



Rights based family planning in achieving universal coverage of sexual and reproductive health services

## Briefing kits for advocacy

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# Background

The Program of Action of the International Conference on Population and Development (PoA-ICPD) in Cairo in 1994 is a significant milestone. The Chinese government sent a delegation to participate in the Conference, and has been committed to the fulfillment of PoA-ICPD. Chapter VII of the PoA-ICPD is on the concept of reproductive health and rights, which caused a great paradigm shift in China's family planning.

In the year 2001, the Chinese Government adopted the Population and Family Planning Law of the People's Republic of China, and the reproductive rights has been included in the Law, which promoted reproductive rights and reproductive health work from the policy, management and service perspectives.

In September 2015, a total number of the 193 member states of the United Nations jointly adopted the 2030 Agenda for Sustainable Development. The specific objectives related to reproductive health states that "by 2030, ensuring universal access to sexual and reproductive health services, sexual and reproductive health and reproductive rights."

In the meantime, the Chinese government organized a new institutional adjustment in 2013. The family planning and maternal and child health services has been integrated by the newly established National Health and Family Planning Commission (NHFPC), and the full two-child fertility policy has been initiated in 2015.

In the face of the new demands arising from the full implementation of the two-child fertility policy, and the diversified needs emerging in the social development and changes, the government departments and service institutions are inevitably required to address the needs of sexual and reproductive health services.

Based on this, the UNFPA China, in cooperation with the National Health and Family Planning Commission, plans to develop a rights-based

advocacy kit on family planning in the 8th UNFPA's country programme (2016-2020).

The kit contains four chapters:

Part 1 - An introduction to the promotion of universal access to sexual and reproductive health services in the international development context

Part 2 - An introduction to a rights-based family planning approach for promoting universal access to sexual and reproductive health, and the role and aspirations of family planning in social and economic development

Part 3 - An overview of the progress and achievements in the universal access to sexual and reproductive health services by the Chinese Government

Part 4 - An introduction to new strategies for family planning/ reproductive health investment from international perspectives, and challenges in China

This document mainly reviews the important international and domestic literatures since 1994, containing the following concepts.



# 1. Definition of sexual and reproductive health and rights

## 1.1 WHO definition on sexuality, sexual health, reproductive health

The definition of sexuality, sexual health and reproductive health by WHO contains a rich connotation.

The concept of sexuality is the center of human life cycle, it has the physical, social, psychological connotation and characteristics, and thus affected by these factors. Sexual health is the physical, emotional, psychological and social well-being of a sexual relationship.

**Reproductive health:** It is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the

capability to reproduce and the freedom to decide if, when and how often to do so.

The ICPD in 1994 adopted the definition of the World Health Organization and included it into the Programme of Action (PoA) of the ICPD. Paragraph 7.2 of the PoA implicits that: Reproductive health means the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

### **Sexuality:**

It is a central aspect of being human throughout life; it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

### **Sexual Health:**

It is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respective approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives... Responsible sexual behavior, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.

Programme of Action of the ICPD, 1994, paragraph 7.34

## 1.2 Definition of reproductive rights and sexual rights by the ICPD and WHO

WHO explained sexual rights, and Paragraph 7.3 of PoA of the ICPD 1994 pointed out the connotation of reproductive rights.

Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. It also includes their rights to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

The Beijing Declaration of the Fourth World Conference on Women in 1995 pointed out that, women have the right to decide freely and responsibly all matters related to sexual relations, including sexual and reproductive health, free of discrimination, coercion and violence. Ensuring women's access to appropriate, affordable and quality health care, counseling, information and related services throughout their life cycle; Emphasizing gender issues mainstreaming in all policies and programs.

### **Sexual rights:**

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the right of all persons, to be free of coercion, discrimination and violence, to live to the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health services; seek, receive and impart information in relation to sexuality;

sexuality education; respect for body integrity; choice of partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when to have children; and pursue a satisfying, safe and pleasurable sexual life.

### **Reproductive rights:**

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and time of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government – and community – supported policies and programmes in the area of reproductive health, including family planning.

