

III. FERTILITY, 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 childbirth 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, the 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 four interrelated dimensions of reproductive health, namely, Government policies concerning fertility, including fertility among adolescents, the type of support that Governments provide to family planning programmes, legal grounds under which induced abortion is permitted, and Government policies regarding prevention of violence against women.

The wealth of information available on fertility trends points to the decline in fertility in most parts of the world. Whereas most developed countries have completed the fertility transition and are experiencing below-replacement fertility levels, many developing countries, particularly in Africa and Asia, are still experiencing moderate to high levels of fertility. The extent of future growth in the world population will depend largely on the speed of fertility decline in developing countries. Government policies to reduce fertility can bring about temporary changes in the age structure of populations that are beneficial for development and that facilitate investments in health and education and improve lives.

Globally, total fertility has declined from 4.4 children per woman in 1970–1975 to 2.5 children per woman in 2010–2015. As a result, among countries with at least 90,000 inhabitants in 2013, the number of countries with total fertility of four children per woman or greater has declined from 135 in 1970–1975 to 45 in 2010–2015. By 2030–2035, according to projections, only 14 countries will have total fertility of four or more children per woman. On the opposite end, the number of countries with total fertility below the replacement level of 2.1 children per woman, increased from 55 countries in 1990–1995 to 86 countries in 2010–2015, and is expected to rise to 119 countries by 2030–2035.

Fertility levels and trends vary markedly across countries and regions. The lowest fertility rates among major geographic areas are in Europe, where the total fertility rate was 1.6 children per woman 2010–2015. In the same period, total fertility was 1.9 children per woman in

Northern America, 2.2 in Asia and Latin America and the Caribbean, 2.4 in Oceania and 4.7 in Africa.

Among the 45 countries in more developed regions with at least 90,000 inhabitants in 2013, 41 had already reached below or replacement fertility in 1990–1995, and all but Albania had reached below or replacement level fertility by 2005–2010, despite the fact that 36 countries in more developed regions have experienced slight increases in their fertility between 2000–2005 and 2005–2010. Fertility in countries in more developed regions averaged at 1.7 children per woman in 2010–2015. Fertility has also continued to fall in the vast majority of countries in less developed regions, and 41 of those countries had already reached below or replacement level fertility in 2010–2015. Yet, in 2010–2015, total fertility remained high at four children per woman or greater in 45 countries in less developed regions, including 17 countries where total fertility was five children per woman or greater (United Nations, 2013a).

Measures to lower fertility have included integrating family planning and safe motherhood programmes into primary health care systems, providing access to reproductive health services, promoting the responsibility of men in sexual and reproductive health, raising the minimum legal age at marriage, improving female education and employment opportunities, discouraging son preference, and providing low cost, safe and effective contraception.

Alternatively, to raise fertility levels, Governments in many developed countries have instituted measures such as baby bonuses, family allowances, maternal, paternal and parental leave, subsidized childcare, tax incentives, subsidized housing, flexible work schedules, and campaigns to promote the sharing of parenting and household work between spouses. Although a number of countries, mostly in Europe, that have adopted such measures have experienced modest increases in fertility between 2000–2005 and 2005–2010 (United Nations, 2013a), the implementation and effectiveness of such measures have been difficult to ascertain.

POLICIES TO INFLUENCE FERTILITY

In 2013, 27 per cent of Governments had policies to raise the level of fertility, 43 per cent had policies to lower it, and the remaining 30 per cent either had policies to maintain fertility at current levels or were not intervening to influence it (table III.1, figure III.1). While the percentage of Governments with policies to raise fertility has increased steadily from just 9 per cent in 1976 to 27 per cent in 2013, the percentage of Governments with policies to lower fertility increased from 27 per cent in 1976 to 42 per cent in 1996, and then remained at 43 per cent in 2013. During this time, the percentage of Governments that did not have policies to influence fertility has declined steadily from 52 per cent in 1976 to 13 per cent in 2013 (table III.1).

