

## V. REPRODUCTIVE HEALTH AND FAMILY PLANNING

The 1994 International Conference on Population and Development (ICPD) broadly defined reproductive health to include all matters relating to the well-being of the reproductive system and its functions and processes. The ICPD Programme of Action envisioned that every sex act should be free of coercion and infection, every pregnancy should be intended, and every delivery and child birth should be healthy (United Nations, 1995; Tsui, Wasserheit and Haaga, 1997). It emphasized the rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, right to information and access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as the right of access to appropriate health-care services that ensured safe and healthy pregnancy and childbirth. The Programme of Action considered human rights, gender equality, empowerment of women and elimination of all forms of violence against women among the key principles in promoting reproductive health (United Nations, 1995).

This section examines Government concerns and policies regarding three inter-related dimensions of reproductive health, namely, the type of support that Governments provide to family planning programmes, legal grounds under which induced abortion is permitted, and Government concerns and policies regarding violence against women.

### SUPPORT FOR FAMILY PLANNING

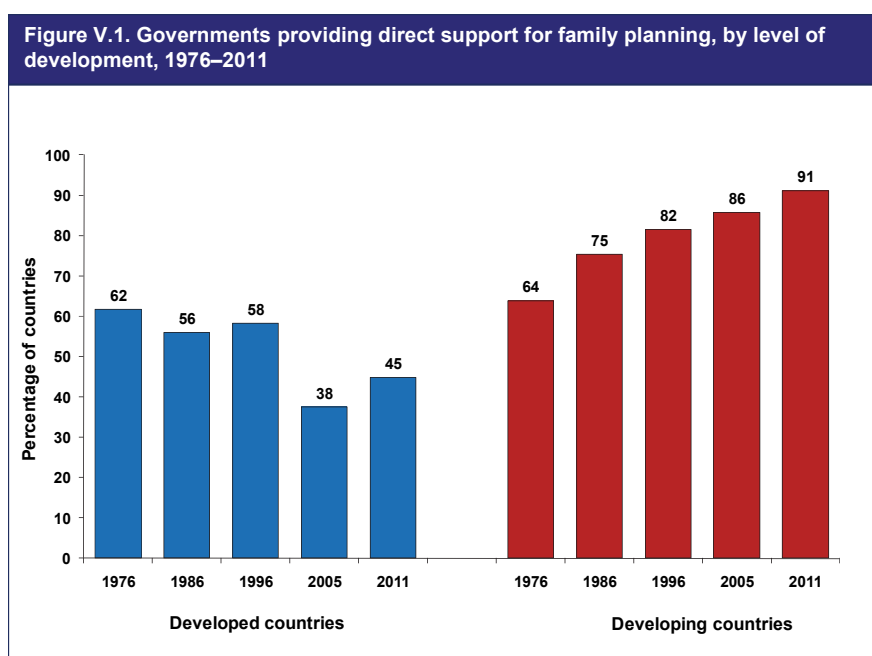
A rapid decline in fertility in many developing countries since the 1970s and persistent below-replacement fertility levels in developed countries are unmatched in human history. These developments have occurred in an environment of rapid technological innovation and societal change in which increasing availability of and access to a range of effective contraceptive methods have been critical in reducing fertility and improving reproductive and child health. Moreover, having information and access to safe and effective methods of family planning is part of reproductive rights. Therefore, most Governments have been involved directly or indirectly in supporting family planning programmes. Direct support entails the provision of family planning information, guidance and supplies through Government-run facilities or outlets such as hospitals, clinics, health posts and health centres and through Government fieldworkers.

Globally, in 2011, 156 out of 196 Governments (80 per cent) provided direct support for family planning. The proportion of Governments providing direct support has risen steadily since 1976 when less than two thirds of Governments (63 per cent) provided such support (table V.1). In 2011, Governments in 22 countries provided only indirect support for family planning through the private sector, including non-governmental organizations. The remaining 18 Governments did not support family planning, including the Holy See that did not allow family planning programmes or services within its jurisdiction.