### 1.3 Promote the universal access to reproductive health

In 2000, the representatives of 189 United Nations Member States adopted the Millennium Declaration, pledging to reduce poverty and improve the quality of life for all. These commitments translate into eight goals for the Millennium Development Goals (MDGs) in 2001, the fifth of which is to improve maternal and child health. The 57th World Health Assembly in 2004 proposed to strengthen health systems for universal access to sexual and reproductive health care, with particular attention to poverty issue, and other marginalized people, including adolescents and male.

2005 World Summit reviewed the progress made on the Millennium Development Goals, and global leaders reaffirmed that reproductive health enhances the eight goals, especially on maternal and child health. In addition, recognizing that improvements in reproductive health contribute to gender equality, child health, universal education, curbing the spread of AIDS and reducing poverty.

In 2007, "universal access to reproductive health by 2015" has been formally included as target 5B

of the MDGs by the 62nd UN General Assembly, which put forward 4 reproductive health evaluation indicators:

(1) contraceptive prevalence rate (2) Adolescent fertility rate (3) Prenatal care coverage and (4) Unmet need of family planning.

In September 2010, UNFPA selected key reproductive health indicators, namely, adolescent fertility, contraceptive prevalence and unmet needs for family planning, the percentage of demand satisfied. An empirical analysis of global situation on universal access to reproductive health was conducted using data from 1990 to 2007, taking data in the year 2000 as a connection point. The result has shown that (1) global adolescent fertility is sluggish, (2) there is a significant gap between the family planning needs and utilization, (3) the difficulties exist in meeting the needs of family planning and (4) the imbalances emerged in geographical regions. In 2010, at the 10-year Millennium Development Goals review summit, global leaders once again reaffirmed their commitment to "achieve universal access to reproductive health by 2015 and promote gender equality and eliminate discrimination against women."



## 2. A rights-based approach to family planning for promoting universal access to reproductive health

### 2.1 Family planning and human rights: a framework

At the ICPD in 1994, the international community translated its recognition of people's right to family planning into a commitment to a human rights-based approach to health, which focuses on building capacity of States and individuals to realize rights. Thus, people not only have rights, but States have the obligation to respect, protect and fulfil these right (Center for Reproductive Rights and United Nations Population Fund, 2010)

The practical expression of the right to family planning can be divided into freedoms and entitlements to be enjoyed by individuals, and the obligations of the State (Center for Reproductive Rights and UNFPA, 2010). The freedoms and entitlements of individuals are strongly dependent on States' obligations to ensure an equal opportunity and the progressive realization of human rights, including the rights to health, for all without discrimination. They achieve this through strategies that contribute to removing obstacles and the adoption of positive measures

that compensate for the factors that systematically prevent specific groups from accessing quality services.

Freedoms and entitlements of individuals: (1) The rights to family planning entitles individuals and couples to access a range of quality family planning goods and services. (2) The right to family planning information and sexuality is central to people's entitlements. (3) The third element of the right to family planning is informed consent and freedom from discrimination, coercion and violence.

The State's obligations to respect, protect and fulfil the right to contraceptive information and services. Respect: States must refrain from interfering in the enjoyment of the right to family planning. Protect: States must also prevent third parties from infringing people's access to family planning information and services; Fulfil: States are required to adopt legislative, budgetary, judicial, and/or administrative measures to achieve people's full right to family planning.

The UNFPA family planning strategy is founded on key principles: a rights-based approach including a commitment to gender equality; geographical, social and economic equity in services; a focus on innovation and efficiency; sustainable results, and integration with national priorities.

UNFPA's commitment to the integration of human rights in family planning policies and programmes emphasizes two essential actions. All policies, services, information and communications must meet human rights standards for voluntary use of contraception and quality of care in service delivery. And actions must be taken to reduce the poverty, marginalization and gender inequalities that are often the root causes of violations of the right to family planning and of people's inability to enjoy their right to family planning.

## 2.2 A human rights-based approach to family planning

The committee on Economic Social and Cultural Rights in its General Comment Number 14 on the right to the highest attainable standard of physical and mental health has defined the following normative elements that apply to all the underlying determinants of health.

**Availability:** The State's obligation to ensure the availability of the full range of family planning methods extends to offering services, to regulating conscientious objection and private service delivery, and to ensuring that providers are offering the full range of legally permissible services.

**Accessibility:** Even when services exist, social norms and practices can limit individual access to them. The subordination of the rights of young people to those of their parents, for example, can limit access to information and services and the capacity to act.