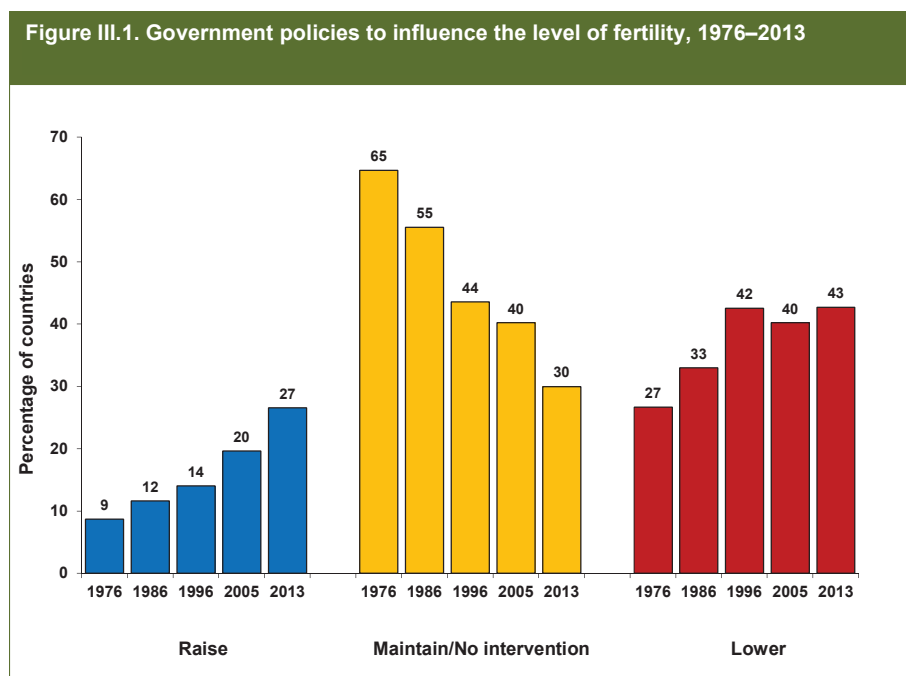
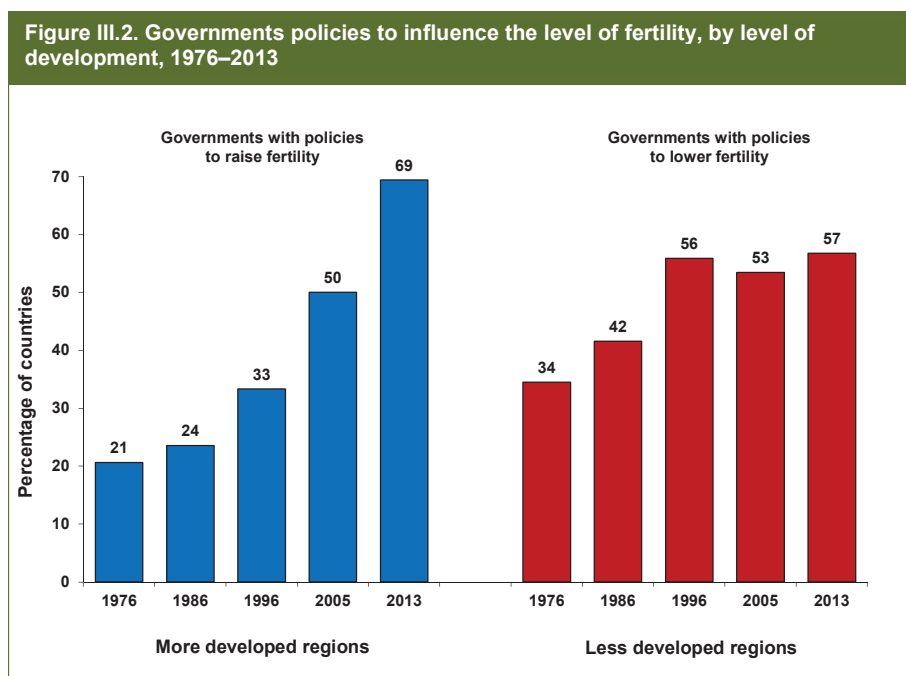


Figure III.2 presents trends in the percentage of Governments in more developed regions that had policies to raise fertility and trends in the percentage of Governments in less developed regions that had policies to lower fertility from mid-1970s to 2013. In 1976, only about one in every five Governments in more developed regions had policies to raise fertility, but by 2013 this proportion had risen steadily to more than two thirds. In contrast, in 1976, half of all Governments in less developed regions did not intervene to influence fertility and one in three had policies to lower fertility (table III.1). By 1996, one in four Governments in less developed regions did not intervene to influence fertility, whereas more than half had policies to lower fertility. Between 1996 and 2013, the percentage of Governments in less developed regions that did not intervene to influence fertility declined further to just 12 per cent, but the percentage of those with policies to lower fertility remained mostly unchanged.



Since the mid-1970s, least developed countries have seen the most dramatic increase in the proportion of Governments that had policies to lower fertility, from just 14 per cent in 1976 to 94 per cent in 2013 (table III.1). This increase has been accompanied by a corresponding decrease in the percentage of Governments in least developed countries that have no policies to influence fertility, from 79 per cent in 1976 to only 2 per cent in 2013.

One of the most significant developments in population policy in the wake of the 1994 ICPD was the increase in the number of Governments in Africa that reported to have policies to reduce fertility. In 1976, 25 per cent of Governments in Africa had policies aimed at lowering fertility. This percentage increased to 68 per cent in 1996, and further to 74 per cent in 2005 and 83 per cent in 2013 (table III.1). In Europe, on the contrary, the percentage of Governments that had policies to raise fertility has increased steadily from 24 per cent in 1976 to 73 per cent in 2013. The situation in Asia is mixed, where a considerable proportion of Governments, 40 per cent in 2013, continued to have policies to lower fertility, while the percentage that had policies to raise fertility increased from 5 per cent in 1976 to 31 per cent in 2013.

