

WHAT ARE THE POPULATION-LEVEL IMPACTS OF ENABLING PEOPLE TO EXERCISE THEIR REPRODUCTIVE RIGHTS?

UNITED NATIONS EXPERT GROUP MEETING ON FERTILITY,
CHANGING POPULATION TRENDS AND DEVELOPMENT:
CHALLENGES AND OPPORTUNITIES FOR THE FUTURE

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Outline

- Human rights – milestones and concepts
- Reproductive rights
- Meeting unmet need for contraception
- Impacts
- Broader impacts
- Challenges
- Opportunities

Introduction:

“not just about counting people, but about making sure that every person counts”

- The milestones of reproductive rights approach:
 - **Universal Declaration of Human Rights: 1948**
 - **International Covenant on Economic, Social, and Cultural Rights (1976)**
 - **Convention on the Rights of the Child (1989)**
 - **The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), (1979)**
 - **ICPD and focus on women’s empowerment 1994**
 - **MDG5b**
- While progress has been achieved, challenges remain:
 - maternal mortality falls short of the MDG target
 - unmet need for family planning remains (in particular in Oceania, Africa, Asia)
 - high rates of unsafe abortions (mainly in Africa & LA)
 - large proportion of births at home and without adequate assistance

Human rights

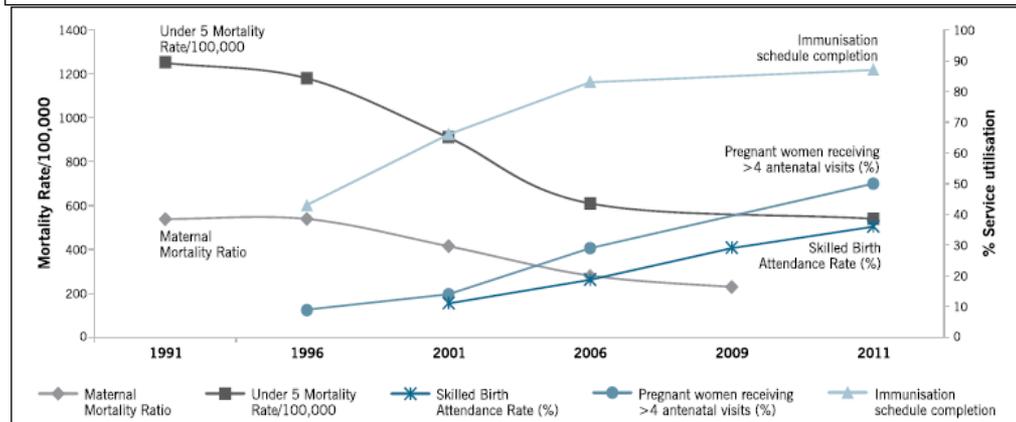
- HRs are activities, conditions, and freedoms that all human beings are entitled to enjoy, by virtue of their humanity
- HRs provide an internationally recognized, legally binding code of conduct
- Human rights are inherent, inalienable, interdependent, and indivisible, meaning they cannot be granted or taken away, and they must all be respected.
- Human rights are about securing entitlements of people and empowerment in a context of respect and accountability defended by recourse mechanisms
- Implementing a human rights-based approach requires identifying **rights-holders** and their entitlements as well as the corresponding **duty bearers** and their obligations;
- Involves strengthening the capacities of both rights-holders to make their claims and duty bearers to meet their obligations

Reproductive Rights

- RRs are not new rights but a constellation of HRs; they include a variety of rights and responsibilities that can only be achieved through integrated approaches
- For reproductive decisions to be truly “free” requires “enabling conditions” that can transform rights into capacities (Correa and Petchesky, 1994)

Impacts

	1991–1996	1997–2006	2007–Present
Law		Muluki Ain 11th Amendment Bill (legalizing abortion 2002)	Nepal Interim Constitution (2007)
Policy	National Health Policy (1991)	National Safe Abortion Policy (2002)	Free Health Care Policy (2007)
	National Safe Motherhood Policy (1994)	National Policy on Skilled Birth Attendants (2006)	Nepal Health Development Partnership International Health Partnership Compact (2009)
Strategies and plans	Eighth Five Year Plan (1992)	Second Long Term Health Plan (1997-2012)	Three-Year Interim Plan (2007)
		National Adolescent Health and Development Strategy (2000)	National Reproductive Health Commodity Strategy (2007)
		10th 5-Year Plan/ Nepal Poverty Reduction Strategy Paper (2002–2007)	Five-year Strategic Plan of National Women's Commission (2007)
		National Safe Motherhood - Long Term Plan (2006–2017)	Health Sector Gender Equality and Social Inclusion Strategy (2007)
		National Neonatal Health Strategy (2004)	Nepal Health Sector Programme Implementation Plan II (2010-2015)
		National Human Rights Action Plan (2004)	
		National Health Sector Strategy – An Agenda for Reform (2003)	
		National Health Sector Programme, Implementation Plan (2004–2009)	
		National Nutrition Policy & Strategy (2004)	
		Vulnerable Community Development Plan for Nepal Health Sector, Implementation Plan (2004–2009)	
		Revised Safe Motherhood and Newborn Health Long-term Plan (2006-2017)	



