

## Need to Strengthen Availability of Right Based Family Planning Services

*Rajnish Ranjan Prasad, Neha Awasthi, Shweta Bhardwaj, Shrutika Badgujar*

Institute of Health Management & Research (IIHMR), Jaipur, India; State Institute of Health & Family Welfare, Jaipur, India; Family Health International; & Tata Institute of Social Sciences, Jaipur, India

**Email** - rajnishranjanprasad@gmail.com, awa.neha@gmail.com, shwetabhardwaj19@gmail.com, shrutichka@gmail.com

### Abstract

Availability and access to quality family planning & contraception services helps in improving overall health & well-being of people. Family planning programmes are also very efficient and effective in reducing the mortalities & and have demonstrable impact in reducing poverty. Still, people in developing countries specially girls & women faces lot of difficulties in accessing family planning services including lack of knowledge about family planning services & methods and lack of availability. Right to family planning services is an important part of Reproductive rights and different human right documents & treaties include the provision of family planning services as a right of the individual. However still, millions in developing countries are denied of their rights of family planning and contraception services. There is need to address these human right violations through improving availability and accessibility to right based family planning services.

**Keywords:** Family Planning, Reproductive Health, Reproductive Rights

### Introduction

There are sufficient evidences that show that availability and access to quality family planning & contraception services helps in improving overall health & well-being of clients, reduces poverty and empowers people. However, still in 2012, more than 200 million women in the developing countries were denied their rights to modern method of contraception (Population Council, 2012). As per the Glasier, et. al, (2006) "Unsafe sex is the second most important risk factor for disability and death in the world's poorest communities and the ninth most important in developed countries". People in developing countries specially girls & women faces lot of difficulties in accessing family planning services including lack of knowledge about family planning services & methods and lack of availability. Further the prevalent myths and cultural norms compound the problems for women & girls, for example in country like India there is pressure on women to get pregnant at the earliest after marriage, and also, decision related to family size are taken by family members

without consulting women. If these challenges in availability and utilization of Family Planning services are addressed and demand for family planning methods met, more than 54 million undesired pregnancies can be averted every year (Glasier et. al., 2006). Besides that, it will also help in averting more than 79,000 maternal deaths, and a million infant deaths every year (Glasier et. al., 2006).

Though family planning programmes are very efficient and effective in reducing the mortalities & and also have demonstrable impact in reducing poverty (Barro, 1997), still it was observed that family planning programme were neglected by the different stakeholders specially after 1990s, due to various reasons (Population Council, 2012). The support for family planning programme reduced significantly after the 1990s.

### Support for Family Planning Programme

In the second part of the 19<sup>th</sup> century, there was great interest in the promotion of family planning programme in developing countries. Between 1960 and 1996, the number of countries with

policies to support family planning programme increased from 2 to 115 (UNFPA, 2010). Also, between 1971 to 1985, international funding for family planning programme in real dollars increased from 168 million USD to 512 million USD (UNFPA, 2010). The main reason for this increased in support for family planning programme were economic and related to food availability. With improvement in medical science, the mortality rate in developing countries declined rapidly and coupled with high fertility rate, it resulted in rapid population growth. This contributed in increase of dependent population. Besides that, there were major concerns that food requirement of rapidly increasing population will outstrip the food production (Meadows, et al., 1972). Also, there were concerns that non-renewable sources will be soon exhausted due to increasing consumption (Ehrlich 1968; Meadows et al. 1972). Several Economists and influential personalities, including Robert McNamara (World Bank's president from 1968 to 1981), Prime Minister Indira Gandhi of India and President Ziaur Rahman of Bangladesh, were convinced that population growth is hampering the development and there is need to promote family planning for achievement of population stabilization. This also led to formation of the United Nations Fund for Population Activities (UNFPA) in 1969 (Population Council, 2012). These saw rapid improvement in availability of family planning services in most of the developing countries. However, the focus on family planning got lost by the end of 19<sup>th</sup> century as new priorities emerged.

### **Neglect of Family Planning Programme**

The focus on the family planning got reduced by the mid-1990s and this was reflected in reduction of international funding support for family planning programme. Between 1995 and 1997, the donor support for family planning was reduced from 980 million USD to \$340 million in constant 2007 dollars (Cleland et. al., 2006). However, at the same time, support for other reproductive services increased significantly specially for HIV/AIDS prevention & care services (Population Council, 2012). Some of the major foundations including Ford and Rockefeller, withdraw the funding support for the family planning programme. The population issues were also neglected in the Millennium Development Goals (MDGs) and also from development strategies

supported by organizations like World Bank. After 1997, World Bank's support for family planning programme totally come to the halt (World Bank, 2009). In the 1990s, the term "family planning" (or contraception) become the part of much broader "reproductive health and rights" and the focus got diluted. Organizations and supporters of family planning programme realized that family planning programme lost the urgency (Blanc and Tsui 2005).

The reduction in focus on family planning programme couldn't be contributed to a singular factor and the neglect was the result of emergence of multiple priorities. Some experts were also of the opinion that population issues are largely solved and hence no need to give special focus on the issue of family planning. Also, some of the widespread fear related to explosion of population growth and shortage of food were not materialized (Population Council, 2012). The population growth rate at global level reduced from peak of 2 % in the 1960s to 1.5 %, in 1990s, while fertility in Asian and Latin American countries dropped from more than five births per woman to about three births per women. Even in few sub-Saharan Africa, fertility rate was declined (Kelley, 2001). At the same time, the population growth rate in developed countries reduced sharply and it raised concerns related to population decline & aging population (Bogue and Tsui, 1979). As per the Stan Bernstein, "The race against population growth was, in effect, declared over before everyone crossed the finish line" (Bernstein, 2005). Another major reason was the emergence of new priorities for funding specially HIV/AIDS. In the 1990s, HIV/AIDS emerged as a major threat to many countries specially developing countries. Several of the Government agencies and Foundations shifted huge amount of funding to HIV/AIDS programme often at the cost of other priorities including Family Planning (Glasier et. al., 2006).

