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Reproductive health and rights: looking for the means to realize fertility preferences

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In the world nowadays, according to the State of World Population (2018), in every country one or more of the following situations apply, large proportions of women are 1) having more children than they would like, 2) having less children than they would like, 3) having children earlier than they would like, and/or 4) having children later than they would like. Fertility transition led to these situations, despite the agreements signed almost 25 year ago by the countries in 1994, to grant universal access to reproductive health and rights, where the countries agreed to give couples the means to implement fertility preferences, according to the desired number and spacing of children. At this context, I will discuss some points that are challenges, but also an opportunity, for the review of the 25 years of the ICPD to take into account in order to achieve the full implementation of the agenda in the future. Lastly I will propose one path the implementation of ICPD could take in order to go in the direction of achieving the goals set in 1994 and reaffirmed in 2014.

I. Learned lessons from developing countries.

In the 1960's family planning programs have started in Latin American and Caribbean countries, some implemented by local government and others with international aid. The majority of Governments were pronatalist, but some assumed a laissez-faire policy, allowing programs to be implemented. However, since the beginning, different alliances (military, church, and women's movements), for different reasons, had confronted family planning programs, making difficult it's full and right implementation on the basis of reproductive rights. Despite that, fertility fell to low levels at very fast pace in most countries in the region, because women did not want to have many children and found their way to regulate fertility. After the Program of Action of the ICPD, some countries have approved laws allowing access to modern contraception to all, however, by then, some behaviors were into place and outlined some of the specificities of fertility patterns present in most or some countries: high fertility at young ages, large socioeconomic differences in the level of fertility, high prevalence of mistimed and unwanted births, high prevalence of unsafe abortion, narrow method-mix of contraception, high rates of sterilization at young ages, and high rates of C-sections. I will discuss these characteristics and the importance of having universal access to all modern contraception in order to avoid unintended consequences, which are prejudicial to all, and mainly making it difficult to escape poverty trap (lack of opportunities, such as better education and labor force participation with decent jobs, mainly for women), not only individually but for the country as a whole (mid-income countries).

II. Effective policies within the frame of rights.

In the SDGs, demographic dynamics were not considered fully (lacking mostly changing age structure/aging, urbanization, and migration). We should not to blame only others for this, but also the field as whole and find ways to overcome this problem. Regarding fertility regulation, demographers still discuss the causes of fertility decline: 1) development or diffusion, or both? 2) Whether education/income or family planning **programs** are the most effective ways to bring fertility down. There is no doubt that social development and citizenship, by means of education, labor market participation (full employment and decent work), and wealth access bring fertility down. This happens mainly because these processes change the intergenerational flow of wealth from parents to children (Caldwell), making fertility tends towards zero. However, it will not be zero due to other reasons than economics, but fertility can really approach very ultra-low levels, which also indicates constraints in achieving fertility preferences. I will discuss these topics and also argue that family planning is the means for implementing fertility preferences, not a distal reason (higher education, income, and labor market participation – summarized by having citizenship), thus essential for achieving the desired number of children at the planned time. Thus, a reproductive health program (or comprehensive PF program) is needed in order to guarantee the effective access to modern contraception and conception. But need to take into account a broader audience, including women and men, youth and adults, urban and rural territories, among other. Moreover, the program have to provide information during the full reproductive period, from pregnancy prevention to prenatal care, from birth to postnatal care, which besides a right in itself, it is a very effective policy for realizing fertility preferences for all people.

III. The need for comprehensive sexuality education. Changing behavior.

Achieving fertility preferences is not simple. Besides access to the means to auto-determination of fertility, people need the right information and knowledge to deal with adverse situations. The most effective way to achieving knowledge and acquiring the means to exercise rights in the realm of sexual and reproductive health and rights are comprehensive and quality sexuality education during life course. I will show the current situation in some Latin American and Caribbean countries regarding the setbacks in this matter.

IV. The need for including SRHR into a broader approach.

Achieving sustainable development and the eradication of poverty requires taking into account population dynamics, social, economic and cultural inequalities between men and women, including with regard to the exercise of sexual and reproductive health and rights. The implementation of the PoA of the ICPD agenda should not prioritize any specific topic of the PoA, considering beyond SRHR. Also, ICPD should advance and take the sustainable and development agenda in a holistic way, considering environmental and population issues altogether, in order to move forward. Demographers, and other social scientists, should recognize that population dynamics and, mainly, population growth, as well as the current economic model (consumerism) based on natural resources exploitation, are the causes for climate change and for crossing several planetary boundaries. Hence, within the framework of human rights, sound population policies and environmental policies have to be put into place, for not repeating wrong political decisions based on ideological point of views, as it was the case for the implementation of family planning programs in LAC after the 1960's. The region is still "paying for" the consequences of failing to recognize that mostly women did not want to have all the children they were having, and thus have denied to them the means to control the level and timing of their fertility.

V. One way forward.

In Latin America and the Caribbean the regional review for the 20 years of the ICPD implementation have rescued an important part of the PoA: the Montevideo Consensus have put population and development at the center of the agenda, giving prominence to population dynamics, including topics such as changing age structure (demographic dividend and aging), migration, urbanization, and unfolding some vulnerable population segments (Indigenous peoples and African descendant populations, for the specific case of LAC). This advance, the most important in the ICPD regional review, points to one feasible way to implement the PoA for the next years with success, not only for broadening the ICPD agenda, which would have national appealing, but also because Chapter A of the LAC regional review makes the most important link to the SDGs and several of its goals, increasing synergy between both agendas and enabling faster and enhanced results.