Population – level impacts

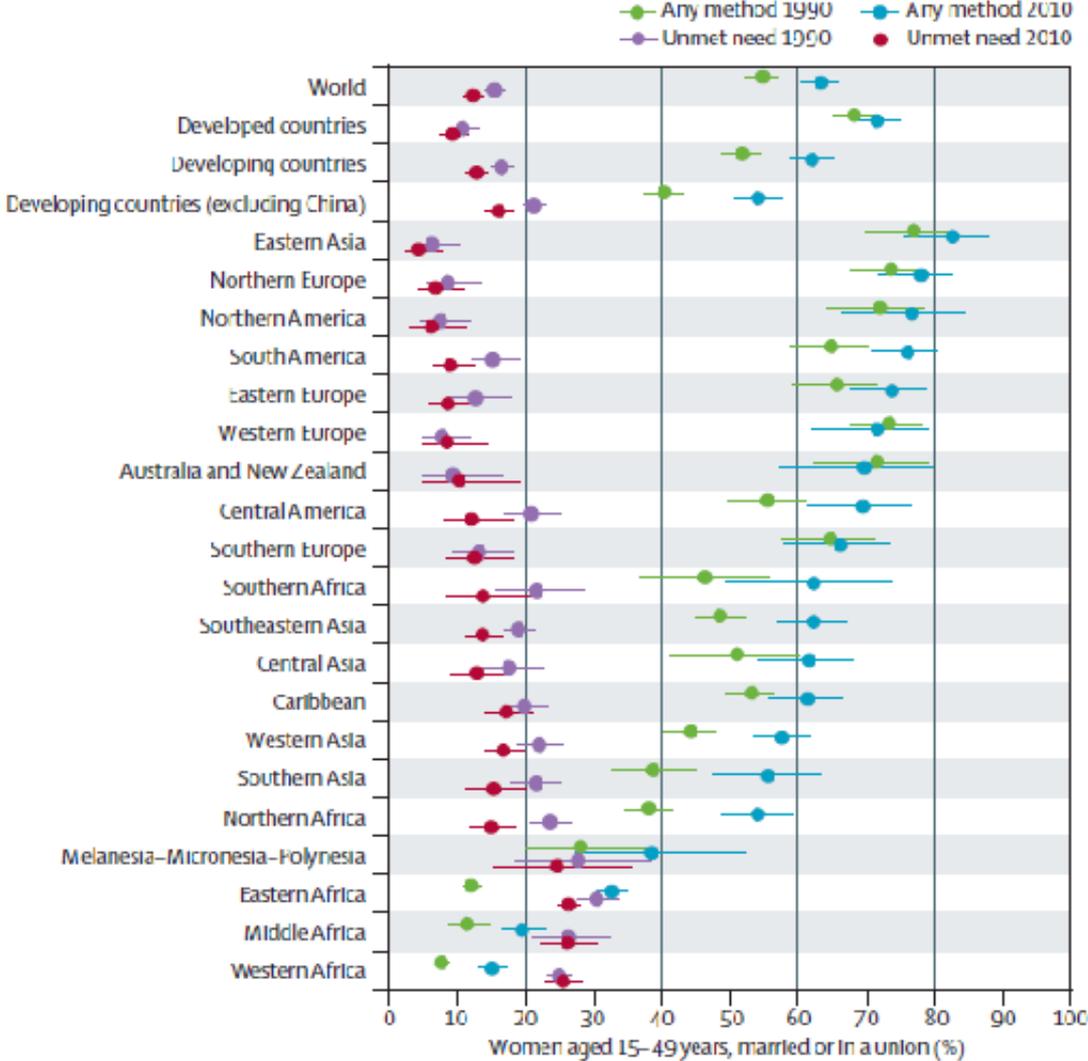
- Choosing among many reproductive rights
- Three key aspects include
 - Example 1: Meeting unmet need for family planning
 - Example 2: Expanding the proportion of births in health facilities -
 - Example 3: Ending unsafe abortion



Meeting unmet need for family planning

- Based on the right to decide freely and responsibly the number and spacing of children and the right to private and family life
- Implementation of these rights reduces State powers to compel individuals to account to government officials their reproductive choices, and to compel individuals to employ reproductive capacities in compliance of government preferences
- Reproductive choice to control one's own fertility, however, requires States to provide the education, information and means (services) in which to do so without discrimination.