### **Rights based approach to Family Planning**

Availability and access to family planning services is very vital for the overall well-being of an individual. Right to family planning services is an important part of Reproductive rights (UNFPA, 2014). Reproductive rights include some human rights that are recognized at the national and international level. These are part of international

human right documents and treaties. These rights recognize an individual's right to decide number and timing of the children and to have good sexual & reproductive health. This also include right to take decision related to reproduction without any fear, force or violence. Reproductive rights are included in the United Nations and regional human rights instruments (Sen, Gita, et. al, 1994). Several documents which were adopted by consensus among the nations also includes it. These are mentioned in the paragraph 7.3 of the International Conference on Population and Development's (ICPD) Programme of Action. Besides that, ICPD also clarified that reproductive rights were already included in existing rights and entitlements that were recognized in existing national laws and international human rights documents (United Nations, 1995). The Convention on the Elimination of All Forms of Discrimination against Women has also obligated the states parties to ensure "*access to health care services, including those related to family planning*" and to protect the individual's right to decide on the number and timing of children (Articles 12 and 16). Besides that, it also prohibits all kind of violence against women (UNFPA, 2014).

Another major document that supports the right to reproductive health is the Beijing Declaration and Platform for Action, which was adopted in 1995 at the Fourth World Conference on Women (UNFPA, 2010). Besides that, in June 2012, the United Nations again confirmed its commitment to reproductive rights during the United Nations Conference on Sustainable Development, Rio+20 (UNFPA, 2014).

These treaties and human right documents clearly show that access to family planning services is part of the human rights and failure in providing it, is the violation of the human rights. However still, millions in developing countries are denied of their rights of family planning and contraception services. There is need to address these human right violations through improving availability and accessibility to family planning services.

## Conclusion

Availability and access to quality family planning & contraception services helps in improving

overall health & well-being of people. Despite the availability of plenty of evidences that show the importance of family planning services, in the well-being of people and reduction of poverty, in 2012, more than 200 million women in the developing countries were denied their rights to modern method of contraception (Population Council, 2012). Different human right documents and treaties include the provision of family planning services as a right of the individual. Hence non-availability of family planning services is a clear human right violation and same need to be addressed urgently. There is need to undertake advocacy with Governments and Donor organizations to ensure that sufficient funds are provided for ensuring the availability of family planning services specially among vulnerable population. Ensuring availability of right based family planning services will help in addressing human right violations and improving well-being of the people.

## References

1. Barro, R. J. 1997, "Determinants of economic growth: A cross-country empirical study," Development Discussion Paper, No. 579, Harvard Institute for International Development
2. Bernstein, S., 2005, "The changing discourse on population and development: Toward a new political demography," Studies in Family Planning, 36(2), pp.127–132
3. Birdsall, N., 1994, "Another look at population and global warming," in Proceedings of the UN Expert Group Meeting on Population, Environment and Development, New York: United Nations, pp. 39–54
4. Blanc, A. K., and Amy, O. T., 2005, "The dilemma of past success: Insiders' views on the future of the international family planning movement," Studies in Family Planning 36(4), pp. 263–276
5. Bogue, D. J., & Tsui, A. O., 1979, A reply to Paul Demeny's 'On the end of the population explosion', Population & Development Review, 3 ed., Vol. 5, pp. 479-494

6. Cleland, J, Stan, B., et. al., 2006, "Family planning: The unfinished agenda," The Lancet 368(9549), pp. 1810–1827
7. Cleland, J., Agustin, C., et. al., 2012, "Contraception and health," The Lancet
8. DfID, 2009, "Eliminating world poverty: Building our common future," White Paper (20), Department for International Development, London
9. Dixon-Mueller, R., 1993, Population Policy and Women's Rights: Transforming Reproductive Choice, Westport: Praeger
10. Eastwood, R. and Lipton, M., 1999. "The impact of changes in human fertility on poverty," Journal of Development Studies, 36(1), pp. 1–30.
11. Ehrlich, P., 1968, The Population Bomb, New York: Ballantine Books
12. Glasier, A., Gülmezoglu, A. M., et. al., 2006, Sexual and reproductive health: a matter of life and death, Lancet, 368, pp. 1595–607
13. Kelley, A. C., 2001, "The population debate in historical perspective: Revisionism revised," Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World, Oxford: Oxford University Press, pp. 24–54
14. Meadows, Donella H., et al. 1972, The Limits to Growth, London: Earth Island.
15. Population Council, 2012, Family Planning Programs for the 21st Century Rationale and design
16. Sen, Gita, Germain, and Lincoln C. (eds), 1994, Population Policies Reconsidered: Health, Empowerment and Rights, Boston: Harvard University Press
17. UNFPA, 2014, Reproductive Rights Are Human Rights - A Handbook For National Human Rights Institutions
18. UNFPA, 2010, Sexual and Reproductive Health for All
19. United Nations, 1995, International Conference on Population and Development, 1994 Program of Action
20. World Bank, 2009, World Development Report
21. World Health Organization, 2014, Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations