## Part 1. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td><strong>Sexual and Reproductive Health and Rights (SRHR)</strong></td>
<td>The International Conference on Population and Development (ICPD) in 1994 created the framework for a rights-based approach to sexual and reproductive health. This new approach outlined in the ICPD Programme of Action (PoA) states that the right to sexual and reproductive health implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. Sexual and reproductive rights provide the framework within which sexual and reproductive well-being can be achieved. Implicit in this is 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 health-care services that will enable women to go safely through pregnancy and childbirth.¹</td>
</tr>
</tbody>
</table>
| **Sexual Rights** | Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:  
  - the highest attainable standard of sexual health, including access to sexual and reproductive health care services;  
  - seek, receive and impart information related to sexuality;  
  - sexuality education;  
  - respect for bodily integrity;  
  - choose their 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.² |

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### Reproductive Health

Reproductive health is defined by the ICPD PoA paragraph 7.1 as 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 its functions and processes. Implicit in this last condition are 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.\(^3\)

### Reproductive Rights

Reproductive rights are defined in the ICPD PoA paragraph 7.2, and are based upon rights recognized in international human rights treaties, declarations and other instruments.

These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing 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. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.\(^4\)

### Sexuality

Sexuality is recognized by the IPPF Declaration of Sexual Rights as an evolving concept that encompasses sexual activity, gender identities, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is constituted through the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices and relationships.\(^5\)

### Gender

Gender refers to the socially constructed roles, behavior, activities and attributes that a particular society considers appropriate for men and women. The distinct roles and behavior may give rise to gender inequalities, i.e. differences between men and women that systematically favor one group. In turn, such inequalities can lead to inequities between men and women in both health status and access to health care.\(^6\)

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\(^4\) Ibid.


<table>
<thead>
<tr>
<th>Youth</th>
<th>The United Nations defines ‘youth’ as those persons between the ages of 15 and 24 years. Currently, 43% of the world’s population is under 25, rising to 60% in developing countries. Within the category of &quot;youth&quot;, it is also important to distinguish between teenagers (13-19) and young adults (20-24), since the sociological, psychological and health problems they face may differ. Attention has been drawn to the major challenges created by the large proportions of children and young people in developing countries. The aims within the ICPD are to promote the health, well-being and potential of all children, adolescents and youth; to meet their special needs, including social, family and community support, as well as access to education, employment, health, counseling and high-quality reproductive health services; and to encourage them to continue their education.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Girls</td>
<td>Globally, there are 1.2 billion adolescents aged 10 to 19. Today’s youth generation is the largest in history and half of them are girls. The ICPD PoA highlighted the loss of potential when half of the world’s population cannot fulfill their own potential. A gap exists for adolescent girls within the development landscape, particularly regarding health, as newborns and children are the focus. Adolescent sexual and reproductive health issues were brought into the conversation in the ICPD PoA, which included unwanted pregnancy, unsafe abortion (as defined by the World Health Organization), and STDs and HIV/AIDS. These are addressed through the promotion of responsible and healthy reproductive and sexual behavior, including voluntary abstinence, and the provision of appropriate services and counseling specifically suitable for that age group.</td>
</tr>
<tr>
<td>Family Planning</td>
<td>ICPD PoA paragraph 7.5 defines family planning as actions recommended to help couples and individuals meet their reproductive goals; to prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and morbidity</td>
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11 Ibid, para. 7.8.
And mortality; to make quality services affordable, acceptable and accessible to all who need and want them; to improve the quality of advice, information, education, communication, counseling and services; to increase the participation and sharing of responsibility of men in the actual practice of family planning; and to promote breast-feeding to enhance birth spacing.\(^{12}\)

| **Contraception/Contraceptives** | **Contraception** is the deliberate prevention of conception or impregnation.  
**Contraceptives** are devices or drugs serving to prevent pregnancy.  
One in three of all deaths related to pregnancy and childbirth could be avoided if women who wanted effective contraception had access to it. Some 200 million women of childbearing age want to delay or avoid pregnancy, but 137 million use no method of contraception at all, and 64 million use less-effective traditional methods.\(^{13}\) |
|---|---|

\(^{12}\) International Conference on Population and Development, *Summary of the Programme of Action*.  
\(^{13}\) United Nations Population Fund, “UNFPA Fact Sheet: Contraceptives Save Lives”  
# Part 2. Contraceptives

*Modern methods*\(^{14}\)