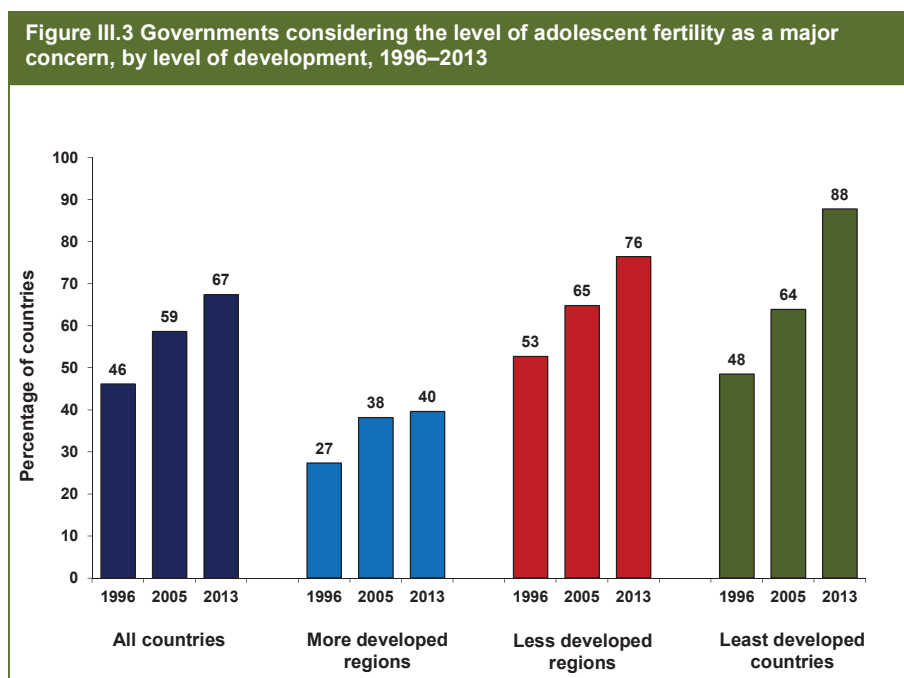
As evident above, in the past three to four decades, a growing number of Governments in less developed regions with relatively high fertility levels have adopted policies to lower fertility. Whereas, faced with ever-declining, below-replacement fertility levels, Governments in more developed regions have increasingly adopted family-friendly policies aimed at raising fertility.

ADOLESCENT FERTILITY

Early childbearing is associated with low educational attainment and poverty. Early childbearing also increases the risk of maternal death or physical impairment, and children born

to young mothers tend to have higher levels of morbidity and mortality. Therefore, many Governments have expressed concern about high levels of adolescent fertility in their countries. Among the 196 Governments whose views regarding fertility among adolescents were known in 2013, 67 per cent expressed a major concern about the level of adolescent fertility in their countries, and an additional 25 per cent expressed a minor concern. Globally, the percentage of Governments expressing adolescent fertility as a major concern has risen steadily, from 46 per cent in 1996 to 67 per cent in 2013 (table III.2).

Since the mid-1990s, the proportion of Governments that viewed adolescent fertility as a major concern has been rising in both more and less developed regions (figure III.3). However, in 2013, Governments in less developed regions were considerably more likely to consider adolescent fertility as a major concern than those in more developed regions, 76 per cent and 40 per cent, respectively. This proportion was still higher in least developed countries at 88 per cent in 2013, up from 48 per cent in 1996. All Governments in Latin America and the Caribbean and four out of every five Governments in Africa viewed adolescent fertility in their countries as a major concern in 2013, compared with only 40 per cent in Europe. Since the mid-1990s, the proportion of Governments that viewed adolescent fertility as a major concern has risen steadily in all major world regions, except in Northern America.



Policies and programmes to reduce adolescent fertility usually focus on supporting public facilities and non-governmental organizations that provide young people, whether in-school or out-of-school, training in life skills and appropriate information and education on reproductive and sexual health. Such programmes also include innovative educational approaches, including peer counselling for young people and orientation for parents, as well as strengthening education on reproductive and sexual health in non-formal settings, vocational training programmes and youth clubs (United Nations Population Fund, 2007).

