The combined actions of civil society, governments, development institutions, and UNFPA over the past 50 years have unlocked opportunities and possibilities for women, men, boys and girls across the globe.

Yet, there is still a long way to go before all women and girls have the power and means to fully realize their rights, govern their bodies and make informed decisions about their sexual and reproductive health.

Achieving universal access to sexual and reproductive health is not only a matter of rights, but it is also crucial to achieving other global development objectives, including the Sustainable Development Goals.

Many women today have better lives than their mothers and can hope for even more for their daughters. That hope rests largely on realizing sexual and reproductive rights and choices for everyone.

To achieve that goal, governments, civil society and international organizations can strive for:

THREE ZEROS—
NO unmet need for contraception,
NO preventable maternal deaths, and
NO violence or harmful practices against women and girls.

If history is a guide, the answer is yes.
In response to concerns about rapid population growth in the 1960s and 1970s, governments, non-governmental organizations and development institutions supplied an increasing quantity of reliable, modern contraceptives to empower women to manage their own fertility.

Achieving demographic targets, not upholding reproductive rights, was the main goal of some early family planning programmes, sometimes compromising the range of reproductive health services available to women and men. And in some cases, couples were encouraged or pressured into having fewer or no children, sometimes infringing on rights and choices during the way.

In the years that followed, the reproductive rights movement gained strength, and by 1994, a global consensus had been reached that individuals should have the information and means to make their own decisions about the timing and spacing of pregnancies.

Population policies of the future must uphold and enhance rights.

KEEP THE FOCUS ON RIGHTS

Every humanitarian crisis, whether due to conflict or natural disaster, causes systems to break down, increasing multiple needs for protection and services. Crises can be extremely harrowing for pregnant women and mothers of small children. Trauma and mutilation are dangerous during pregnancy, and during childbirth. Inequitable gender norms limit the ability of both men and women to seek higher education or employment. Sexual and reproductive health programmes that take into account how gender influences agency in the context of relationships and seek to promote greater equality for the way women and men to exercise their reproductive rights.

In 1994, the reproductive rights movement gained strength, and by 1994, a global consensus had been reached that individuals should have the information and means to make their own decisions about the timing and spacing of pregnancies.

The right to decide freely and responsibly whether, when, how, often and with whom to become pregnant is recognized as an international human right.

Inequalities in sexual and reproductive health and rights are right next door. A woman may not be able to access them because of a husband who forbids her from using contraception or because services are of poor quality, or because the clinic does not offer her preferred method of contraception. Access may also be blocked for some groups, such as young people, adolescents or unmarried women.

Programs have been made to expanding access, but that program has been uncommon. Inequalities in sexual and reproductive health and rights are deeply affected by factors such as income inequality and the quality and reach of health systems, laws and policies.

Benefits of the estimated 214 million women who have been encouraged or pressured into having fewer or no children, sometimes infringing on rights and choices during the way.

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