

Focus

CONTRACEPTION

Between self-determined family planning and forced contraception

Among the 1.9 billion people of reproductive age (15-49 years) who can become pregnant, around 1.1 billion worldwide are considered, according to the UN report “World Contraceptive Use by Method 2020”, to have a need for family planning. This means being able to decide for themselves whether to have children, how many to have and at what intervals. Contraceptives play a central role in this. The problem is that contraceptive methods are not accessible to everyone. Around 190 million people of reproductive age who can become pregnant have an unmet need for contraception. This number has increased even further due to the Covid-19 pandemic. Access to contraception varies around the world and is influenced by economic, social, and cultural factors. While in some countries contraceptive methods are funded by the state, in others there is a lack of financial resources and access is further hindered by cultural factors. But there is also a lack of information to make needs-based and self-determined decisions about methods of contraception. What countries around the world have in common is that contraception is still a “women’s issue”. Only 27% of contraceptive methods require the direct participation of cis men and persons who produce sperm. Little progress has been made in researching contraceptive methods for this group. The development of methods of contraception for all genders and contraceptive methods without severe side effects stagnated because they depend on the profit interests of private pharmaceutical companies. As methods of contraception represent a basic need for people who can become pregnant, gender inequality and severe side effects (e.g. from the pill) are accepted. At the same time, in many countries of the world and in the context of so-called development aid programmes, long-term contraceptive methods and sterilisation procedures are still used without informed consent, hence massively restricting self-determined decisions on parenthood. Contraception is thus a powerful tool of self-determination and population control.

Contraceptive methods

Contraceptive methods for men

The Pearl Index is a method used to assess the effectiveness of contraceptive methods: the lower the Pearl Index, the more effective the contraceptive method.



WHERE INTERNATIONAL ORGANISATIONS, FOUNDATIONS AND NGOS STAND ON **CONTRACEPTION**

Contraception is central to sexual and reproductive health and rights as reflected in international agreements and the policies of international organisations and foundations.



UNITED NATIONS

UNITED NATIONS (UN)

Ensuring global access to contraception is part of the UN's 2030 Agenda for Sustainable Development (SDGs). Both the UN and WHO are committed to eliminating forced sterilisation. Sterilisation should only take place with freely chosen and informed consent and in a professional manner free of discrimination, coercion, and violence.



World Health
Organization

WORLD HEALTH ORGANIZATION (WHO)

The WHO aims to ensure all people have access to the contraceptive methods of their choice. According to WHO, the use of contraception prevents pregnancy-related health risks, especially for young people. It also promotes educational opportunities and empowerment, sustainable population growth and economic development.

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

COUNCIL OF EUROPE

Already in 2008, the Council of Europe reaffirmed reproductive freedom of choice. The Istanbul Convention of 2011 obliges the signatory states to respect reproductive rights. Under Article 39, all acts that harm the ability to reproduce naturally (including forced sterilisation) are deemed criminal offenses.



EUROPEAN UNION

The EU Commission considers access to health care, family planning, sex education and contraceptives to be universal human rights. In 2021, the EU Parliament voted in favour of the Matić report, which calls upon member states to ensure universal access to modern contraceptive methods, to reduce financial and social barriers, and to counteract myths and end the focus on female contraception.

CONTRACEPTION

THE POLICIES OF INTERNATIONAL FOUNDATIONS AND NGOS



European Parliamentary Forum for Sexual and Reproductive Rights (EPF)

EPF is a network of European parliamentarians working on sexual and reproductive health and rights worldwide. EPF believes that access to contraception should be a central concern of governments worldwide, in order to empower citizens to plan their own families and lives. EPF publishes the annual European and African Contraception Policy Atlas.



Family Planning 2030

The initiative emerged from the London Summit on Family Planning in 2012 and is strongly supported by the Bill & Melinda Gates Foundation, USAID and UNFPA. Today, it works with 46 governments, civil society and multilateral organisations and sees itself as a global movement that supports the right of all to access contraception. The initiative therefore promotes voluntary family planning, focusing on long-term contraceptive methods and public-private partnerships in the Global South.



Decolonizing Contraception

This relatively new collective of Black and People of Colour – doctors, sex educators, journalists, and researchers – addresses sexual and reproductive health from an intersectional perspective taking into account the colonial history of contraception. They criticise how Global North initiatives that promote sexual and reproductive rights perpetuate colonial regimes of control. To counteract existing practices, they advocate for empowerment and education projects that come from the communities themselves and enable informed decision making.



MSI Reproductive Choices

Today, the organisation is active in 37 countries worldwide with the goal of improving access to contraception. It estimates that 32 million people use a contraceptive method provided by it. The organisation believes that contraception is not only about preventing pregnancy, but also has a lasting positive impact on society. From its perspective, voluntary family planning leads to a higher likelihood that individuals will complete their education.



International Planned Parenthood Federation (IPPF)

In 2008, IPPF published its Charter on Sexual and Reproductive Rights. This includes the right to voluntary, safe and effective family planning. It also includes the right to receive services and contraceptives as long as necessary and the right to speak freely about the services received.



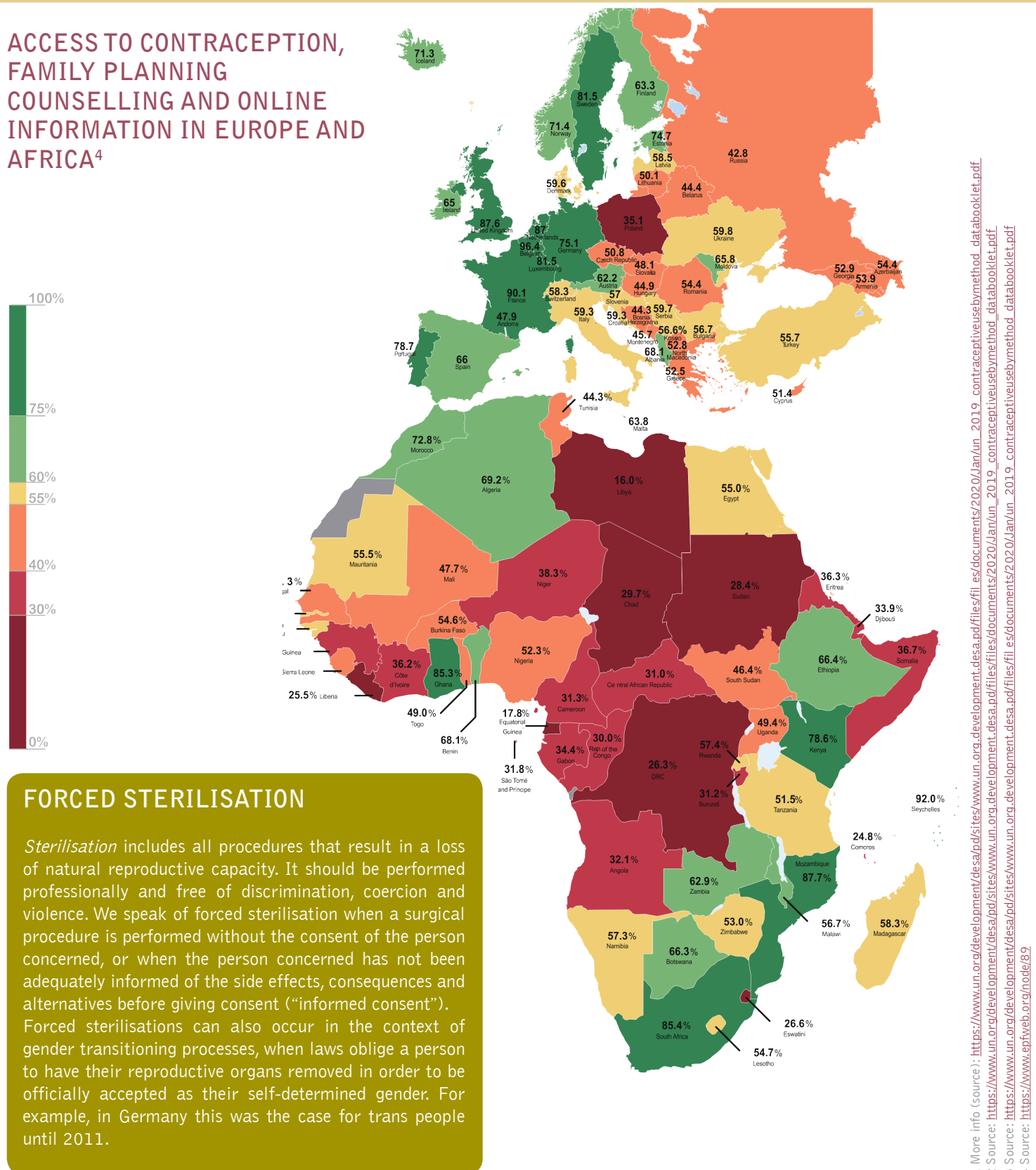
European Society of Contraception and Reproductive Health (ESC)