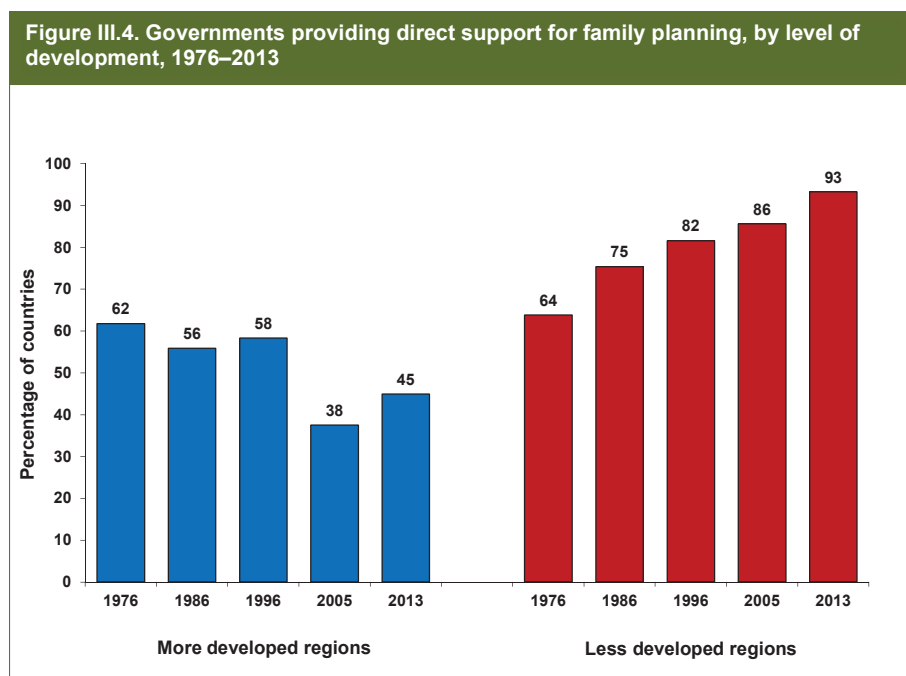
Of the 195 countries with information available in 2013, 90 per cent of Governments had adopted policies and programmes to reduce adolescent fertility (table III.3). In 2013, 94 per cent of Governments in less developed regions had policies and programmes to reduce adolescent fertility, compared with 77 per cent of Governments in more developed regions. All Governments in Latin America and the Caribbean, Northern America and Oceania, and all but one Government in Africa, had policies and programmes to reduce adolescent fertility in 2013; whereas 23 per cent of Governments in Europe and 19 per cent in Asia did not have such policies or programmes. Since the mid-1990s, as growing numbers of Governments have expressed concern about adolescent fertility, the number of Governments with policies and programmes to reduce adolescent fertility has also risen in both more and less developed regions, as well as across major world regions, with the exception of Northern America where both Canada and the United States of America have had such policies and programmes since 1996.

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 2013, 160 out of 197 Governments (81 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 III.4). In 2013, Governments in 20 countries provided only indirect support for family planning through the private sector, including non-governmental organizations. The remaining 17 Governments did not support family planning, including the Holy See, which 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 less developed regions, from 64 per cent in 1976 to 93 per cent in 2013 (figure III.4). The increase in this percentage has been particularly dramatic for least developed countries, from 43 per cent in 1976 to 98 per cent in 2013. Conversely, in more developed regions, 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 2013. Despite this recent increase, Governments in less developed regions were more than twice as likely as those in more developed regions to provide direct support for family planning in 2013.



A gradual decline in the proportion of Governments in more developed regions 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 2013, more than 9 out of 10 Governments in Latin America and the Caribbean (97 per cent), Africa (96 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 III.4). In Africa, in 2013, only one country did not support family planning, down from 17 countries in 1976, including three countries that did not permit family planning.

Some of the previously pronatalist Governments, 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. As a result of widespread and growing Government support for family planning and rising contraceptive use rates in many countries in less developed regions, the unmet need for family planning—defined as the percentage of women aged 15 to 49, married or in union, who report the desire to delay or avoid pregnancy but are not using any form of contraception—has declined from 15.3 per cent in 1990 to 12.3 per cent in 2013. Worldwide, 144 million married or in-union women of reproductive age are estimated to have an unmet need for family planning in 2013. The number of women with an unmet need for family planning increases to 218 million if women using traditional contraceptive methods are included (United Nations, 2013b).

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 2013, 97 per cent of Governments permitted abortion to save a woman's life (table III.5). 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 2013, 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 67 per cent (figure III.5). During this period, the proportion of Governments allowing abortion rose from 52 per cent to 64 per cent in order to preserve the mental health of a woman, from 43 per cent to 52 per cent in cases of rape or incest, and from 41 per cent to 52 per cent because of foetal impairment. The percentage of Governments permitting abortion for economic and social reasons or upon request also rose gradually between 1996 and 2013. In 2013, slightly over one third (36 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.