**Acceptability:** Information and services may exist, and they may be readily available to individuals in a community. But if they are not acceptable for cultural, religious or other reasons, they will not be used.

**Quality:** To be in line with fundamental rights, family planning services must meet certain quality standards. Considerable agreement has evolved over the definition of "quality of care since it was first defined in 1990 by Bruce.

In recent years, consensus has emerged on what ensuring quality means in the context of family planning and human rights. It includes:

- Providing family planning as part of other reproductive health services, such as prevention and treatment of sexually transmitted infections, and post-abortion care;
- Disallowing family planning targets, incentives and disincentives, such as providing money to women who undergo sterilization, etc.
- Including assessments of gender relations in plans and budgeting for family planning services;
- Accounting for factors such as the distance clients must travel, affordability and attitudes of providers.

Of critical importance is that the priority must be given to the rights and needs of those groups of population left behind and excluded as a result of persistent patterns of discrimination and disempowerment. Three cross-cutting principles contribute to building strong, rights-based family planning programmes:

**Participation** - a commitment to engaging key stakeholders, especially the most vulnerable beneficiaries, at all stages of decision making, from policies to programme implementation to monitoring.



**Equality and non-discrimination** - a commitment to ensuring that all individuals enjoy their human rights independent of sex, race, age, or any other status.

**Accountability** - mechanism must be in place for ensuring that governments are fulfilling their

responsibilities with regard to family planning information and services. Accountability includes monitoring and evaluation systems, with clear benchmarks and targets in order to assess government policy efforts in meeting people's rights.

UNFPA	WHO
<p>UNFPA works for the realization of reproductive rights, including the right to the highest attainable standard of sexual and reproductive health, through the application of the principles of a human rights-based approach, gender equality and cultural sensitivity to the sexual and reproductive health framework.</p> <p>In light of these principles, individuals are treated as active participants in the policy process with the ability to hold governments accountable in their obligations to respect, protect and fulfil human rights.</p> <p>As the lead United Nations agency working to improve sexual and reproductive health, UNFPA promotes legal, institutional and policy changes, and raises human rights awareness, empowering people to exercise control over their sexual and reproductive lives and to become active participants in development. UNFPA promotes the development of national policy frameworks and accountability systems to ensure universal access to quality sexual and reproductive health information, goods and services without discrimination or coercion on any grounds.</p>	<p>In order to accelerate the process of achieving the international development goals in the field of sexual and reproductive health, especially to meet the demand for contraceptive information and services, WHO has formulated the "Guide for Ensuring Human Rights in the Provision of Contraceptive Information and Services." The guidelines provide priority actions in the health field to ensure that different dimensions of human rights are systematically and clearly integrated into contraceptive information and service delivery.</p> <p>The guideline addresses the following nine aspects: (1) Provision of non-discriminatory contraceptive information and services; (2) availability of contraceptive information and services; (3) accessibility of contraceptive information and services; (4) acceptability of contraceptive information and services; (5) quality contraceptive information and services; (6) informed decision making on contraceptive information and services; (7) privacy and confidentiality of contraceptive information and services; (8) participation in the provision of contraceptive information and services; and (9) accountability for the provision of contraceptive information and services.</p>

### 2.3 Analysis of empirical data to meet the needs of the population

To protect the family planning rights, it is necessary to know who has accessed to family planning and who cannot obtain it at present. Ensuring this right also requires understanding the views on sexuality, sexual behavior and fertility decisions among young people or elderly groups. New technologies have enabled countries to learn more about demographic trends, the environmental factors that motivate people to engage in sexual activity and affect fertility. Digital and mobile communications make it easier for people to gain access to information about their rights and their government's obligation to support their rights.

The assessment of family planning trends requires careful analysis of the elements, including who are the most vulnerable, who are neglected, and what causes people to be disadvantaged and unable to achieve their right to family planning throughout their lives. The sexual activity of some people may challenge the social norms at that time and there are obstacles in obtaining reliable and quality family planning, such as young people, unmarried people of all ages, men, other marginalized or discriminated groups.