Evolution in unmet need for contraception



Impact

Assumes:

- R.Rights → use of contraception/meeting the unmet need
- Family planning programme → fertility decline
- Both duty bearers and rights holders play their part

Impact on TFR – old evidence

- Investments in family planning, where they have been made, have helped to accelerate fertility declines in many countries (Tsui, 2001; Maudlin and Ross, 1991).

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TABLE 5 Total fertility rates circa 1972, 1982, 1989, and 1994 for 75 developing countries and simulated for 1994 with no family planning effort (FPE) and no donor spending, by region

Region	No. of countries	TFR				Predicted 1994 TFR if		Predicted effect of FPE and aid on 1994 TFR
		1972	1982	1989	1994	No FPE	No FPE and no aid	
Total	75	5.93	5.32	4.87	4.33	4.61	4.83	-0.50
Africa	28	6.42	6.48	6.20	5.93	5.72	5.82	+0.11
Asia	16	5.14	4.13	3.54	3.21	4.49	4.57	-1.36
Latin America	20	5.19	4.14	3.56	3.29	3.34	3.70	-0.41
Near East	11	6.27	5.47	4.78	4.28	4.49	4.64	-0.36

NOTE: TFRs are averages with countries equally weighted. Predicted 1994 TFR counterfactuals are simulated using regression model in Table 4.

Impact

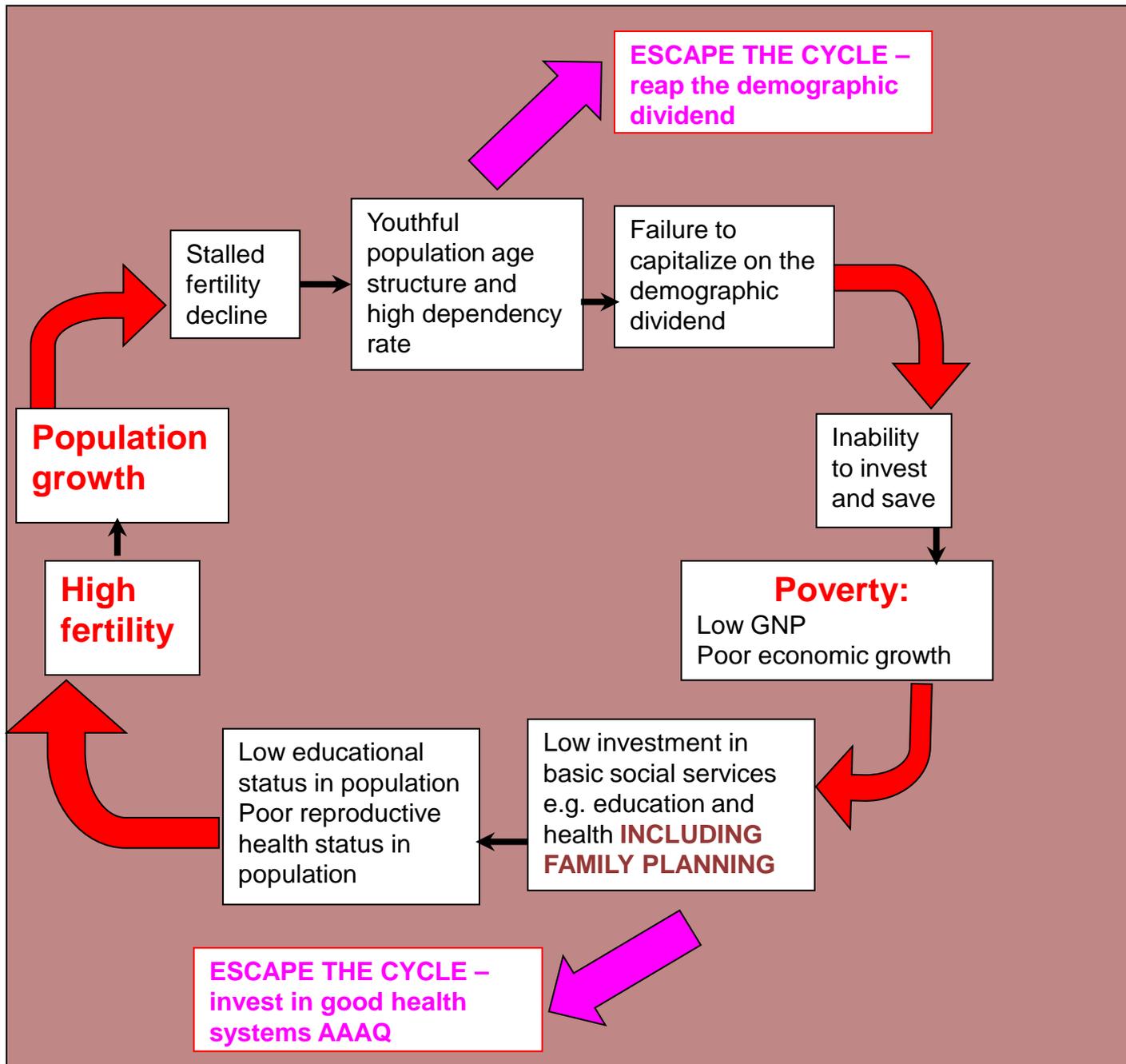
- Investments in family planning, where they have been made, have helped to accelerate fertility declines in many countries (Tsui, 2001; Maudlin and Ross, 1991).
- If all women in developing countries who currently have an unmet need for modern methods were served, then each year an estimated additional **54 million unintended pregnancies** would be prevented, including **21 million unplanned births**, 26 million abortions (of which **16 million would be unsafe**) and seven million miscarriages; this would also prevent an estimated **79,000 maternal deaths and 1.1 million infant deaths**
(Singh and Darroch, 2012)