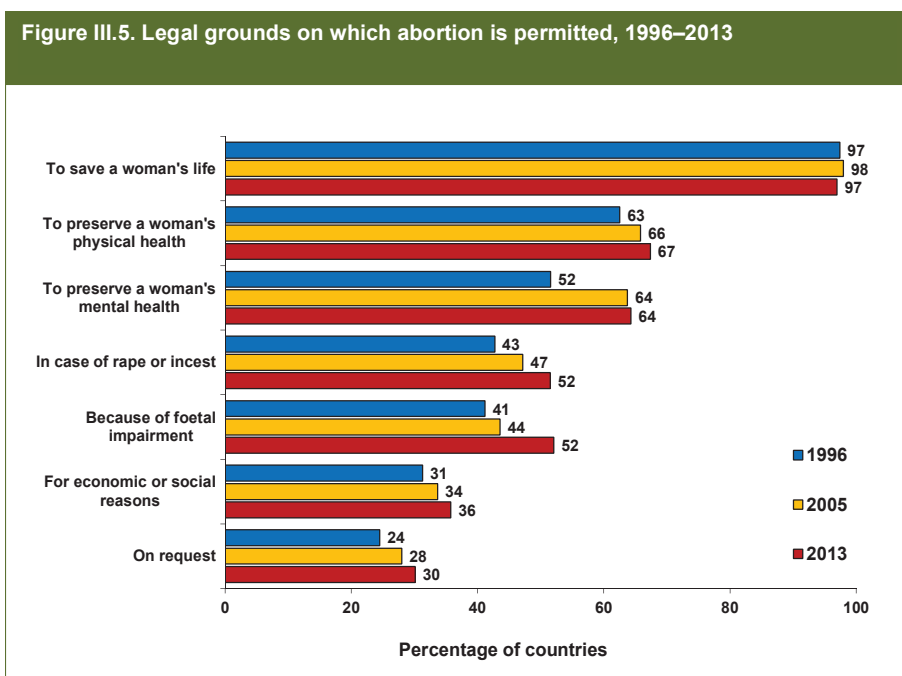
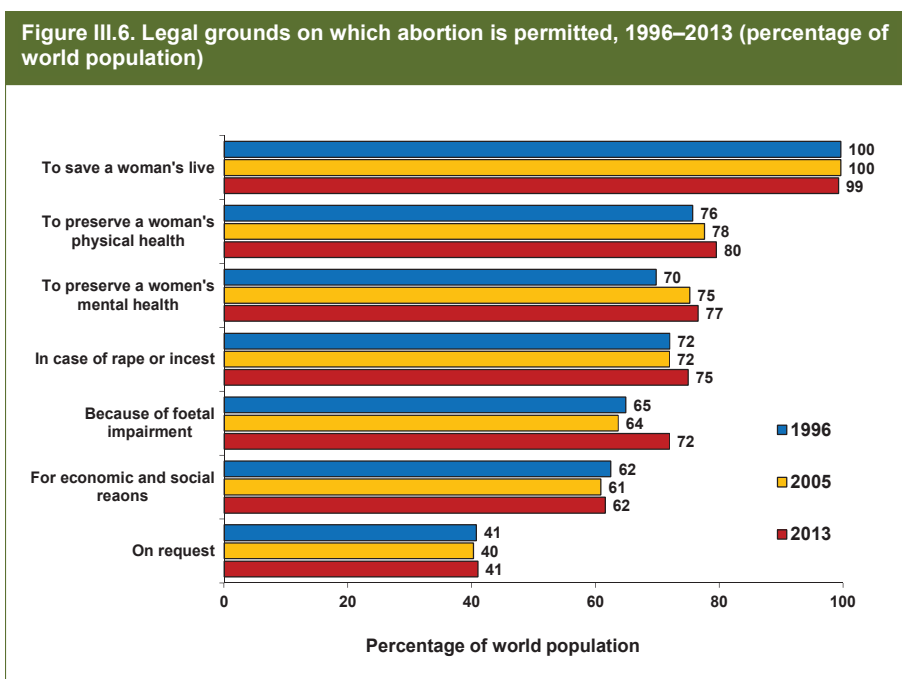
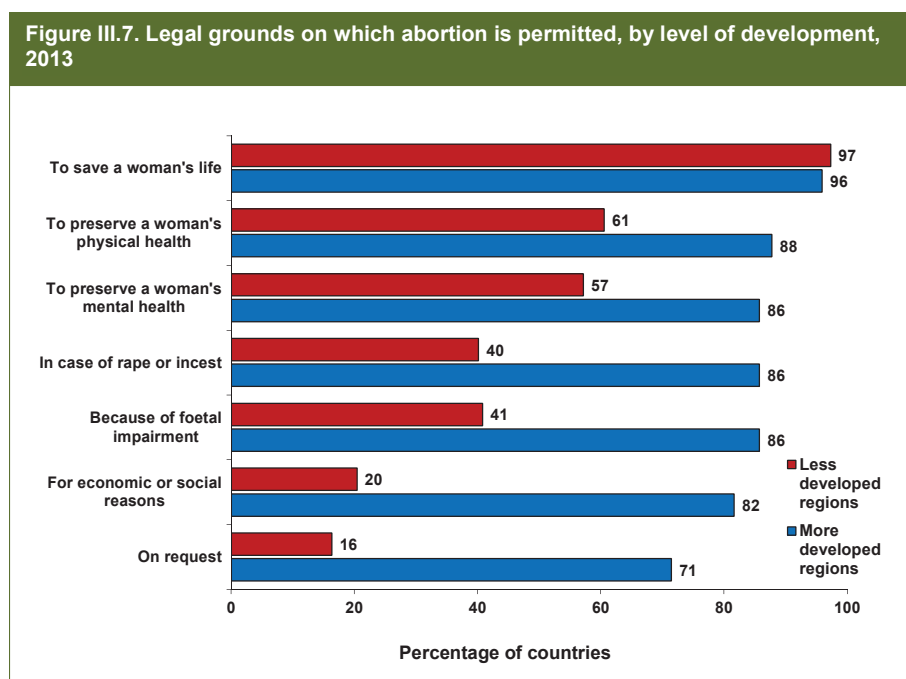