The ESC aims to increase knowledge and use of contraception and other reproductive health care services in Europe. The aim is to harmonise the various EU policies and to make all modern contraceptive methods available in Europe.

Region	Female sterilisation	Male sterilisation	IUD	Implant	Injectable	Pill	Male condom	Other methods
Eastern and South-Eastern Asia	10	0	20	0	5	10	10	5
Europe and Northern America	8	0	10	0	2	20	15	5
Latin America and the Caribbean	17	0	7	2	8	15	10	5
Oceania (excluding Australia and New Zealand)	9	0	0	0	10	5	5	5
Central and Southern Asia	22	0	3	0	2	8	5	10
Northern Africa and Western Asia	3	0	10	0	2	12	5	10
Sub-Saharan Africa	0	0	2	5	10	5	5	5
Australia and New Zealand	5	7	5	4	2	23	13	3

Various international studies have been conducted on contraception. The UN, with financial support from the Bill & Melinda Gates Foundation, publishes annually a data booklet entitled “Contraceptive Use by Method” (last published in 2020). The European Parliamentary Forum for Sexual and Reproductive Rights (EPF) puts out a Contraception Policy Atlas every year. The Atlas highlights the differences in access to contraceptive methods and information across Europe. In 2020, Bulgaria, Hungary and Poland were among the worst performers. Belgium, France and the United Kingdom ranked highest by a wide margin. National policies on access to various contraceptives as well as counselling and information services online are evaluated. The African Atlas, which is published in cooperation between EPF and UNFPA, uses the same criteria as the European Atlas. The highest ranked countries were the Seychelles, Mozambique, South Africa, Ghana and Kenya. And at the other end of the scale were the Comoros, Equatorial Guinea and Libya.

ACCESS TO CONTRACEPTION, FAMILY PLANNING COUNSELLING AND ONLINE INFORMATION IN EUROPE AND AFRICA⁴



CONTRACEPTION WORLDWIDE

The condom and the pill are the most widely used contraceptive methods in Germany. Yet the costs of prescription contraceptives such as the pill and the vaginal ring are only covered by health insurance up to the age of 22. People with low incomes can apply for cost coverage at the health department after submitting proof of income or bank statements. The “morning after pill” has only been available without a prescription from pharmacies since 2015. Jens Spahn (German health minister from 2018-2021) had warned against prescription-free access to the morning after pill in 2014, pointing out on Twitter that such “pills are not Smarties”.