Since the mid-1970s, the percentage of Governments providing direct support for family planning has continued to increase in developing countries, from 64 per cent in 1976 to 91 per cent in 2011 (figure V.1). The increase in this percentage has been particularly dramatic for least

developed countries, from 43 per cent in 1976 to 96 per cent in 2011 (table V.1). Conversely, in developed countries, the percentage of Governments providing direct support declined gradually from 62 per cent in 1976 to 38 per cent in 2005, but then increased a little to 45 per cent in 2011. Despite this recent increase, developing countries were twice as likely as developed countries to provide direct support for family planning in 2011.

A gradual decline in the proportion of developed-country Governments providing direct support for family planning was likely a response to persistent low fertility levels of their populations or an acknowledgement that the private sector could meet the demand for contraception, making direct Government support or subsidies less necessary. However, an increase in this proportion in recent years may indicate growing efforts to raise fertility in many of these countries.



In 2011, more than 9 out of 10 Governments in Latin America and the Caribbean (97 per cent), Africa (94 per cent) and Oceania (94 per cent) provided direct support for family planning, whereas, less than half of Governments (45 per cent) did so in Europe (table V.1). In Africa, in 2011, only one country did not support family planning, down from 17 countries in 1976.

Previously pronatalist Governments in some countries, which in the past had wanted to maintain or even increase population growth rates, have gradually modified their stance and accepted family planning programmes as integral components of maternal and child health programmes. Such countries include Cambodia, Cameroon, Côte d'Ivoire, the Lao People's Democratic Republic, Oman and the United Arab Emirates. Despite widespread and growing Government support for family planning programmes in developing countries, there is evidence that demand stills outstrips supply, particularly in least developed countries. An estimated 222 million women in developing countries (131 million among married or in union) lack ready

access to safe and effective means of modern methods of contraception (United Nations Population Fund, 2012; United Nations, 2012a).

## **LEGAL GROUNDS FOR ABORTION**

Accurate information on induced abortion is difficult to obtain in many countries, particularly in countries where abortion is restricted. In 2008, an estimated 44 million induced abortions occurred in the world (6 million in developed countries and 38 million in developing countries), almost half of which were carried out using unsafe procedures (Guttmacher Institute, 2012). Globally, it is estimated that 47,000 women die each year from complications associated with unsafe abortion. Many of these deaths could be prevented through better access to sexuality education, contraceptive information and supplies, and safe abortion services where allowed by law (Shah and Åhman, 2010).

The legal provisions under which Governments allow induced abortions in their countries vary greatly across countries. Information was gathered on seven grounds on which abortion is permitted in a country, namely: (1) to save the life of a woman; (2) to preserve a woman's physical health; (3) to preserve a woman's mental health; (4) in case of rape or incest; (5) because of foetal impairment; (6) for economic or social reasons; and (7) on request.

Induced abortion is permitted by almost all countries to save the life of a pregnant woman. Although some laws and regulations provide detailed lists of the complications that are considered life-threatening, most of them do not specify them explicitly, leaving it to the judgment of the medical personnel performing the abortion. In 2011, 97 per cent of Governments permitted abortion to save a woman's life (table V.2). Only the Governments of Chile, the Dominican Republic, El Salvador, the Holy See, Malta and Nicaragua did not permit abortion under any circumstances.

Between 1996 and 2011, the percentage of Governments permitting abortion to save a woman's life remained at around 97 per cent. Meanwhile, the proportion of Governments allowing abortion to preserve the physical health of a woman increased slightly from 63 per cent to 68 per cent (figure V.2). During this period, the proportion of Governments allowing abortion rose from 52 per cent to 65 per cent in order to preserve the mental health of a woman, from 43 per cent to 51 per cent in cases of rape or incest, and from 41 per cent to 50 per cent because of foetal impairment. The percentage of Governments permitting abortion for economic and social reasons or upon request also rose between 1996 and 2011. In 2011, slightly over one third (35 per cent) of Governments permitted abortion for economic and social reasons, up from 31 per cent in 1996, while 30 per cent of Governments allowed abortion upon request, up from 24 per cent in 1996. These results indicate that while a growing number of countries have liberalized their abortion policies since 1996, in about two thirds of countries abortion was permitted only when the physical or mental health of the mother was endangered, and in about half of countries only when the pregnancy resulted from a rape or incest or in cases of foetal impairment.