Figure III.6 presents trends in the proportion of the world population living under different legal provisions for abortion. In 2013, 99 per cent of the world population lived in countries where abortion was permitted to save a woman's life, while 62 per cent lived in countries where abortion was permitted for economic and social reasons and only 41 per cent lived in countries where abortion was permitted on request (figure III.6). These percentages have remained virtually unchanged since 1996.



The proportions of the world population living under different legal grounds for abortion were considerably greater than the corresponding proportions of countries in figure III.5. Most notably, in 2013, 62 per cent of the world population lived in countries that allowed abortion for economic and social reasons, compared with 36 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, since the mid-1990s, the number of grounds on which abortion is allowed has been rising in an increasing number of countries in both more developed regions and less developed regions (table III.5). However, abortion laws and policies continue to be much more restrictive in countries in less developed regions than in countries in more developed regions on all grounds, except to save a woman's life (figure III.7). For example, in 2013, Governments of 82 per cent of countries in more developed regions permitted abortion for economic and social reasons and 71 per cent allowed abortion on request. In contrast, only 20 per cent of Governments in less developed regions permitted abortion for economic and social reasons and only 16 per cent allowed it on request. Overall, in 2013, only 45 out of 147 Governments in less developed regions 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 III.5).



Legal grounds for abortion also vary by geographic region. In 2013, abortion policies were most restrictive in Oceania, followed by Africa and Latin American and the Caribbean. Only 6 per cent of Governments in Oceania and Africa and only 12 per cent in Latin American and the Caribbean allowed abortion upon request (table III.5). 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 and Northern America, on the other extreme, had the most liberal abortion policies

in 2013. Both Governments in Northern America and 73 per cent of Governments in Europe allowed abortion on request.

Between 1996 and 2013, 57 countries (21 in Africa, 12 in Asia, 12 in Latin America and the Caribbean, 8 in Europe and 4 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 III.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 III.1		
Countries that liberalized or restricted legal grounds on which abortion is permitted between 1996 and 2013		
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>	Argentina, 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, Uganda, Uruguay	Algeria, Belize, Ecuador, Iraq
<i>e. Because of foetal impairment</i>	Bahamas, Benin, Burkina Faso, Chad, Colombia, Eritrea, Ethiopia, Fiji, Guinea, Indonesia, Iran (Islamic Republic of), Jordan, Mexico, Monaco, Nepal, Niger, Oman, Swaziland, Switzerland, Togo, Uganda, Uruguay	Iraq
<i>f. For economic or social reasons</i>	Bahrain, Fiji, Mexico, Nepal, Portugal, Saint Vincent and the Grenadines, Spain, Switzerland, Uruguay	–
<i>g. On request</i>	Australia, Bahrain, Belgium, Cabo Verde, Italy, Mexico, Nepal, Portugal, Spain, Switzerland, Uruguay	–

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).

Given that much of the 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 2013, information on legal provisions or policies on domestic violence was available for 195 countries. Among these, all but 10 Governments (95 per cent) had adopted some legal measures or policies to prevent domestic violence, including 78 per cent with legal measures, 90 per cent with policies and 73 per cent with both legal measures and policies (table III.6). Governments in more developed regions were more likely to have adopted such measures than those in less developed regions. In more developed regions, 98 per cent of Governments had adopted both legal measures and policies to prevent domestic violence, compared to 71 per cent with legal measures, 87 per cent with policies and 65 per cent with both among Governments in less developed regions.

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 98 per cent in Europe, and 100 per cent in Northern America and Latin America and the Caribbean. This proportion was also relatively low in Africa (68 per cent) and Asia (69 per cent). Four Governments in Africa and five Governments in Asia did not have any legal provisions or policies to prevent domestic violence (table III.6).

