



**CAN WE DO BETTER  
FOR WOMEN AND  
GIRLS TODAY?  
IF HISTORY IS A GUIDE,  
THE ANSWER IS YES.**

 state of world population 2019

**HIGHLIGHTS**

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.



Ensuring rights and choices for all since 1969

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# UNFINISHED BUSINESS

the pursuit of rights and choices **FOR ALL**



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# OVERCOMING THE BARRIERS

In 1969, the average woman worldwide had about five children, and about one in three married women was using some form of contraceptive method to delay or prevent pregnancy.

That year, world population reached about 3.6 billion, about 1 billion larger than it was 17 years earlier. That same year, UNFPA, the United Nations Population Fund, was established to advise developing countries about the social and economic implications of population

growth and to support national population programmes, which began dispensing contraceptives on an unprecedented scale.

Through these programmes, real reproductive choices became a reality for more and more women in developing countries. And as a result, women started having fewer children. Millions were finally gaining the power to control their own fertility.

Today, more than half of married women are using a modern method

of contraception, and the global average fertility rate is 2.5 births per woman, about half of what it was in 1969.

Over the past 50 years, the global movement to empower women to make their own decisions about whether, when, how often and with whom to become pregnant gained momentum. The right to decide freely and responsibly on the timing and spacing of children was acknowledged in Cairo in 1994 at the International Conference on Population and Development, where 179 governments endorsed a global programme of action that linked women's empowerment, rights and sexual and reproductive health to sustainable development.

The watershed Cairo agreement has been the cornerstone of the global reproductive rights movement for the past 25 years.

It has united civil society, governments, community groups and organizations such as UNFPA in the pursuit of rights and choices for all.

But the Cairo agenda has yet to be realized for all people in all places. There are still 214 million women who want to prevent a pregnancy but are not using a modern method of contraception. Every day, more than 800 women die from preventable causes during pregnancy and childbirth. Untold millions of women affected by war or disaster are cut off from services to prevent a pregnancy or deliver safely.

Much more must be done to tear down the barriers that prevent women, men and couples from fully exercising their reproductive rights.

## KEEP THE FOCUS ON RIGHTS



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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 quality and 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 along 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.

## ACHIEVING GENDER EQUALITY

Of all the obstacles to the achievement and exercise of human rights, including reproductive rights, few have proven to be as challenging to overcome as those based on gender.

While the expression of gender varies across contexts, in virtually all societies, gender has been defined in ways that subordinate women to men by imbuing

definitions of masculinity and femininity with different levels of power and social authority; forcing conformity to gender stereotypes; and constraining the freedom of both men and women. The net result of these differences has been a systematic disempowerment of women, who find their autonomy and ability to freely make decisions for themselves limited across almost every aspect of life.

Inequitable gender norms limit the ability of women to freely make fundamental decisions about when, and with whom, to have sex, about the use of contraception or health care, and about whether and when 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 clear the way for women and men to exercise their reproductive rights.



## UPHOLDING RIGHTS IN WAR OR AFTER DISASTERS

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 malnutrition are dangerous during pregnancy, and during emergencies many women miscarry or deliver prematurely.

The lack of even basic conditions for a clean delivery increases the risk of fatal infection for both mothers and children. Complications of childbirth in the absence of skilled birth attendants or emergency obstetric care can be fatal when services collapse. The disruption of family planning



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can also lead to unintended pregnancy or even to unsafe abortion.

An estimated 35 million women, girls and young people will require life-saving sexual and reproductive health services, as well as services to address gender-based violence, in humanitarian settings in 2019.

## ACCESS FOR ALL



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Modern contraceptives became widely available through national population programmes. But since then, availability has not always translated into accessibility.

Economic, geographic, institutional and legal barriers continue to stand between women and the information and quality services they need to realize rights and choices in their sexual and reproductive lives. For example, even when services 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.

Progress has been made in expanding access, but that progress has been uneven. Inequalities in sexual and reproductive health are deeply affected by factors such as income inequality and the quality and reach of health systems, laws and policies.

Remaining barriers to services must be torn down so that reproductive rights are enjoyed by all. This means meeting the need of the estimated 214 million women—married or single—who want to prevent a pregnancy but who do not have meaningful access to modern contraception.