- Young people. Despite the international commitments to remove barriers to family planning for all population groups, research finds that young people's needs remain largely neglected.
- Unmarried people of all ages. Relative to previous generations, greater number of young people and adults of reproductive ages are having sex outside the marriage, there is a need to ensure their access to family planning regardless of their marital status.
- Males. The needs and participation of men and boys in family planning has received little attention relative to their roles as supportive partners for women's health, it turns out that the engagement of men and boys (in health and gender equality) is very important.
- Other groups. Such as persons with disabilities, people living with HIV, the poor, hard-to-reach persons in rural and urban communities, ethnic minorities, migrants, refugees, and displaced people, etc.

#### *Case study: Low rates of unintended pregnancy and abortion among young people in the Netherlands*

The Netherlands has addressed the obstacles to young people's access in a variety of ways (Greene, Rasekh and Amen, 2002). Among the changes of note were: Comprehensive sexuality education in primary and secondary schools that includes instruction on relationships, values clarification, sexual development, skills for managing healthy sexuality, and tolerance for diversity, for which teachers receive regular training in content and instructional approaches; the provision of quality information to parents, family doctors, youth-friendly clinics and media; patient-doctor confidentiality, even among young adolescents, and explicit and humorous national campaigns on sexual health. The theme running through the policy commitment to youth sexual and reproductive health in the Netherlands is that laws should address reality, not ideology (Ketting, 1994). In short, the government responded to the needs and rights of young people with policies that ensure their access to information and services. The Netherlands now has among the lowest rates of unintended pregnancy and abortion in the world.

## **2.4 The social and economic impact of universal access to family planning and reproductive health**

Being able to exercise the right to family planning – and more broadly the right to sexual and reproductive health – is instrumental for the realization of other rights and also yields many economic benefits to individuals, households, communities and whole countries. Better reproductive health, including family planning, affects the economy – and therefore sustainable development – in numerous ways.

Women who have fewer risky births, healthier pregnancies, and safe deliveries face lower risks of mortality and improved overall health. Their babies are born healthier and their children's health is better early in life.

These improvements in health produce an array of economic benefits: greater investments in

schooling, greater productivity, greater labor force participation and eventually increased income, savings, investment and asset accumulation. There is little evidence, however, about the impact on the lives of men.

Greater access to family planning can improve the well-being of women, men, children, their households and communities by increasing life expectancy, decreasing morbidity and improving health more broadly. It increases opportunities to invest in schooling and other forms of human capital and to participate in labor markets, increasing productivity and raising incomes, savings, investment and asset accumulation. Declines in mortality, followed by declines in fertility, lead to changes in the age-structure of the population and also produces an aggregate “demographic dividend” at the level of countries. This leads to improvements in economic growth and development.

### ***Health, demographic change, the wealth of nations and sustainable development***

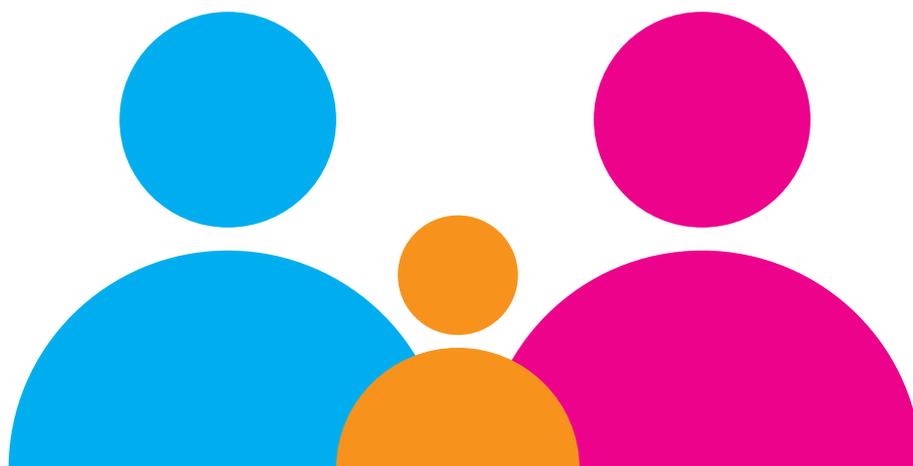
The individual and household impacts of family planning services – lower fertility, improved health, decreased mortality, greater investment in human capital, greater participation in the labor force, and increased income and savings – also scale up at more aggregate levels of communities and countries. Declines in fertility initially reduce the share of a country's population that is young. For some time, the initial decline in the youth population that is dependent others for their basic needs is not offset by increases in the share of the population that is older and dependent on others. At this point in the demographic transition, the relative size of a country's working-age population increases. This one-time increase in the proportion of the working-age population that coincides with a one-time decrease in “dependency ratios” creates favorable conditions for economic development and is called the “demographic dividend.”

The demographic dividend also provides countries with opportunities to increase labor force participation, income, saving, investment, and social change, if policies are in place to invest in the human capital of this young group. Health improvements, higher education investments, higher savings rates and more investment eventually translate into economic growth.

### *The wealth and well-being of households*

**Household savings, income and assets.** Healthier people work more and are physically and cognitively stronger, and thus, more productive and earn higher incomes and accumulate more assets. The impetus to save is further reinforced by improved health and increased life expectancy. Improved access to family planning, declines in fertility, the reduction of maternal mortality and maternal morbidity and the improvement of child health also increase savings and income through the reduction of spending to cope with “health shocks.”

**Shifts in intra-household decision-making.** In contexts where men and women differ in their fertility preferences, and where family planning services are accessible to women independently, greater control over their fertility translates into greater bargaining power, autonomy and decision making capacity within the family.



## Well-being of different population groups

### Females

**Health impact.** Access to family planning reduces overall fertility, the number of unintended pregnancies as well as the number of risky pregnancies, which then reduces the risks of maternal mortality and long-term morbidity. (Maine et al., 1996)

**Impact on (women's) labor force participation:** Access to reproductive health services, including family planning, also improves women's opportunities to enter the labor force. Access allows women to control the timing of births and thus expand their participation in labor markets; Improvement in health affects labor market participation, which also contributes to the reduction of risky and complicated births, and this reduces the risk of maternal morbidity and increases women's productivity.

**Health and income benefits from family planning also bolster women's rights:**

Declines in fertility, improvements in health and increased incomes can improve women's rights at home and in their communities.

### Children

**Impact on infant and child health and survival:** Users of family planning programmes are more likely to experience lower mortality risks for themselves and their children. Declines in fertility and improvements in maternal health are known to be associated with healthier babies with higher birth weights and lower risks of neonatal death.

**Schooling:** Improved reproductive health and access to family planning can affect investment in human capital in children. Increases in life expectancy create new incentives and opportunities for investments in schooling. Moreover, improved reproductive health improves overall health of mothers during pregnancy, which has favorable impacts on children's cognitive development. And declines in fertility free up women's resources and allow them to increase investments in schooling for their children.

**Children's future labor force participation:** Declines in a mother's fertility, improvements in her health and greater investments in children's human capital should ultimately impact their participation in the labor force.

### Males

The impact of family planning on men's physical health is likely not significant. However, **delaying and preventing unintended pregnancies and births can have an impact on their schooling and employment opportunities (Montgomery 1996).**

Where a man is obliged to take responsibility for a women's pregnancy, he may be forced to leave school to work and support the woman. A responsible father may have to give up opportunities for lucrative employment, accept jobs that are less than ideal, and give up opportunities for career growth and development.

# 3. China promotes the rights-based reproductive health

## 3.1 Piloting and scaling up rights-based family planning quality of care services

After over 20 years' China's family planning work, by the early 1990s, the rapid population growth was greatly reversed. The total fertility rate of women of reproductive age decreased from 6 children in the early 1970s to below 2.1 children at the replacement level, reaching a low level of fertility. At the same time, the establishment of a market economy system and the reform opening up to the outside world have had a profound impact on all aspects of China's societies. Industrialization, urbanization and improvement of living standards have brought people's life style modernized and diversified. The opening-up policy has expanded people's perspective and enhanced people's awareness of their rights. The issues emerging in the rapid social and economic development have presented new challenges to China's population and family planning work.

In the early 1990s, there have also been landmark milestones in the area of national population and family planning. A series of international conferences, such as the 1994 International Conference on Population and Development (ICPD) in Cairo, and United Nations Fourth World Conference on Women, shared China with new concepts and trends in the field of international population and family planning, containing the definitions of "reproductive health", "sexual health" and "reproductive rights and sexual rights". PoA of the ICPD (1994) implied that couples and individuals decide freely and responsibly their number and spacing of births and that they have the information and tools to ensure informed choices, and a safe and effective method, and Women Conference (1995) emphasized the concepts of women's rights and gender equality.

The government's family planning goal should be to address issues such as inadequate information and services.

Facing changes in the domestic situation and international trends, the former State Family Planning Commission began to think about the necessity and urgency of family planning reform.

In 1995, the Commission proposed family planning working methods focusing on family planning quality of care work in the selected piloting sites. The quality of care work emphasized on:

At the policy level:

- promoting informed choice of contraceptive methods,
- requiring reform of management and assessment methods,
- abolishing mandatory contraception (IUD after the birth first child and sterilization after the second)

At the service level:

- Improving service facilities and expanding service scopes
- The quality of care service covers not only married women with reproductive age, but also menopausal women, men and young people.

There were 6 piloting sites across the country in 1995 and expanding to 11 in 1997.

With the promotion of family planning quality of care work, China-JICA project introduced the piloting experience to 31 provinces in mainland of China in 1998. The quality of care project aimed at meeting the reproductive health/family planning needs of clients other than being oriented at

“fertility indicator and quota”. In the meantime, the UNFPA’s Fourth Country Programme (1998-2002) launched reproductive health and family planning program in 32 counties of 22 central and western provinces. Through several years’ efforts, the project sites canceled their fertility indicators and quotas, expanded their service coverage, provided quality services in line with the PoA of the ICPD. In addition, the concepts of women’s empowerment and gender mainstreaming were reflected in the quality of care services containing management assessment reform of reproductive health programs, informed choice of contraceptive methods, sexual and reproductive health counseling, prevention of reproductive tract infections and sexually transmitted infections.

### **3.2 Promote universal access to reproductive health / family planning services**

In the 21st century, the international community set forth the Millennium Development Goals in 2001. Among them, MDG goal 5B states that universal access to reproductive health would be achieved by 2015. The year in 2001 saw brilliant achievements in terms of policy making on population and family planning in China.

- In July 2001, the State Council promulgated the Regulations on the Management of Family Planning Technical Services, and

- In December 2001, the "Population and Family Planning Law of the People's Republic of China" was promulgated.

These two important legal documents clearly define the rights of citizens in family planning and reproductive health, including the right to information and education on family planning and reproductive health, the right to choose their own methods of contraception and the right to reproductive health care. It is the first time for national legal documents to use languages such as informed choice, quality of service and reproductive rights.

In 2001, the National Population and Family Planning Commission carried out a pilot program of comprehensive reform of family planning at the prefectural and municipal levels, with

accumulating successful experience of quality of care at the community level.

In 2002, the National Population and Family Planning Commission carried out a wide range of activities in the selected counties (cities and districts) having provision of family quality planning services, emphasizing on improving family planning management, meeting the maximum reproductive health needs for all.

From 2003 to 2015 (5th, 6th and 7th UNFPA country programmes), a universal access to reproductive health and family planning programme continued its exploration in all 30 provinces in collaboration between NHFPC and UNFPA.

The first two rounds of the fifth and sixth UNFPA’s country programs (2003 – 2010) contain 7 working areas including

- protecting civil rights,
- promoting informed choice,
- standardizing technical services,
- deepening the reform of management assessment,
- promoting gender equality
- strengthening the sexual and reproductive health services among adolescents / migrants
- strengthening the integrated family planning and HIV prevention services

Guided by the rights-based and gender-based approach, these elements address the availability of family planning / reproductive health services to satisfy the unmet needs of people, especially vulnerable groups.

Based on the previous experience of the 5th and 6th UNFPA country programmes, the 7th country programme (2011-2015) put greater emphasis on the rights-based family planning / reproductive health management and services at the provincial and municipal levels from a policy advocacy perspective.

### *Guarantee reproductive health rights and promote people's all-round development*

- Speech given by Li Bin, Minister of the National Population and Family Planning Commission, at 2008 World Population Day Conference

At the 2008 World Population Day Conference, Li Bin, Minister of the National Population and Family Planning Commission, pointed out that, today we advocate that "reproductive health is a right that we can turn it into reality." In joining all efforts, we should work together to make every effort to achieve the Millennium Development Goals of Reproductive Health for All by 2015.