Figure V.2. Legal grounds on which abortion is permitted, 1996–2011

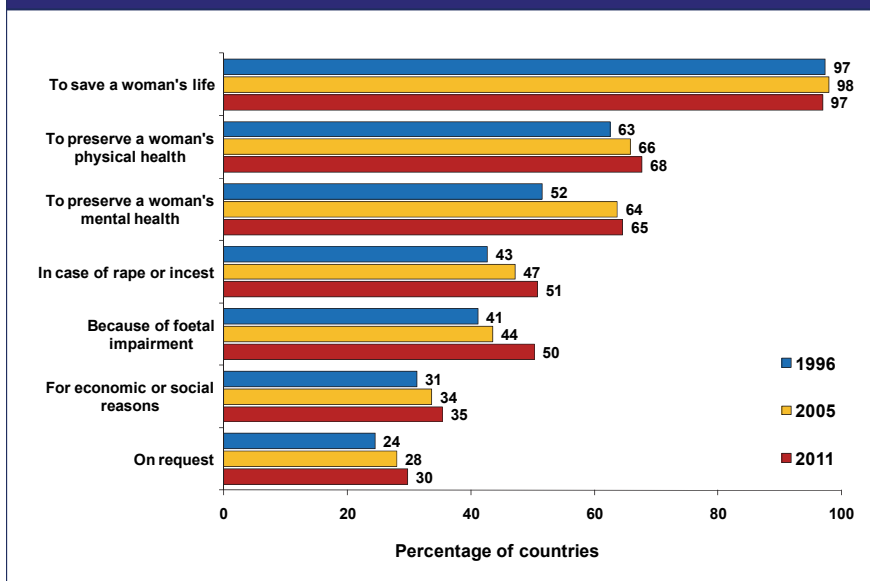


Figure V.3. Legal grounds on which abortion is permitted, 1996–2011 (percentage of world population)

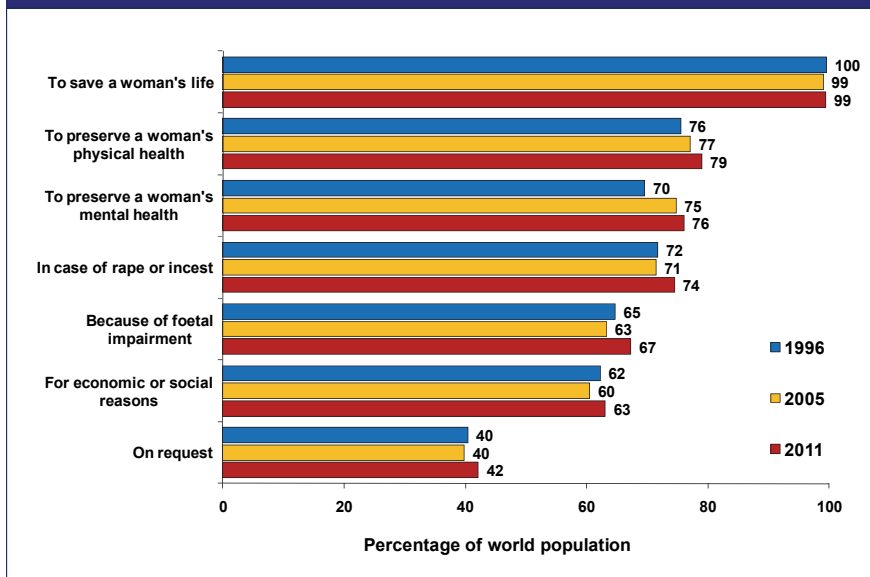
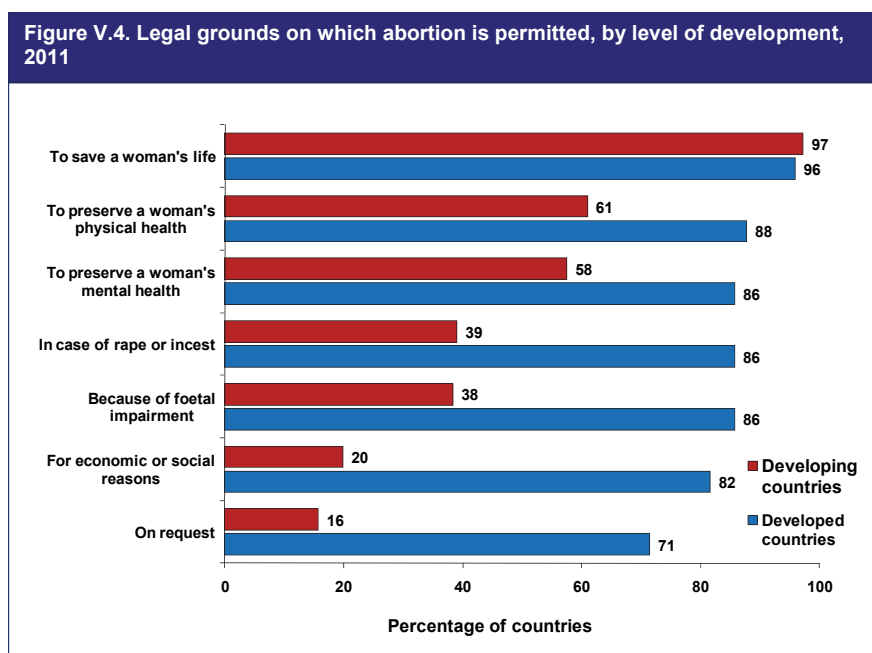