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>How it works</th>
<th>Effectiveness to prevent pregnancy</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Combined oral contraceptives</strong></td>
<td>Contains two hormones (estrogen and progestogen)</td>
<td>Prevents the release of eggs from the ovaries (ovulation)</td>
<td>&gt;99% with correct and consistent use</td>
<td>Reduces risk of endometrial and ovarian cancer; should not be taken while breastfeeding</td>
</tr>
<tr>
<td>or “the pill”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Progestogen-only pills or “the minipill”</strong></td>
<td>Contains only progestogen hormone, not estrogen</td>
<td>Thickens cervical mucus to block sperm and egg from meeting and prevents ovulation</td>
<td>99% with correct and consistent use</td>
<td>Can be used while breastfeeding; must be taken at the same time each day</td>
</tr>
<tr>
<td><strong>Implants</strong></td>
<td>Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only</td>
<td>Same mechanism as POPs</td>
<td>&gt;99%</td>
<td>Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful Delayed return to fertility (1–4 months) after use; irregular vaginal bleeding common, but not harmful</td>
</tr>
<tr>
<td><strong>Progestogen-only injectables</strong></td>
<td>Injected into the muscle every 2 or 3 months, depending on product</td>
<td>Same mechanism as POPs</td>
<td>&gt;99% with correct and consistent use</td>
<td></td>
</tr>
<tr>
<td><strong>Monthly injectables or combined injectable contraceptives</strong></td>
<td>Injected monthly into the muscle, contains estrogen and progestogen</td>
<td>Same mechanism as COCs</td>
<td>&gt;99% with correct and consistent use</td>
<td>Irregular vaginal bleeding common, but not harmful</td>
</tr>
<tr>
<td><strong>Intrauterine device: copper</strong></td>
<td>Small flexible plastic device</td>
<td>Copper component</td>
<td>&gt;99%</td>
<td>Longer and heavier periods during first</td>
</tr>
</tbody>
</table>

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<tr>
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<tr>
<td>containing copper sleeves or wire that is inserted into the uterus</td>
<td>damages sperm and prevents it from meeting the egg</td>
<td></td>
<td>months of use are common but not harmful; can also be used as emergency contraception</td>
</tr>
<tr>
<td><strong>Intrauterine device levonorgestrel</strong></td>
<td>A T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day</td>
<td>Suppresses the growth of the lining of uterus (endometrium)</td>
<td>&gt;99%</td>
</tr>
<tr>
<td><strong>Male condoms</strong></td>
<td>Sheaths or coverings that fit over a man's erect penis</td>
<td>98% with correct and consistent use</td>
<td>Also protects against sexually transmitted infections, including HIV</td>
</tr>
<tr>
<td><strong>Female condoms</strong></td>
<td>Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film</td>
<td>90% with correct and consistent use</td>
<td>Also protects against sexually transmitted infections, including HIV</td>
</tr>
<tr>
<td><strong>Male sterilization (vasectomy)</strong></td>
<td>Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles</td>
<td>Keeps sperm out of ejaculated semen</td>
<td>&gt;99% after 3 months semen evaluation</td>
</tr>
<tr>
<td><strong>Female sterilization (tubal ligation)</strong></td>
<td>Permanent contraception to block or cut the fallopian tubes</td>
<td>Eggs are blocked from meeting sperm</td>
<td>&gt;99%</td>
</tr>
<tr>
<td>Method</td>
<td>Description</td>
<td>How it works</td>
<td>Effectiveness to prevent pregnancy</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Lactational amenorrhea method</td>
<td>Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive breastfeeding day and night of an infant less than 6 months old</td>
<td>Prevents the release of eggs from the ovaries (ovulation)</td>
<td>99% with correct and consistent use</td>
</tr>
<tr>
<td>Emergency contraception (levonorgestrel 1.5 mg)</td>
<td>Progestogen-only pills taken to prevent pregnancy up to 5 days after unprotected sex</td>
<td>Prevents ovulation</td>
<td>Reduces risk of pregnancy by 60–90%</td>
</tr>
</tbody>
</table>