Chapter III

Tables

Table III.1. Government policies on the level of fertility, 1976–2013

Year	By level of development									
	Number of countries					Percentage				
	Raise	Maintain	Lower	No intervention	Total	Raise	Maintain	Lower	No intervention	Total
<i>World</i>										
1976	13	19	40	78	150	9	13	27	52	100
1986	19	16	54	75	164	12	10	33	46	100
1996	27	19	82	65	193	14	10	42	34	100
2005	38	31	78	47	194	20	16	40	24	100
2013	54	33	84	26	197	27	17	43	13	100
<i>More developed regions</i>										
1976	7	7	0	20	34	21	21	0	59	100
1986	8	6	0	20	34	24	18	0	59	100
1996	16	4	1	27	48	33	8	2	56	100
2005	24	8	0	16	48	50	17	0	33	100
2013	34	7	0	8	49	69	14	0	16	100
<i>Less developed regions</i>										
1976	6	12	40	58	116	5	10	34	50	100
1986	11	10	54	55	130	8	8	42	42	100
1996	11	15	81	38	145	8	10	56	26	100
2005	14	23	78	31	146	10	16	53	21	100
2013	20	26	84	18	148	14	18	57	12	100
<i>Least developed countries</i>										
1976	1	2	6	33	42	2	5	14	79	100
1986	2	4	15	27	48	4	8	31	56	100
1996	0	3	32	14	49	0	6	65	29	100
2005	0	3	38	9	50	0	6	76	18	100
2013	0	2	46	1	49	0	4	94	2	100

Table III.1. (Continued)

Year	By major area									
	Number of countries					Percentage				
	Raise	Maintain	Lower	No intervention	Total	Raise	Maintain	Lower	No intervention	Total
<i>Africa</i>										
1976	2	2	12	32	48	4	4	25	67	100
1986	3	3	21	24	51	6	6	41	47	100
1996	2	3	36	12	53	4	6	68	23	100
2005	1	4	39	9	53	2	8	74	17	100
2013	1	4	45	4	54	2	7	83	7	100
<i>Asia</i>										
1976	2	9	14	12	37	5	24	38	32	100
1986	8	6	13	11	38	21	16	34	29	100
1996	7	9	19	11	46	15	20	41	24	100
2005	11	12	17	7	47	23	26	36	15	100
2013	15	12	19	2	48	31	25	40	4	100
<i>Europe</i>										
1976	7	7	0	15	29	24	24	0	52	100
1986	8	6	0	15	29	28	21	0	52	100
1996	16	4	1	22	43	37	9	2	51	100
2005	22	7	0	14	43	51	16	0	33	100
2013	32	6	0	6	44	73	14	0	14	100
<i>Latin America and the Caribbean</i>										
1976	2	0	10	15	27	7	0	37	56	100
1986	0	0	15	18	33	0	0	45	55	100
1996	1	0	18	14	33	3	0	55	42	100
2005	1	5	13	14	33	3	15	39	42	100
2013	3	8	11	11	33	9	24	33	33	100
<i>Northern America</i>										
1976	0	0	0	2	2	0	0	0	100	100
1986	0	0	0	2	2	0	0	0	100	100
1996	0	0	0	2	2	0	0	0	100	100
2005	0	0	0	2	2	0	0	0	100	100
2013	0	0	0	2	2	0	0	0	100	100
<i>Oceania</i>										
1976	0	1	4	2	7	0	14	57	29	100
1986	0	1	5	5	11	0	9	45	45	100
1996	1	3	8	4	16	6	19	50	25	100
2005	3	3	9	1	16	19	19	56	6	100
2013	3	3	9	1	16	19	19	56	6	100

Table III.2. Government level of concern about adolescent fertility, 1996–2013

Year	By level of development							
	Number of countries				Percentage			
	Major concern	Minor concern	Not a concern	Total	Major concern	Minor concern	Not a concern	Total
<i>World</i>								
1996	59	39	30	128	46	30	23	100
2005	106	56	19	181	59	31	10	100
2013	132	49	15	196	67	25	8	100
<i>More developed regions</i>								
1996	9	12	12	33	27	36	36	100
2005	16	19	7	42	38	45	17	100
2013	19	20	9	48	40	42	19	100
<i>Less developed regions</i>								
1996	50	27	18	95	53	28	19	100
2005	90	37	12	139	65	27	9	100
2013	113	29	6	148	76	20	4	100
<i>Least developed countries</i>								
1996	16	9	8	33	48	27	24	100
2005	30	12	5	47	64	26	11	100
2013	43	6	0	49	88	12	0	100

Table III.2. (Continued)

Year	By major area							
	Number of countries				Percentage			
	Major concern	Minor concern	Not a concern	Total	Major concern	Minor concern	Not a concern	Total
<i>Africa</i>								
1996	24	8	9	41	59	20	22	100
2005	32	15	5	52	62	29	10	100
2013	43	10	1	54	80	19	2	100
<i>Asia</i>								
1996	7	12	8	27	26	44	30	100
2005	20	15	7	42	48	36	17	100
2013	27	15	6	48	56	31	13	100
<i>Europe</i>								
1996	7	9	12	28	25	32	43	100
2005	13	17	7	37	35	46	19	100
2013	17	18	8	43	40	42	19	100
<i>Latin America and the Caribbean</i>								
1996	18	6	1	25	72	24	4	100
2005	30	3	0	33	91	9	0	100
2013	33	0	0	33	100	0	0	100
<i>Northern America</i>								
1996	1	1	0	2	50	50	0	100
2005	2	0	0	2	100	0	0	100
2013	1	1	0	2	50	50	0	100
<i>Oceania</i>								
1996	2	3	0	5	40	60	0	100
2005	9	6	0	15	60	40	0	100
2013	11	5	0	16	69	31	0	100