Figure V.3 presents trends in the proportion of the world population living under different legal provisions for abortion. In 2011, 99 per cent of the world population lived in countries where abortion was permitted to save a woman's life, while 63 per cent lived in countries where abortion was permitted for economic and social reasons and only 42 per cent lived in countries where abortion was permitted on request (figure V.3). The equivalent figures in 1996 were 99 per cent, 62 per cent and 40 per cent, respectively.

The proportions of the world population living under different legal grounds for abortion were considerably greater than the corresponding proportions of countries in figure V.2. Most notably, in 2011, 63 per cent of the world population lived in countries that allowed abortion for economic and social reasons, compared with 35 per cent of countries that did so, indicating the inclusion of some countries with large population size (such as India) in this category.

As discussed above, the number of grounds on which abortion is allowed has been rising in an increasing number of both developed and developing countries since the mid-1990s (table V.2). However, abortion laws and policies continue to be much more restrictive in developing countries than in developed countries on all grounds, except to save a woman's life (figure V.4). For example, in 2011, Governments of 82 per cent of developed countries permitted abortion for economic and social reasons and 71 per cent allowed abortion on request. In contrast, only 20 per cent of developing-country Governments permitted abortion for economic and social reasons and only 16 per cent allowed it on request. Overall, in 2011, only 45 out of 146 developing-country Governments with data allowed abortion on five grounds or more. Legal grounds for abortion were even more restrictive in least developed countries, where only 6 per cent of Governments permitted abortion for economic and social reasons and only 4 per cent allowed it on request (table V.2).



Legal grounds for abortion also vary by geographic region. In 2011, abortion policies were most restrictive in Oceania, followed by Africa and Latin American and the Caribbean, where less than 10 per cent of Governments allowed abortion upon request (table V.2). Eighteen countries in Africa, 12 in Asia, 8 in Latin America and the Caribbean and 8 in Oceania allowed abortion only to save a woman's life. Europe, on the other extreme, had the most liberal abortion policies in 2011, where 73 per cent of Governments allowed abortion on request and more than 80 per cent on all other grounds.