### Traditional methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>How it works</th>
<th>Effectiveness to prevent pregnancy</th>
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<tbody>
<tr>
<td>Withdrawal (coitus interruptus)</td>
<td>Man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia</td>
<td>Tries to keep sperm out of the woman's body, preventing fertilization</td>
<td>96% with correct and consistent use</td>
<td>One of the least effective methods, because proper timing of withdrawal is often difficult to determine</td>
</tr>
<tr>
<td>Fertility awareness methods (natural family planning or periodic abstinence)</td>
<td>Calendar-based methods: monitoring fertile days in menstrual cycle; symptom-based methods: monitoring cervical mucus and body temperature</td>
<td>The couple prevents pregnancy by avoiding unprotected vaginal sex during most fertile days, usually by abstaining or by using condoms</td>
<td>95-97% with correct and consistent use</td>
<td>Can be used to identify fertile days by both women who want to become pregnant and women who want to avoid pregnancy. Correct, consistent use requires partner cooperation.</td>
</tr>
</tbody>
</table>
Prevalence of Contraceptives Use by Method and Region:\textsuperscript{15,16}

Part 3. Regional Preferences of Reproductive Health Terminology

As seen in Part 1, there are many terms used in the global reproductive health community. The terminology, however, varies throughout the world. Since some issues are more controversial, such as SRHR which can include abortion, one must analyze a country’s political, cultural and religious attitudes towards women’s health in order to understand its position on these terms.

Below is a brief summary on the regional perspectives and uses of reproductive health terminology.

- UNFPA and IPPF refer to sexual and reproductive health and rights (SRHR), WHO usually refers only to sexual and reproductive health (SRH).  
  
- The terms ‘sexual and reproductive health’ (SRH) and ‘reproductive rights’ (RR) have a relatively solid base in international consensus, whereas ‘sexuality’ in general and ‘sexual rights’ in particular, especially the issue of sexual orientation, remain contested.
  
- Although 179 governments signed the ICPD PoA, there are still discrepancies amongst countries regarding the use many of the terms defined by the ICPD PoA. In most cases, any term that could imply abortion, or “fertility regulation,” has been contested by countries which are considered politically or socially conservative or religious. Examples of such objections can be seen below.

- ‘Family Planning’ is a term that continue to be used worldwide and is not generally considered controversial; however, the following participants objected to the use of ‘family planning’ during the ICPD:
  - El Salvador, Honduras, Holy See, Nicaragua, United Arab Emirates

- There are several terms that are often controversial. These terms are presented below along with participants who expressed reservations to their use during the ICPD:

  - ‘Reproductive Health and Rights’
    - El Salvador, Honduras, Nicaragua, Argentina, Dominican Republic, Ecuador, Holy See, Malta, Peru, Guatemala, Brunei Darussalam
    - The latter of which noted that the concept of reproductive rights goes against Islamic Sharia
  - ‘Sexual Health’
    - Honduras, Nicaragua, Dominican Republic, Guatemala, Holy See.
  - ‘Sexual Rights’
    - Honduras, Nicaragua, Dominican Republic, Guatemala, Holy See
  - Sexual/Sexuality Education
    - Iran, Holy See, Guatemala

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18 Ibid.


20 Ibid, 16-17.
Historical and Legal Backdrop of Reproductive Health:

- **Europe:**

  Seven European countries—**Denmark, Finland, Germany, the Netherlands, Norway, Sweden and the United Kingdom**—have been steadfast in their commitment to the entire ICPD program.21

  SRHR are not explicitly mentioned in the EU draft Constitution nor in the EU Charter for Human Rights as it is considered to be a health issue, not a rights issue. In accordance with the principle of subsidiarity, health is still a matter for individual member states, and the EU is therefore not allowed to interfere.

  Several countries have conservative governments, and ultraconservative lobbyists from the US and the Vatican have gained a stronger foothold in Europe.22

- **Latin America**

  The recognition of SRH of women is usually a controversial matter in Latin American and has been argued that the "so called sexual and reproductive rights" do not exist as long as there is no mention of them in the Constitutions. Only **Ecuador has explicitly included these rights in its Constitutional text.**

  For other Latin American countries such as Brazil, Mexico, Colombia, Peru and Paraguay, reproductive and/or sexual rights are recognized in their Constitutional texts (although they are not literally stated) by acknowledging the range of rights that inform them.23

- **Asia**

  Only **Bangladesh explicitly made a commitment to SRHR** at the London Summit on Family Planning in 2012. Whereas other countries in Asia mentioned a commitment to RH/FP,24

- **Africa**

  In 2005, the **Protocol on the Rights of Women in Africa** entered into force and is ratified by 15 African governments. Two years earlier, in July of 2003, the African Union adopted this treaty to supplement the regional human rights charter, the **African Charter on Human and Peoples’**

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Rights. The protocol provides broad protection for women’s human rights, including their sexual and reproductive rights.\textsuperscript{25}