Per cent of women that give reasons for non use of contraceptives related to agency or health systems.

Country	Partner or other is opposed	Unawareness of method	High cost	No source/ access problems
Burkina Faso	11	5	12	19
Benin	6	12	5	15
Ethiopia	8	11	2	15
Madagascar	6	13	4	13
Mozambique	8	4	3	13
Uganda	14	5	7	13
Mali	10	10	4	11
Peru	5	0	3	11
Nepal	11	1	1	10
Chad	4	15	3	9
Mauritania	9	13	1	9
Nigeria	7	9	3	9
Cameroon	5	12	4	8
Ghana	3	7	8	8
Guinea	7	5	3	8
Tanzania	11	2	1	8
Bolivia	6	12	4	7
Cambodia	1	5	4	7
Zambia	6	1	1	7
Kenya	11	2	3	6
Nicaragua	7	2	2	6
Senegal	11	4	3	6
Gabon	7	8	9	5
Rwanda	7	6	2	5
Congo	6	8	8	4
Haiti	3	1	3	4
Lesotho	9	2	5	4
Malawi	7	1	1	4
Namibia	10	6	3	4
Zimbabwe	9	0	9	4
Bangladesh	6	0	1	3
Dominican Republic	2	1	3	3
Honduras	6	1	2	3
Indonesia	5	1	8	2
Philippines	7	1	8	2
Armenia	8	0	2	1
Colombia	3	0	9	1
Egypt	7	0	0	1
Morocco	1	0	1	1
Average	7	5	4	7