Between 1996 and 2011, 55 countries (21 in Africa, 11 in Asia, 10 in Latin America and the Caribbean, 8 in Europe and 5 in Oceania) increased the number of legal grounds for abortion, while 8 countries (3 in Latin America and the Caribbean, 2 in Africa, 2 in Asia and 1 in Oceania) reduced the number of grounds on which abortion is permitted (box V.1). Among the countries that reduced the number of grounds, two countries (the Dominican Republic and Nicaragua) that previously allowed abortion to save a woman's life no longer allowed it on any grounds.

Box V.1		
COUNTRIES THAT LIBERALIZED OR RESTRICTED LEGAL GROUNDS ON WHICH ABORTION IS PERMITTED BETWEEN 1996 AND 2011		
Grounds on which abortion is permitted	Liberalized	Restricted
<i>a. To save a woman's life</i>	Andorra	Dominican Republic, Nicaragua
<i>b. To preserve a woman's physical health</i>	Benin, Chad, Colombia, Equatorial Guinea, Kenya, Lao People's Democratic Republic, Mexico, Mozambique, Nepal, Niger, Nigeria, Swaziland, Togo, United Arab Emirates	Congo, Iraq, Papua New Guinea
<i>c. To preserve a woman's mental health</i>	Benin, Bhutan, Bolivia (Plurinational State of), Burkina Faso, Burundi, Cameroon, Colombia, Comoros, Costa Rica, Ecuador, Equatorial Guinea, Ethiopia, Kenya, Mexico, Morocco, Mozambique, Nepal, Niger, Nigeria, Peru, Poland, Qatar, Rwanda, Saudi Arabia, Swaziland, Thailand, United Arab Emirates, Uruguay, Vanuatu	Iraq, Japan, Papua New Guinea
<i>d. In case of rape or incest</i>	Bahamas, Bahrain, Benin, Bhutan, Burkina Faso, Colombia, Cook Islands, Eritrea, Ethiopia, Fiji, Guinea, Indonesia, Mali, Monaco, Nepal, Saint Kitts and Nevis, Saint Lucia, Switzerland, Togo, Uruguay	Algeria, Belize, Ecuador, Iraq
<i>e. Because of foetal impairment</i>	Bahamas, Benin, Burkina Faso, Chad, Colombia, Eritrea, Ethiopia, Fiji, Guinea, Jordan, Mexico, Monaco, Nepal, Niger, Oman, Sudan, Swaziland, Switzerland, Togo	Iraq
<i>f. For economic or social reasons</i>	Bahrain, Fiji, Mexico, Nepal, Portugal, Saint Vincent and the Grenadines, Spain, Switzerland	
<i>g. On request</i>	Australia, Bahrain, Belgium, Cape Verde, Italy, Mexico, Nepal, Portugal, Spain, Switzerland	

## **VIOLENCE AGAINST WOMEN**

Violence against women has long been recognized as detrimental to women's health and well-being. The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations, General Assembly, 1993).

Gender-based violence not only violates human rights, but also has a direct impact on the mental and physical health of women. Women who are victims of violence are more likely to have poor mental and physical health, including reproductive health, than women who are not. They are also more likely to have negative health behaviours, including substance abuse such as alcohol and drug abuse. Health problems stemming from such abuse include chronic pain (headaches, back pain, fibromyalgia); neurological problems and symptoms, including fainting and seizures; gastrointestinal disorders; and cardiac problems. Abused women also suffer from depression, anxiety and even post-traumatic stress disorder. Moreover, there is evidence that violence against women has a direct economic impact. According to one study conducted about 10 years ago, the cost of intimate partner violence in the United States alone was estimated to exceed US\$5.8 billion per year, of which US\$4.1 billion were for direct medical and health care services and US\$1.7 billion for productivity losses due to absenteeism (Campbell, 2002).

In spite of global outcry about gender-based violence and numerous declarations and pledges by world leaders calling for gender equality, empowerment of women and elimination of all forms of violence against women, the problem remains widespread in many parts of the world. Globally, it is estimated that up to 60 per cent of women experience physical and/or sexual violence in their lifetime (UN-Women, 2012). However, the prevalence of violence against women varies greatly across countries. For example, a World Health Organization multi-country study on women's health and domestic violence in 10 countries found that, among women aged 15 to 49 years, the lifetime prevalence of physical and/or sexual violence by a partner varied from 15 per cent in urban Japan to 71 per cent in rural Ethiopia, with most areas being in the 30 to 60 per cent range (World Health Organization, 2012a).