GERMANY

MOROCCO

Morocco is one of the Arab countries where a relatively large proportion of married women (around 70 percent as of 2019) use modern contraception methods. Premarital sex by women remains highly stigmatised in Morocco. Yet it is socially acceptable for men and even regarded as a sign of masculinity. Contraceptive methods have been legal since 1960, and condoms are freely available in public hospitals. UNFPA cites Morocco as a success story when it comes to expanding family planning services, which are also available in rural areas and to people of different education levels.

PERU

From 1996 to 2000, between 200,000 and 300,000 women and 20,000 men were sterilised in Peru under President Alberto Fujimori as part of the National Programme for Reproductive Health and Family Planning. Many of those people were poor and/or indigenous. Officially there was no forced sterilisation, but doctors reported they had daily quotas to fulfil. This led to the use of direct coercion. Several people died during the operations. The case was reported to the Inter-American Commission on Human Rights (IACHR), and criminal charges were levelled against former President Fujimori in 2018.

LIBYA

Libya is dependent on external donors when it comes to contraception. The national health care system does not cover contraception; on the contrary, the public sector charges for contraception. Although Libya has made pledges at international level to tackle birth control, the country is not on the path towards fulfilling those pledges.

COUNTRY SNAPSHOTS

Poland is at the bottom of the EPF's European Contraception Policy Atlas. Its healthcare system does not reimburse any kind of contraception. In addition, a law was passed in 2017 that requires prescriptions for the "morning after pill". Amnesty International stated that restricting access to the morning after pill will have devastating consequences, as access to legal abortion is severely restricted. Poland also compares poorly with other European countries in terms of the availability of information on contraceptive methods.