Table III.3. Governments with policies to reduce adolescent fertility, 1996–2013

Year	By level of development					
	Number of countries			Percentage		
	Yes	No	Total	Yes	No	Total
<i>World</i>						
1996	76	51	127	60	40	100
2005	138	42	180	77	23	100
2013	175	20	195	90	10	100
<i>More developed regions</i>						
1996	16	15	31	52	48	100
2005	26	18	44	59	41	100
2013	37	11	48	77	23	100
<i>Less developed regions</i>						
1996	60	36	96	63	38	100
2005	112	24	136	82	18	100
2013	138	9	147	94	6	100
<i>Least developed countries</i>						
1996	18	12	30	60	40	100
2005	36	9	45	80	20	100
2013	48	0	48	100	0	100

Table III.3. (Continued)

Year	By major area					
	Number of countries			Percentage		
	Yes	No	Total	Yes	No	Total
<i>Africa</i>						
1996	24	14	38	63	37	100
2005	40	10	50	80	20	100
2013	52	1	53	98	2	100
<i>Asia</i>						
1996	16	13	29	55	45	100
2005	31	12	43	72	28	100
2013	39	9	48	81	19	100
<i>Europe</i>						
1996	13	15	28	46	54	100
2005	22	17	39	56	44	100
2013	33	10	43	77	23	100
<i>Latin America and the Caribbean</i>						
1996	18	6	24	75	25	100
2005	31	0	31	100	0	100
2013	33	0	33	100	0	100
<i>Northern America</i>						
1996	2	0	2	100	0	100
2005	2	0	2	100	0	100
2013	2	0	2	100	0	100
<i>Oceania</i>						
1996	3	3	6	50	50	100
2005	12	3	15	80	20	100
2013	16	0	16	100	0	100

Table III.4. Government policies on providing support for family planning,¹ 1976–2013

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
2013	160	20	16	1	197	81	10	8	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
2013	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
2013	138	5	5	0	148	93	3	3	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
2013	48	1	0	0	49	98	2	0	0	100

Table III.4. (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
2013	52	1	1	0	54	96	2	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
2013	40	4	4	0	48	83	8	8	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
2013	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
2013	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
2013	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
2013	15	1	0	0	16	94	6	0	0	100

¹ In revisions prior to 2011, "support for family planning" was referred to as "access to contraceptive methods".

Table III.5. Legal grounds on which abortion is permitted, 1996–2013

Year	By level of development																
	Number of countries					Percentage											
	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	Because of economic or social reasons	For	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	Because of economic or social reasons	For	Not permitted		
<i>World</i>																	
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
2013	190	132	126	101	102	70	59	6	196	97	67	64	52	52	36	30	3
<i>More developed regions</i>																	
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
2013	47	43	42	42	42	40	35	2	49	96	88	86	86	86	82	71	4
<i>Less developed regions</i>																	
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
2013	143	89	84	59	60	30	24	4	147	97	61	57	40	41	20	16	3
<i>Least developed countries</i>																	
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
2013	48	24	22	13	14	3	2	0	48	100	50	46	27	29	6	4	0

Table III.5. (Continued)

Year	By major area																
	Number of countries					Percentage											
	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 rape	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 rape	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
2013	53	33	30	19	21	4	3	0	53	100	62	57	36	40	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
2013	48	32	30	25	28	19	17	0	48	100	67	63	52	58	40	35	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
2013	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
2013	29	19	18	14	10	7	4	4	33	88	58	55	42	30	21	12	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
2013	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
2013	16	8	8	4	3	2	1	0	16	100	50	50	25	19	13	6	0

Table III.6. Government policies to prevent domestic violence, 2013

Year	Number of countries					Percentage				
	Legal provision	Policy	Both	Neither	Total	Legal provision	Policy	Both	Neither	Total
By level of development										
<i>World</i>										
2013	9	33	143	10	195	5	17	73	5	100
<i>More developed regions</i>										
2013	0	0	47	1	48	0	0	98	2	100
<i>Less developed regions</i>										
2013	9	33	96	9	147	6	22	65	6	100
<i>Least developed countries</i>										
2013	6	11	27	4	48	13	23	56	8	100
By major area										
<i>Africa</i>										
2013	6	13	30	4	53	11	25	57	8	100
<i>Asia</i>										
2013	0	10	33	5	48	0	21	69	10	100
<i>Europe</i>										
2013	0	0	42	1	43	0	0	98	2	100
<i>Latin America and the Caribbean</i>										
2013	0	0	33	0	33	0	0	100	0	100
<i>Northern America</i>										
2013	0	0	2	0	2	0	0	100	0	100
<i>Oceania</i>										
2013	3	10	3	0	16	19	63	19	0	100