

*G.H. Brundtland, Director-General, World Health Organization*¹²

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sexually transmitted diseases (STDs) are spread primarily through sexual intercourse and are among the most common illnesses in the world. STDs can have long-term, negative consequences, particularly for women, including reproductive tract infections, infertility, and stillbirth.^{1,2}

human immunodeficiency virus (HIV) is the virus that causes **acquired immune deficiency syndrome (AIDS)**. AIDS develops as HIV weakens the body's immune system and its ability to fight off infection and fatal illness. Most people who have HIV will die of AIDS. Although some medical treatments can slow the rate at which the immune system is weakened, there is no cure yet for AIDS. HIV is spread through sexual contact and exchange of some body fluids.* Women can pass HIV to their infants during pregnancy, delivery, or breast-feeding.^{3,4,5}

COMMITMENTS TO ACTION

Governments should ensure that prevention of and services for STDs and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health-care level. Gender, age-based and other differences in vulnerability to HIV infection should be addressed in prevention and education programmes and services.

KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION, 68

Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.

ICPD PROGRAMME OF ACTION, 7:32

Additional international agreements have called for action to prevent and reduce the spread of STDs, including HIV/AIDS: FWCW Platform for Action, 98, 107(g), 108(a,b,c,d,e,f,g,h,i,j,l,m,o,p), 109(e)

World Summit on Social Development, Declaration Commitments 6(q,w), 7(g), Programme of Action 35(d), 38

PROBLEM AT A GLANCE

- Every day, more than 1 million people are infected with a curable STD—an estimated 333 million cases worldwide each year.¹ Various STDs increase the risk of HIV transmission by at least three or four times.⁶
- The four most common STDs—syphilis, gonorrhoea, chlamydia and trichomoniasis—are relatively easy to cure through antibiotic treatment. However, many people who have an STD, especially women, do not show any symptoms, so do not know that they need treatment.^{1,2}
- Over 15,000 men, women, and children are infected with HIV each day. Half of all people who acquire HIV become infected before the age of 25. Ninety-five percent of people with HIV/AIDS live in developing countries, where HIV is spread primarily through heterosexual intercourse.^{5,7}

**PROPORTION OF PEOPLE WHO CONTRACT AN STD, PER YEAR
AND HIV/AIDS PREVALENCE, BY REGION**^{5,8}

REGION	% OF PEOPLE AGED 15-49 INFECTED BY AN STD EACH YEAR	# OF PEOPLE LIVING WITH HIV/AIDS, 1999
Sub-Saharan Africa	25	23.3 million
North Africa and Middle East	6	220,000
East Asia and Pacific	3	530,000
South and Southeast Asia	16	6 million
Western Europe	8	520,000
Latin America & Caribbean	15	1.66 million
North America	9	920,000
Oceania and Australia	9	12,000

*HIV can be spread through blood, semen, vaginal fluid, breast milk, and other body fluids containing blood.⁴

- Worldwide, women account for 46% percent of adults living with HIV. HIV infections among women in sub-Saharan Africa now outnumber those in men, 55% to 45%, and girls aged 15 to 19 are five to six times more likely to have HIV than boys their age.⁵
- Women, both married and unmarried, often cannot protect themselves from STDs and HIV because they do not have the power, information, confidence, or resources to decide on or negotiate sexual matters, including condom use.⁷

AREAS FOR ACTION

- Since prevention is critical, education programs and services for managing STDs and preventing HIV/AIDS—including access to condoms—should be integrated into health services and other channels, and be available to all who need them.⁷ It is also essential that more research take place to develop low-cost ways to diagnose STDs; drugs that can prevent or reduce mother-to-child HIV transmission; barrier methods of contraception that women can control (e.g., microbicides); and an HIV vaccine.
- Ending the stigma that still surrounds STDs and HIV/AIDS and promoting safe sexual behavior are critical to reducing infection rates.⁵ STD and HIV/AIDS awareness campaigns should be strengthened at national and local levels through partnerships among governments, donors, the media, the private sector, and NGOs.^{7,9}
- As HIV/AIDS exerts an increasing toll on women, redoubled efforts are needed to empower women and girls with the information, skills, and methods they need to reject unwanted or unsafe sex. Also critical is for boys and men to be educated to understand the value of mutual respect and equality in all gender and sexual relations and to practice safe sexual behavior.^{5,10}
- The life expectancy and quality of life of many people with HIV or AIDS can be increased through the use of low-cost essential drugs. The addition of combination antiretroviral treatments (that slow the rate of infection) is even more effective, and efforts should be made to lower their costs and strengthen health systems to ensure appropriate and equitable delivery of these drugs.⁵

“With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and increasingly, businesses and economies. AIDS has emerged as the single greatest threat to development in many countries of the world.”