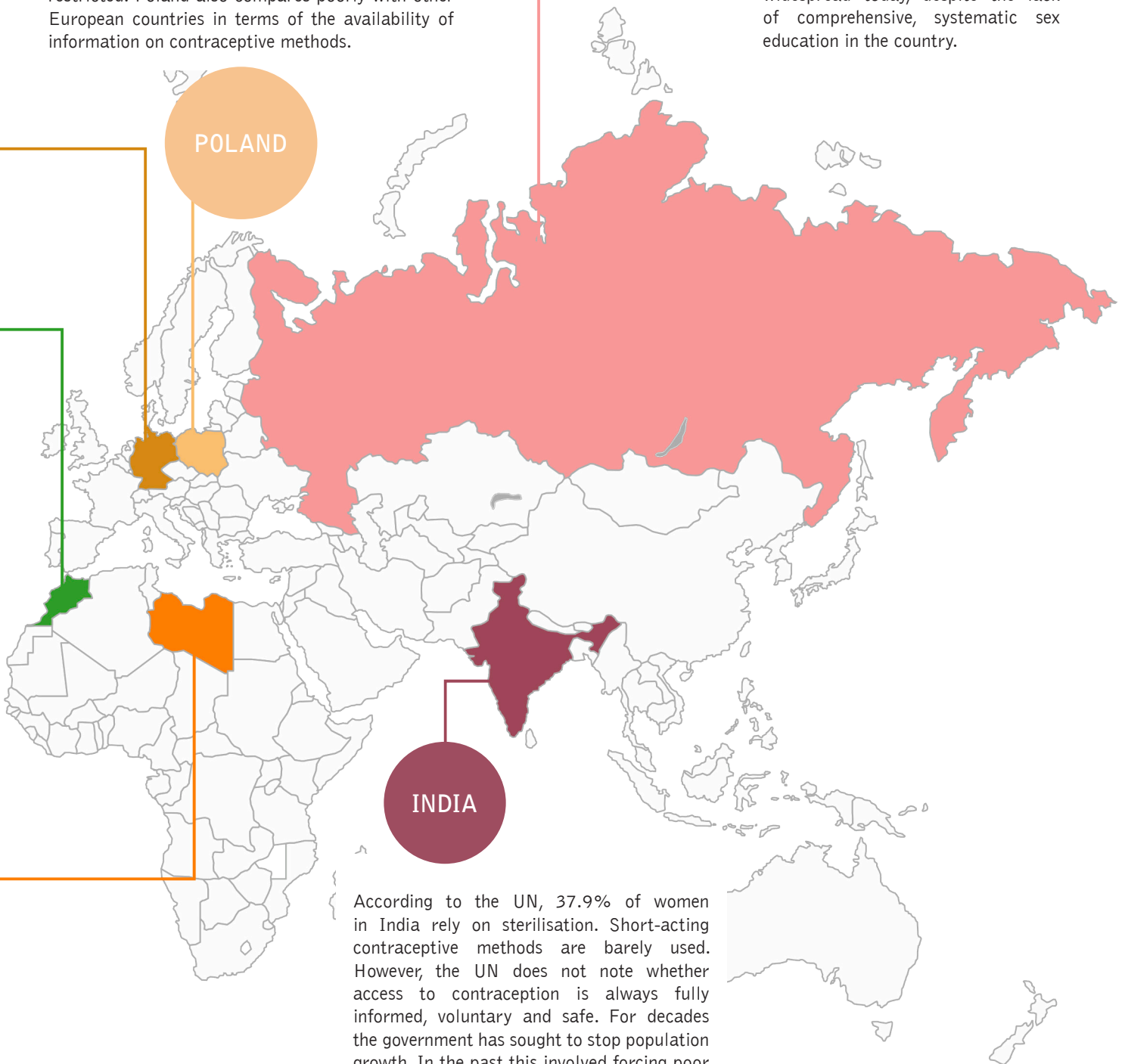
RUSSIA

In Soviet times, abortions were very common and used as a kind of birth control partly because it was difficult to access safe contraceptives. In the 1990s, the number of abortions dropped sharply thanks to increased availability of modern contraceptive methods. Contraceptive use remains widespread today, despite the lack of comprehensive, systematic sex education in the country.

POLAND

INDIA

According to the UN, 37.9% of women in India rely on sterilisation. Short-acting contraceptive methods are barely used. However, the UN does not note whether access to contraception is always fully informed, voluntary and safe. For decades the government has sought to stop population growth. In the past this involved forcing poor people to undergo sterilisation. Today the state uses financial incentives to promote sterilisation. But the procedures are not without risk, and people die every year from these operations.



From anti-choice narratives to anti-natalist policies

In 1968, Pope Paul VI banned all believers from using the pill and other contraceptive methods, arguing that it violated the “laws of God and nature” and paved the way for “marital infidelity and a general lowering of moral standards”. In addition to the Catholic Church, conservative governments around the world today are cutting funding for sexual and reproductive health and anti-choice activists are increasingly attempting to attack access to contraception.

Once again, women are being reduced to their role as breeders and mothers – by hindering their ability to prevent unwanted or unplanned pregnancy in the first place. Parallel to this stagnation and to efforts to reduce contraceptive options and erect new barriers to birth control, tendencies towards anti-natalist policies can be seen especially in in the Global South programmes of so-called development aid. Feminists and activists in the countries concerned criticise that those programmes often offer only long-term contraceptive methods like hormonal implants. From the perspective of

the donor countries, these methods are highly effective at low cost and promise to reduce birth rates. Programme participants are often not offered alternatives, they are not adequately informed about the strong side effects of the drugs, and they often lack access to medical personnel who can remove the implants if they wish to have children. As an example, reproductive justice activists denounce the use of the long-acting contraceptive implant Jadelle, which the German pharmaceutical company Bayer HealthCare has been marketing globally since 2012, with the support of the Bill & Melinda Gates Foundation, under the FP2030 initiative. This means the self-determination rights of racialised persons in the Global South are severely curtailed and colonial continuities of population control are perpetuated. Contraceptive programmes that live up to the principles of reproductive self-determination would ensure both education about methods and side effects, as well as coverage of costs – anywhere in the world.

SOURCES AND FURTHER READING

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