Among 195 countries with available data in 2011, Governments of 180 countries (92 per cent) had expressed violence against women as a major concern (table V.3). Concerns about violence against women did not vary much by level of development, with 94 per cent of Governments of developed countries and 92 per cent of developing countries expressing it to be a major concern. Violence against women was considered a major concern by almost all (48 out of 49) Governments of least developed countries. By geographic region, Asia stood out with the lowest proportion (79 per cent) of Governments expressing violence against women as a major concern, compared with 93 to 100 per cent of Governments in other regions.

Given that much of violence against women occurs in household settings, largely in the form of intimate partner violence, many Governments have been strengthening legal frameworks and adopting policies to prevent domestic violence, including reinforcing efforts to provide care and support to the victims of such violence (United Nations, General Assembly, 2010).

In 2011, information on legal provisions or policies on domestic violence was available for 193 countries. Among these, Governments of 93 per cent of countries had adopted some legal measures or policies to prevent domestic violence, including 78 per cent with legal measures, 88 per cent with policies and 73 per cent with both legal measures and policies (table V.4). Governments in developed countries were more likely to have adopted such measures than those in developing countries. Among developed countries, 96 per cent of Governments had legal measures, 98 per cent had policies and 96 per cent had both legal measures and policies to prevent domestic violence, compared to 72 per cent with legal measures, 85 per cent with policies and 65 per cent with both in developing countries.

There were considerable regional variations in the proportion of Governments that have legal provisions to prevent domestic violence, ranging from only 38 per cent in Oceania to 95 per cent in Europe, and 100 per cent in Northern America and Latin America and the Caribbean. This proportion was also relatively low in Asia (64 per cent) and Africa (73 per cent), where more than 10 per cent of Governments did not have any legal provisions or policies to prevent domestic violence (table V.4).



## **Chapter V**

### **Tables**

**Table V.1. Government policies on providing support for family planning,<sup>1</sup> 1976–2011**

Year	By level of development									
	Number of countries					Percentage				
	Direct support	Indirect support	No support	Not permitted	Total	Direct support	Indirect support	No support	Not permitted	Total
<i>World</i>										
1976	95	17	28	10	150	63	11	19	7	100
1986	117	22	18	7	164	71	13	11	4	100
1996	143	18	26	2	189	76	10	14	1	100
2005	143	35	15	1	194	74	18	8	1	100
2011	156	22	17	1	196	80	11	9	1	100
<i>More developed regions</i>										
1976	21	6	4	3	34	62	18	12	9	100
1986	19	8	4	3	34	56	24	12	9	100
1996	28	7	12	1	48	58	15	25	2	100
2005	18	20	9	1	48	38	42	19	2	100
2011	22	15	11	1	49	45	31	22	2	100
<i>Less developed regions</i>										
1976	74	11	24	7	116	64	9	21	6	100
1986	98	14	14	4	130	75	11	11	3	100
1996	115	11	14	1	141	82	8	10	1	100
2005	125	15	6	0	146	86	10	4	0	100
2011	134	7	6	0	147	91	5	4	0	100
<i>Least developed countries</i>										
1976	18	6	14	4	42	43	14	33	10	100
1986	35	7	4	2	48	73	15	8	4	100
1996	42	3	3	0	48	88	6	6	0	100
2005	43	5	2	0	50	86	10	4	0	100
2011	47	2	0	0	49	96	4	0	0	100

Table V.1. (continued)