Madam Li Bin emphasized on the following work that meet the unmet need of reproductive health for all:

- fully implement of informed choice of contraceptive methods, and promotion of reproductive health plan.
- undertake primary prevention for birth deficiency with focusing on advocacy, counseling, pre-pregnancy health check-ups for high-risk groups.
- distribute free condom distribution to high-risk groups.
- make effort in effective prevention and control of sexually transmitted infections and HIV.
- conduct researches for family planning and prenatal and postnatal care work.

Furthermore, the elimination of gender discrimination should be also emphasized in terms of following work:

- disseminate knowledge on laws and regulations that protect the rights and interests of women and children.
- formulate and implement social and economic policies that are conducive to the healthy growth of girls and women's development.
- promote equal employment opportunities of men and women to improve women's social status.
- give full play to the role of women's federations, family planning associations and the Population Welfare Foundation and other non-governmental organizations to enable to address the high sex ratio at birth issue.

And there is a need to strengthen international exchanges and cooperation to further promote family planning / reproductive health services, and quality of care work in joint efforts and collaboration with UNFPA, Ford Foundation, Japan International Cooperation Agency, Human Rights Equal Opportunities Commission of Australia, and other government agencies for expanding national population and family planning work patterns and, and promoting to respect and safeguard the public's rights.

In addition, UNFPA, in collaboration with the China Family Planning Association, the largest national non-governmental organization in the field of family planning, made efforts to promote culturally sensitive reproductive health programme in the ethnic minority areas. It aims at disseminating correct information and knowledge, as well as promoting behavioral change to improve the level of reproductive health services among ethnic minority groups. The introduction and implementation of these rights-based programs targeting vulnerable groups have accumulated experience in universal access to reproductive health.

“.....Culture influences the status of women’s reproductive health through determination of the age and modalities of sexuality, marriage patterns, the spacing and number of children, puberty rites, decision-making mechanisms and their ability to control resources, among others. Societal and cultural gender stereotypes and roles also explain why so many adolescent boys and men remain on the fringes of sexual and reproductive health policies and programmes, despite their key role in this realm and their own needs for information and services.

- UNFPA family planning strategy, 2012

# 4. Ensure universal access to rights based family planning and sexual and reproductive health

## *4.1 2030 agenda for sustainable development proposes reproductive health-related targets*

In September 2015, the 193 member states of the United Nations jointly adopted the 2030 Agenda for Sustainable Development, and set up 17 sustainable development goals and 169 related concrete targets. The new goals and targets take effect on January 1, 2016 which would guide for decision-making and actions in the next 15 years.

Two specific goals are closely linked to reproductive health:

- To ensure that universal access to sexual health and reproductive health care services, including family planning, access to information and education, and the integration of reproductive health into national strategies and programs by 2030;
- To ensure universal access to sexual and reproductive health and reproductive rights.

## *4.2 Opportunities and challenges for universal access to reproductive health / family planning services in the new era*

In 2015, the 2030 agenda for Sustainable Development was jointly adopted by the 193 member states of the United Nations, and the two reproductive health related targets re-emphasized the realization of universal access to sexual and reproductive health services and universal access to sexual and reproductive health and rights by 2030.

In 2013, the Chinese government initiated the institutional reform by merging the former Ministry of Health and the Population and Family Planning Commission as the National Health and Family Planning Commission, while the family planning

services and the maternal and child health care service were integrated.

In 2015, such integration of administrative and technical service institutions from county to township levels has almost been completed. And a full two-child fertility policy has been also initiated by the Chinese Government in the year 2015.

Before the implementation of the two-child fertility policy, reproductive health issues included: (1) a huge number of unwanted pregnancies and abortions among unwanted adolescents; and (2) unmet reproductive health needs among males, elderly groups, other marginalized groups. After the implementation of the two-child fertility policy, there are still unmet reproductive health needs to be addressed including counseling and services for termination of contraception methods, physical checkup and assessment, pregnancy health care and postpartum contraception for those who are willing to be pregnant again in particular with elderly age. In addition, the implementation of the two-child fertility policy is likely to have an impact on the contraception and fertility patterns targeting unmarried people, married without child birth, or those married with one child. This has become a complicated issue in the reproductive health field in the new era.

