

Inquiring Minds – March 3, 2012 – moderator, Betty Bainbridge

A “Think Piece” to spark discussion:

Population Issues- 1999

Reproductive Rights, Reproductive Health and Family Planning

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Reproductive Rights:

the right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so was first recognized as a human right in 1968. The right to reproductive health has been endorsed and strengthened in successive international forums, particularly at the 1994 International Conference on Population and Development (ICPD) in Cairo as well as at the Fourth World Conference on Women (Beijing, 1995), the World Summit for Social Development (Copenhagen, 1995) and the World Conference on Human Settlements (Istanbul, 1996). The right to reproductive health now includes the concept that individuals have the right to attain the highest standard of sexual and reproductive health and to make reproductive choices free from coercion.

Reproductive Rights

The right to plan the size and spacing of the family was originally agreed at the International Conference on Human Rights in Teheran in 1968.

At the World Population Conference held in Bucharest in 1974, the right was formulated as follows:

All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so; the responsibility of couples and individuals in the exercise of this right takes into account the needs of

their living and future children, and their responsibilities towards the community. (Principle 14f, World Population Plan of Action).

The Programme of Action of the International Conference on Population and Development 1994 states:

Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. (Principle 8).

The Programme of Action adds:

The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. The success of population education and family planning programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The

principle of informed free choice is essential to the long-term success of family planning programmes. Any form of coercion has no part to play. (Para 7.12).

Reproductive Health:

Reproductive health is a state of complete physical, mental and social well-being – not merely the absence of disease or infirmity – in all matters relating to the reproductive system and to its functions and processes, according to the ICPD Programme of Action. Reproductive health implies that people are able to have a satisfying and safe sex life, that they are able to reproduce and that they have the freedom to decide if, when and how often to do so.

Exercising that freedom requires having access to both family planning and related health care services. These services include family planning, pre- and post-natal medical care and the prevention of sexually transmitted diseases (STDs), including HIV/AIDS.

Many people are unable to attain optimal reproductive health because of incomplete knowledge about health and human sexuality; gender bias; high-risk sexual behaviour; and the unavailability or poor quality of reproductive health care services. Violence against women such as domestic abuse and rape leads to STDs and unwanted pregnancies, as well as to physical injury and mental illness, The growing incidence of STDs including HIV/AIDS also negatively affects reproductive health as does the continuation of harmful practices such as female genital mutilation. Adolescents who lack of information and services are particularly at risk. In most parts of the world, the majority of new HIV infections are in young people between the ages of 15 and 24, sometimes younger.

Older women and men also have distinct reproductive and sexual health needs that are often inadequately addressed.

Each year an estimated 585,000 women die as a result of pregnancy and childbirth (maternal mortality) and perhaps 15 times as many suffer injury or infection (maternal morbidity). Most of these deaths and disabilities happen to women in developing countries, where pregnancy and giving birth are among the leading causes of death for women of childbearing age, and where the risk of death is 50 to 100 times greater than in developed countries.

Abortion performed under unsafe conditions is a serious threat to reproductive health. The World Health Organization estimates that about 70,000 women die each year as a result of unsafe abortion, almost all of them in developing countries.

Up to a third of maternal mortality and morbidity could be avoided if all women had access to a range of modern, safe and effective family planning services which would enable them to avoid unwanted pregnancy.

Abortion and the International Conference on Population and Development

The 1994 International Conference on Population and Development agreed that abortion should not be promoted as a method of family planning. The Conference described unsafe abortion as a "major public health concern." It was agreed that expanding and improving family planning services was key to reducing recourse to abortion and that, in countries where abortion is not against the law, abortion should be safe.

United Nations agencies and programmes, including UNFPA, do not support or promote abortion in any country in the world, in any circumstances or under any conditions.

Family Planning:

Family planning services are an essential part of reproductive health care and have saved the lives and protected the health of millions of men, women and children. Over the past 30 years, the development of modern contraceptive methods has given people greater individual freedom and enhanced their ability to plan their families. Contraceptive use has increased from less than 10 per cent of couples 30 years ago to some 60 per cent of couples today, and family size has fallen from an average of six children in the 1960s to less than three. However, today at least 350 million couples do not have access to the full range of safe and effective modern methods of family planning. Surveys from more than 60

developing countries indicate that more than 100 million women who are not currently using a contraceptive method want to delay the birth of their next child or to stop childbearing altogether. Each year during this decade, the number of couples in their reproductive years will increase by about 18 million, according to the ICPD Programme of Action. Reproductive health programmes will have to expand their reach and improve their quality, to provide a full range of services to these men and women.

Adolescent Reproductive Health:

By the year 2000, there will be almost 1.1 billion young people in the world (900 million in less developed regions), of whom more than half are likely to be either married or sexually active. Currently, an estimated 1 in 20 teenagers worldwide acquires an STD each year, while childbearing among young women, despite a greater risk of complications and death, is not uncommon. Developing and providing appropriate information and services to young people is not easy, given the need to balance rights to confidentiality with the concerns of families and communities. While the support of community leaders and parents is critical to the success of programmes for youth, young people should be involved in designing the programmes that will serve them, since they may understand best the needs of their peers.