Dr. Peter Piot, Executive Director, UNAIDS¹¹

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fertility is the number of children a woman gives birth to over a lifetime. Fertility rates are a key determinant of **population growth**. Even when fertility reaches replacement level*, population will continue to grow because of population momentum—due to high fertility and large families in the past, the number of people of reproductive age will continue to rise for several decades, so total births will continue to increase.^{2,3}

COMMITMENTS TO ACTION

Efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing.

ICPD PROGRAMME OF ACTION, 3.14

Development and economic growth that is both sustained and sustainable are possible only through improving the economic, social, political, legal and cultural status of women.

FWCW PLATFORM FOR ACTION, 56

Additional international agreements have called for universal access to sexual and reproductive health care; for gender equality and equity and women's empowerment; and for an integrated approach to development that recognizes the interrelationships among population, environment, development, and poverty eradication:

Key actions for the further implementation of the ICPD Programme of Action, 2, 8, 15(a), 40, 43, 46, 49, 53, 57(a,b,c,d), 58, 106 World Summit on Social Development, Declaration Commitments 1(a), 2(b), 5(d), 6(m,o), 7, 26(o), Programme of Action 3, 7, 36(g,h), 37(d,e), 70, 74(g), 83(d,e)

Convention on the Rights of the Child, Preamble 2.1

Convention on the Elimination of All Forms of Discrimination against Women, 1, 12.1

PROBLEM AT A GLANCE

- Women are having fewer children than ever before—about 2.8 children each, approximately half of the global fertility rate in the 1950s. But access to contraception is still limited and fertility is still high in many developing countries.^{2,4}

REGION	AVERAGE NUMBER OF CHILDREN PER WOMAN
Africa	5.3
Asia	2.7
Latin America & Caribbean	2.7
Europe	1.5
North America	1.9

- Global population reached 6 billion in October 1999 and is still rising by 78 million people a year. By the year 2050 world population will range between 7.3 billion and 10.7 billion, with a likely figure of 8.9 billion.^{2,4}
- At least 2/3 of projected population growth is due to population momentum.^{2,4} Almost all population growth is taking place in developing countries where there are more than 2 billion people under the age of 20.²
- Rapid population growth challenges a country's ability to ensure economic growth and employment, protect the environment, and provide health, education, and clean water. At least 880 million people in developing countries do not have access to modern health services, nearly 1.5 billion do not have clean water, and 20% of children do not attend school to the 5th grade.^{3,5,6}

* Replacement-level fertility is the level of fertility at which a couple has only enough children to replace themselves.¹

- High consumption in developed countries is putting intense strains on the global environment. A child born in a developed country will add between 30 and 50 times more to consumption and pollution over his or her lifetime compared to a child born in a developing country.⁶

AREAS FOR ACTION

- Women throughout the world are having fewer children than their mothers did because they have more choices—about education, employment, marriage, and reproduction.^{3,5} It is critical in the coming decades that progress toward equality and empowerment for women be improved. This will require changes in laws and policies to end discrimination against women in public and private spheres and to promote girls' and women's access to education.
- Whether population growth continues to slow and whether it is accompanied by increasing well-being or increasing hardship will depend on the decisions and action taken in the next decade—to increase education, particularly for girls; to promote gender equality; and to ensure the universal exercise of reproductive rights and the right to health, including reproductive health.⁴
- As fertility rates fall, some observers have argued that population growth is no longer a problem, and that funds for reproductive health programs can be reduced. However, increasing the availability of family planning and other reproductive health services is essential to improving the quality of life for individuals, families, and communities, preventing the spread of STDs/HIV/AIDS, and sustaining current declines in fertility.^{3,4}

“It is possible to solve our population problems while at the same time respecting and nurturing human rights. Indeed, neither aim can be achieved without promoting the other...In this new consensus practicality meets morality: needs for individual empowerment coincide with the demands of societal and global development. Family planning is being integrated into a broad-based approach to reproductive health which takes into account the whole spectrum of the individual's reproductive needs. This human-centered approach is at the heart of the international consensus: that population is not about numbers, but about people.”

Dr. Nafis Sadik, Executive Director, UNFPA⁷

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