Institutional reforms provide opportunities and challenges for the universal access to reproductive health / family planning services in the new era. After the establishment of the health and family planning departments, the integration of family planning and maternal and child services resources enhanced the technical capabilities and conditions of family planning / reproductive health services. However, the original grassroots network focusing on family planning / reproductive health was no more functional, while newly established service network for individuals, families and communities

have not yet setup, particularly as evidenced by weak engagement in IEC, advocacy, counseling by social organizations.

#### **4.3 Proposed recommendations for sustainable development from a rights-based approach by UNFPA**

Today, the international community has made progress in implementing PoA of the ICPD with one that is rights based aspirations, and there is still a long way to go. Millennium Development Goal 5B measured the progress towards universal access to reproductive health, including family planning by 2015, but its implementation has lagged behind that of other Millennium Development Goals.

The post-2015 sustainable development agenda is based on the fundamental principles of human rights, equality and sustainability, and these principles contribute to policy coherence at the global, regional, national and sub-national levels, and to ensure that development activities are mutually reinforcing. Family planning is one such activity.

When individuals are able to exercise the rights to family planning, they are able to make decisions about the timing and spacing of their pregnancies and are also able to exercise – and benefit from – many other rights, such as rights to education, health and development.

Based on this, four broad recommendations for recognizing family planning as a matter of core rights and sustainable development – and specific strategies for achieving these recommendations – are outlined here. They point to the need to

##### **1) Expand the reach of family planning and improve services by adopting a human rights-based approach to health**

- Family planning must be grounded in comprehensive sexual and reproductive health programmes.
- Governments should monitor for and eliminate any use of incentives, targets or fee structures that incentivize health care providers to advocate for adoption of

specific methods, or for incentives to use contraception.

- Go “beyond family planning” to address the social and economic obstacles to sexual and reproductive health.
- Recognize that men and boys are pivotal to realizing women’s right to family planning and their own rights as well.
- Family planning programmes must reflect the reality that contraceptive use occurs in the context of sexual relationship.
- Family planning should be made available with abortion services where they are not against the law.
- Ensuring access to emergency contraception is an essential part of fulfilling the right to family planning.
- Governments, international organizations and civil society should track levels of satisfaction with the quality of available contraceptive methods and services, the impact on health outcomes and the incidence of adolescent pregnancy and the costs of unintended pregnancy.

##### **2) Secure a central place for family planning in the post-2015 sustainable development framework, one that recognizes its contributions to development and to breaking the cycle of poverty and inequality**

- Treat family planning not as a “specialty” topic within the health sector, but as one of several key investments that contribute to development. Family planning reinforces at least four priorities that reflect the emerging human rights orientation: poverty reduction, gender equality, youth empowerment and health.

##### **3) Ensure the right to family planning of specific excluded groups**

- As an essential part of governments’ commitments to rectifying inequalities in health, programmes must address the financial, physical, legal, social and cultural

factors that make it difficult for so many people to seek health services and overcome the intersecting forms of discrimination they may face.

- In countries where it is needed, new legislation should be introduced to ensure universal access to family planning; in others, steps must be taken to ensure the equitable implementation of existing legislation, policies and programming.
- Family planning policies and programmes must respond to the needs of unmarried persons of all ages whose numbers are growing worldwide.
- Family planning programmes should be expanded so that services are available to young, married women and their husbands.
- Adequately meeting the family planning needs of older people requires challenging the pervasive assumption that these individuals do not need to exercise their right to family planning.
- States and the international community should strengthen efforts to collect data about all groups who may face difficulties in accessing family planning.
- Measurement and monitoring of access must reflect everyone's needs and experiences.
- In advocating for family planning, governments, international organizations and civil society should underscore the links with other global initiatives, such as those to reduce maternal mortality, to end child marriage, and to combat gender-based violence and to prevent adolescent pregnancy.
- Multisectoral investment and coordination are essential to the efficient use of funds.

#### **4) Increase funding for family planning and ensure it is spent wisely**

- Governments of developing and donor countries, international organizations and foundations need to increase funding to improve the quality and availability of contraception, information and services for all who want them, thus allowing everyone to exercise their right to family planning.