Year	By major area									
	Number of countries					Percentage				
	Direct support	Indirect support	No support	Not permitted	Total	Direct support	Indirect support	No support	Not permitted	Total
<i>Africa</i>										
1976	24	7	14	3	48	50	15	29	6	100
1986	38	6	7	0	51	75	12	14	0	100
1996	43	5	4	0	52	83	10	8	0	100
2005	44	6	3	0	53	83	11	6	0	100
2011	51	2	1	0	54	94	4	2	0	100
<i>Asia</i>										
1976	25	2	7	3	37	68	5	19	8	100
1986	25	4	5	4	38	66	11	13	11	100
1996	32	3	9	1	45	71	7	20	2	100
2005	39	6	2	0	47	83	13	4	0	100
2011	37	5	5	0	47	79	11	11	0	100
<i>Europe</i>										
1976	17	5	4	3	29	59	17	14	10	100
1986	16	6	4	3	29	55	21	14	10	100
1996	24	6	12	1	43	56	14	28	2	100
2005	16	17	9	1	43	37	40	21	2	100
2011	20	12	11	1	44	45	27	25	2	100
<i>Latin America and the Caribbean</i>										
1976	21	2	3	1	27	78	7	11	4	100
1986	27	4	2	0	33	82	12	6	0	100
1996	29	3	1	0	33	88	9	3	0	100
2005	31	2	0	0	33	94	6	0	0	100
2011	32	1	0	0	33	97	3	0	0	100
<i>Northern America</i>										
1976	2	0	0	0	2	100	0	0	0	100
1986	2	0	0	0	2	100	0	0	0	100
1996	2	0	0	0	2	100	0	0	0	100
2005	1	1	0	0	2	50	50	0	0	100
2011	1	1	0	0	2	50	50	0	0	100
<i>Oceania</i>										
1976	6	1	0	0	7	86	14	0	0	100
1986	9	2	0	0	11	82	18	0	0	100
1996	13	1	0	0	14	93	7	0	0	100
2005	12	3	1	0	16	75	19	6	0	100
2011	15	1	0	0	16	94	6	0	0	100

<sup>1</sup> In previous revisions, "support for family planning" was referred to as "access to contraceptive methods".

Table V.2. Legal grounds on which abortion is permitted, 1996–2011

Year	By level of development																
	Number of countries					Percentage											
	To save a woman's life	To preserve a woman's physical health	In case of rape or incest	Because of foetal impairment	For economic or social reasons	On request	Not permitted	Total number of countries	To save a woman's life	To preserve a woman's physical health	To preserve a woman's mental health	In case of rape or incest	Because of foetal impairment	For economic or social reasons	On request	Not permitted	
<b>World</b>																	
1996	187	120	99	82	79	60	47	5	192	97	63	52	43	41	31	24	3
2005	189	127	123	91	84	65	54	4	193	98	66	64	47	44	34	28	2
2011	189	132	126	99	98	69	58	6	195	97	68	65	51	50	35	30	3
<b>More developed regions</b>																	
1996	45	42	41	39	39	36	28	3	48	94	88	85	81	81	75	58	6
2005	46	42	41	40	40	37	32	2	48	96	88	85	83	83	77	67	4
2011	47	43	42	42	42	40	35	2	49	96	88	86	86	86	82	71	4
<b>Less developed regions</b>																	
1996	142	78	58	43	40	24	19	2	144	99	54	40	30	28	17	13	1
2005	143	85	82	51	44	28	22	2	145	99	59	57	35	30	19	15	1
2011	142	89	84	57	56	29	23	4	146	97	61	58	39	38	20	16	3
<b>Least developed countries</b>																	
1996	49	18	11	4	4	3	1	0	49	100	37	22	8	8	6	2	0
2005	49	24	21	9	9	4	3	0	49	100	49	43	18	18	8	6	0
2011	48	24	22	12	13	3	2	0	48	100	50	46	25	27	6	4	0

Table V.2. (Continued)