Emergency Reproductive Health:

Both the ICPD in Cairo in 1994 and the Fourth World Conference on Women in Beijing a year later, acknowledged the reproductive health needs of refugees, internally displaced persons and others in conflict and emergency situations.

The UN system and the international community believe that reproductive health care including family planning, safe maternity, and protection from the transmission of STDs including HIV/AIDS as well as from violence and sexual abuse should be available in all situations and circumstances based on the needs and expressed demands of refugees, with priority given to the needs of women and adolescent girls. Provision of such care should take into account full respect for the various religious and ethical values and cultural backgrounds of the refugees, in conformity with universally recognized human rights. The first ever reproductive health care package to be incorporated from the outset into an emergency assistance response framework was funded by UNFPA in a project executed by the International Federation of Red Cross and Red Crescent Societies working with UNHCR and NGOs in the Great Lakes Region of Central Africa in late 1996. In April 1999, UNFPA, working with UNHCR and other UN agencies, sent emergency reproductive health kits

to Albania to help some 350,000 Kosovo refugees. The kits were designed to respond to a range of needs associated with emergency situations: family planning, including emergency contraception; assisted childbirth; complications connected with unsafe abortions; and STDs, including HIV/AIDS. Emergency contraception, also known as the "morning after pill", is an elevated dose of birth control pills which prevent pregnancy when taken within 72 hours of intercourse. It is intended for use in cases of sexual violence, including rape. In line with the ICPD Programme of Action, the package does not include support for abortion services.

"UNFPA recognizes that all refugees and persons in emergency situations have the same vital human rights, including the right to reproductive health, as people in any community," said Dr. Nafis Sadik, the Fund's Executive Director. There is still a long way to go, however, to ensure that all persons in conflict and emergency situations have the benefit of quality reproductive health counselling and related services.

For Inquiring Minds – March 2, 2012 – Betty Bainbridge, moderator

Topic: Contraception and Public Policy

A "Think Piece" to ponder:

Rick Santorum Wants to Fight 'The Dangers Of Contraception'

By [Michael Scherer](#) | [@michaelscherer](#) | February 14, 2012 | TIME magazine

Candidates often say things when polling in the single digits that come back to haunt them when they [start leading](#) the polls. Last October, Rick Santorum [gave an interview](#) with an Evangelical blog called Caffeinated Thoughts, in which he said contraception is "not okay," and that this would be a public policy issue he would tackle as President. In particular, he said he would "get rid of any idea that you have to have abortion coverage or contraceptive coverage" as a government policy. Start watching the following video at 17:55.

Here's a transcript:

One of the things I will talk about that no President has talked about before is I think the dangers of contraception in this country, the whole sexual libertine idea. Many in the Christian faith have said, "Well, that's okay. Contraception's okay."

It's *not* okay because it's a license to do things in the sexual realm that is counter to how things are supposed to be. They're supposed to be within marriage, they are supposed to be for purposes that are, yes, conjugal, but also [inaudible], but also procreative. That's the perfect way that a sexual union should happen. We take any part of that out, we diminish the act. And if you can take one part out that's not for purposes of procreation, that's not one of the reasons, then you diminish this very special bond between men and women, so why can't you take other parts of that out? And all of a sudden, it becomes deconstructed to the point where it's simply pleasure. And that's certainly a part of it—and it's an important part of it, don't get me wrong—but there's a lot of things we do for pleasure, and this is special, and it needs to be seen as special.

Again, I know most Presidents don't talk about those things, and maybe people don't want us to talk about those things, but I think it's important that you are who you are. I'm not running for preacher. I'm not running for pastor, but these are important public policy issues. These have a profound impact on the health of our society.

According to the [Guttmacher Institute](#), about 99% of women ages 15 to 44 in the U.S. have used a form of contraception. In 2010, 62% of women in that same age group were currently using the method. Presumably a similar percentage of men are therefore employing contraception as well.

In politics, it is generally not a good thing to characterize something nearly every adult in the country has happily used as "a license to do things in the sexual realm that is counter to how things are supposed to be." According to a more recent [Pew poll](#), 85% of the country believes

**that contraception is either “not a moral issue” or “morally acceptable.”
Eight percent view contraception as “morally wrong.”**

In contrast with Santorum, Mitt Romney made it clear in [a recent debate](#) that he did not want to weigh in on the moral question of contraception. “Contraception. It’s working just fine. Just leave it alone,” he said, providing one of the great soundbites of the 2012 cycle.

Read more: <http://swampland.time.com/2012/02/14/rick-santorum-wants-to-fight-the-dangers-of-contraception/#ixzz1ngDm5K1G>