Broader impacts on poverty

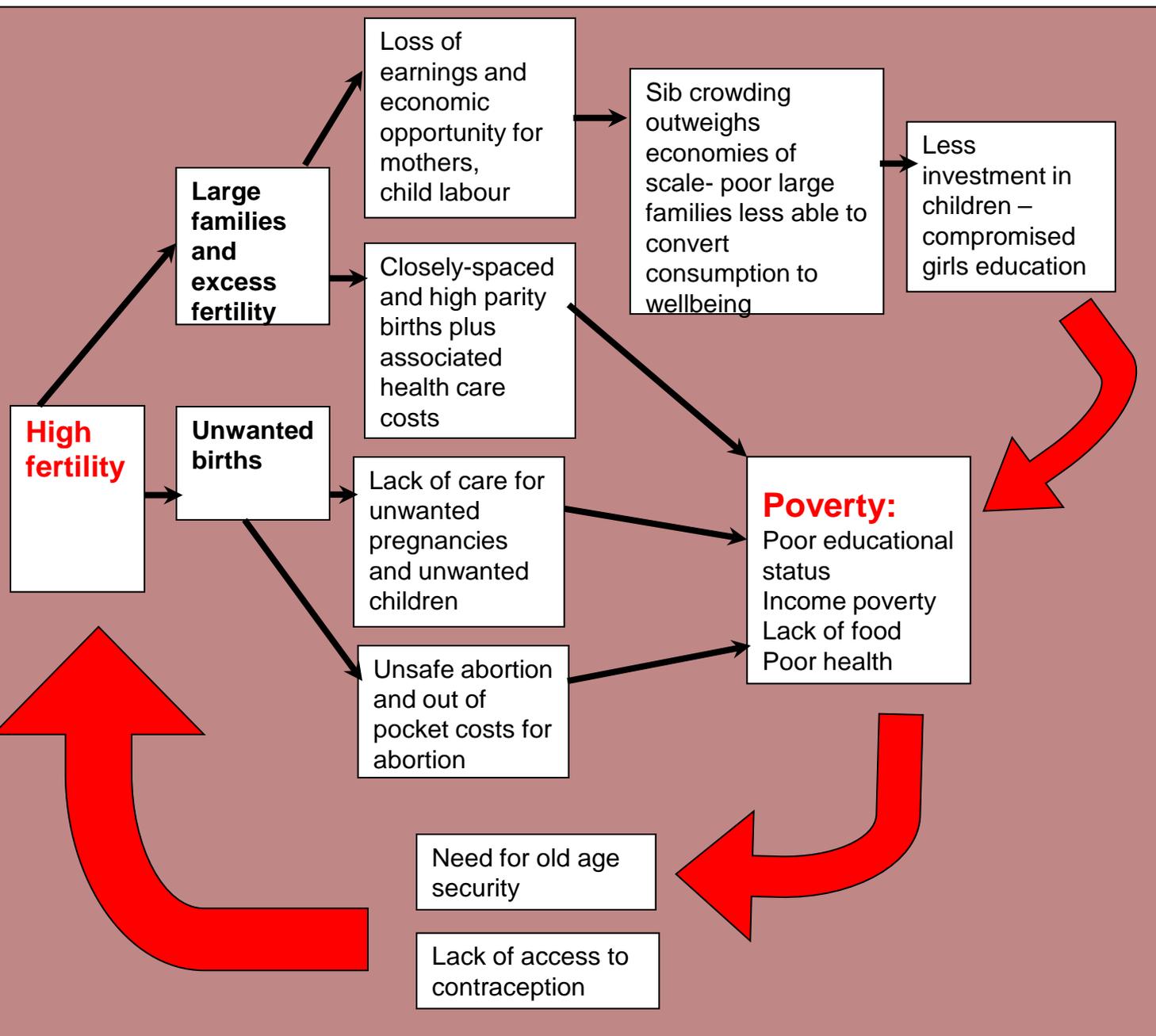
- Impact of enabling people to benefit from their reproductive rights is mitigated by women's ability to exercise their agency.
- Women's agency has important consequences as it translates into access to schooling and employment.
- Societies where women's reproductive rights are guaranteed are able to benefit and take advantage of additional human capital.
- Reduction in investments in reproductive health can have a dramatic effect not only on gender equality and women's empowerment, but can also hamper human capital development in countries.



Consequences of failure to extend right to decide freely and responsibly the number and spacing of children / unmet need for family planning