Year	By major area																
	Number of countries					Percentage											
	To save a woman's life	To preserve a woman's physical health	In case of incest or foetal impairment	For economic or social reasons	On request	Not permitted	Total number of countries	To save a woman's life	To preserve a woman's physical health	To preserve a woman's mental health	In case of incest or foetal impairment	For economic or social reasons	On request	Not permitted			
<i>Africa</i>																	
1996	53	25	16	12	10	4	2	0	53	100	47	30	23	19	8	4	0
2005	53	31	29	15	15	4	3	0	53	100	58	55	28	28	8	6	0
2011	53	33	30	18	20	4	3	0	53	100	62	57	34	38	8	6	0
<i>Asia</i>																	
1996	46	30	26	22	24	17	15	0	46	100	65	57	48	52	37	33	0
2005	46	31	28	23	24	19	17	0	46	100	67	61	50	52	41	37	0
2011	47	32	30	25	26	19	17	0	47	100	68	64	53	55	40	36	0
<i>Europe</i>																	
1996	40	37	36	34	35	32	26	3	43	93	86	84	79	81	74	60	7
2005	41	37	37	35	36	33	29	2	43	95	86	86	81	84	77	67	5
2011	42	38	38	37	38	36	32	2	44	95	86	86	84	86	82	73	5
<i>Latin America and the Caribbean</i>																	
1996	31	17	11	10	6	4	2	2	33	94	52	33	30	18	12	6	6
2005	31	17	18	13	5	5	2	2	33	94	52	55	39	15	15	6	6
2011	29	19	18	13	9	6	3	4	33	88	58	55	39	27	18	9	12
<i>Northern America</i>																	
1996	2	2	2	2	2	2	2	0	2	100	100	100	100	100	100	100	0
2005	2	2	2	2	2	2	2	0	2	100	100	100	100	100	100	100	0
2011	2	2	2	2	2	2	2	0	2	100	100	100	100	100	100	100	0
<i>Oceania</i>																	
1996	15	9	8	2	2	1	0	0	15	100	60	53	13	13	7	0	0
2005	16	9	9	3	2	2	1	0	16	100	56	56	19	13	13	6	0
2011	16	8	8	4	3	2	1	0	16	100	50	50	25	19	13	6	0

**Table V.3. Government level of concern about violence against women, 2011**

Year	Number of countries				Percentage			
	Major concern	Minor concern	Not a concern	Total	Major concern	Minor concern	Not a concern	Total
<b>By level of development</b>								
<i>World</i>								
2011	180	13	2	195	92	7	1	100
<i>More developed regions</i>								
2011	45	3	0	48	94	6	0	100
<i>Less developed regions</i>								
2011	135	10	2	147	92	7	1	100
<i>Least developed countries</i>								
2011	48	1	0	49	98	2	0	100
<b>By major area</b>								
<i>Africa</i>								
2011	54	0	0	54	100	0	0	100
<i>Asia</i>								
2011	37	8	2	47	79	17	4	100
<i>Europe</i>								
2011	40	3	0	43	93	7	0	100
<i>Latin America and the Caribbean</i>								
2011	32	1	0	33	97	3	0	100
<i>Northern America</i>								
2011	2	0	0	2	100	0	0	100
<i>Oceania</i>								
2011	15	1	0	16	94	6	0	100

Table V.4. Government policies to prevent domestic violence, 2011

Year	Number of countries					Percentage				
	Legal provision	Policy	Both	Neither	Total	Legal provision	Policy	Both	Neither	Total
<b>By level of development</b>										
<i>World</i>										
2011	10	30	140	13	193	5	16	73	7	100
<i>More developed regions</i>										
2011	0	1	46	1	48	0	2	96	2	100
<i>Less developed regions</i>										
2011	10	29	94	12	145	7	20	65	8	100
<i>Least developed countries</i>										
2011	7	8	27	5	47	15	17	57	11	100
<b>By major area</b>										
<i>Africa</i>										
2011	8	8	30	6	52	15	15	58	12	100
<i>Asia</i>										
2011	0	12	30	5	47	0	26	64	11	100
<i>Europe</i>										
2011	0	1	41	1	43	0	2	95	2	100
<i>Latin America and the Caribbean</i>										
2011	0	0	33	0	33	0	0	100	0	100
<i>Northern America</i>										
2011	0	0	2	0	2	0	0	100	0	100
<i>Oceania</i>										
2011	2	9	4	1	16	13	56	25	6	100