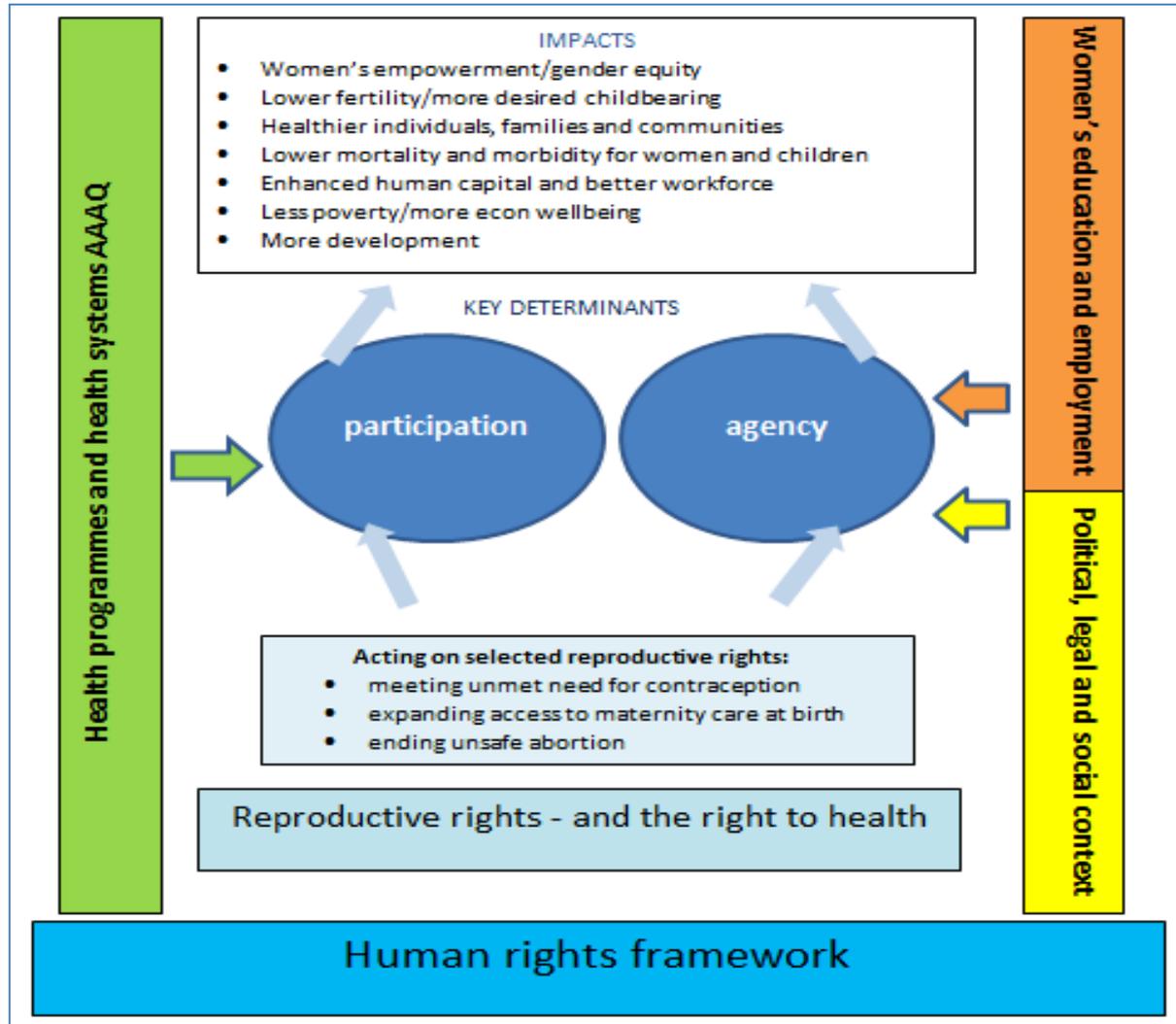
FINDINGS FROM MACRO LEVEL STUDIES

The MICRO-level cycle between poverty and high fertility



Consequences of failure to extend right to decide freely and responsibly the number and spacing of children / unmet need for family planning
FINDINGS FROM MICRO LEVEL STUDIES

Hypothesising broader impacts on poverty



Challenges

Duty bearers:

- Quality of care (health services) and human resources

Rights holders

- Systematic devaluation of girls and women underlies many reproductive health challenges.

Key issues include:

- Early marriage, low education rates of girls;
- lack of power to make decisions on matters related to one's own health;
- high rates of violence girls and women suffer within their own homes and communities

Opportunities

- Upgrading of health systems is an opportunity for optimism with regards to the reproductive rights and health and development virtuous cycle.
- Universal Health Coverage might be a congruent new goal
- Expansion of primary education and improved access to secondary and tertiary education coverage of education from the MDGs are similarly an opportunity to foster a better enabling environment for extending women's agency.
- Accountability mechanisms are still in their infancy, but many advances in holding responsible actors to account both at local and national levels are likely to help to close the gap between the rhetoric on improving health systems and the realization of extending effective quality coverage.

A challenge and an opportunity

- Large cohorts of young people

Challenge: continuing low status, marginalisation, high fertility rates, note UNDER 16s

Opportunity: providing rights will have a large impact through the subsequent 'productive' age ranges and for future children

Conclusions

- Reproductive rights have potentially far-reaching population and wider effects.
- Yet, slow progress in women's status, employment and the context for change will hold back these impacts.
- In this context, actions to extend reproductive rights to adolescents should not be slowed or even avoided.
- Future goals or targets on health need to be expressed within clear human rights language that can be understood broadly and not open to interpretation.