

# How can we put rights at the core of family planning?

Cicely Marston and Mallah Tabot

cicely.marston@lshtm.ac.uk

*Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London WC1E 7HT, UK (CM); International Planned Parenthood Federation, Africa Regional Office, Nairobi, Kenya (MT)*

Published **Online** March 29, 2023 [https://doi.org/10.1016/S0140-6736\(23\)00523-8](https://doi.org/10.1016/S0140-6736(23)00523-8)

With reproductive rights under attack in many countries, rights-based family planning is more important than ever to serve the needs of diverse communities across the globe. Everyone should have access to person-centred, human-rights-based family planning to enable them to “decide whether, when and by what means to have a child or children, and how many children to have”.<sup>1</sup>

But are global family planning efforts upholding people’s rights? The FP2020 global partnership, set up in 2012, has become highly influential in its efforts to promote family planning and encourage countries and organisations to make public commitments to take action, particularly in low and lower-middle-income countries. The FP2020’s landmark Arc of Progress 2020 report says that “the FP2020 partnership has made human rights the lodestar of its approach to family planning programming”.<sup>2</sup>

In the most recent 2023 measurement report,<sup>3</sup> which looks back on a decade of activity, the partnership (now renamed FP2030) reports some impressive gains, including support from 130 organisations and countries. In the past decade, FP2030 reports an increase of 87 million users of modern contraception (eg, oral contraceptive pills, injectables, sterilisation, implants, and condoms) across low-income and lower-middle income countries,<sup>3</sup> although this is well below the original FP2020 goal of 120 million new users of contraception by 2020.<sup>2</sup>

Despite these gains, we would argue the partnership’s work suggests that there are still substantial gaps when it comes to human-rights-based approaches to family planning that need to be addressed.

Perhaps the most important of these gaps is around abortion provision. Comprehensive sexual and reproductive health services, which include abortion, save lives.<sup>1,4,5</sup> A study using data from 166 countries found that unintended pregnancy rates were higher in countries that restrict abortion access and lower in countries where abortion is broadly legal.<sup>6</sup> However, although FP2030 recently issued a press release calling the US Supreme Court Dobbs ruling “at odds with US human rights commitments as well as the mission and goals of our partnership”,<sup>7</sup> it does not discuss abortion provision elsewhere in its materials. In fact, despite abortion being illegal or under attack in many countries, even the FP2030 documents on Rights and Empowerment Principles for Family Planning<sup>8,9</sup> do not contain the word abortion. This omission sits uncomfortably with the rhetoric of a partnership that takes a rights-oriented, evidence-based approach. We need to be clear that if we

support a human-rights-based approach to family planning—as defined above in a definition also used by FP2030—this must include abortion rights.

Ensuring contraception is genuinely voluntary is also crucial. The use of contraceptive uptake as a headline success indicator was fiercely debated at FP2020's inception in 2012 because there was concern that it signalled a retreat from a human rights approach, and a return to numbers-driven, and potentially coercive, population control rather than client-centred programming.<sup>10</sup> Free choice must also be ongoing; for instance, it should not be compromised by providers refusing to remove long acting contraceptives such as implants.<sup>11</sup> It is important to note that, if only modern contraception uptake is taken into account, coercive programmes would still be classed as successful. Although FP2030 emphasises voluntary method use, its headline measures highlight contraceptive uptake only, even interpreting this as women “choosing to use modern contraception”<sup>3</sup>, which we cannot know from the data. We need to be clear what we mean if we congratulate countries for increases in contraception uptake, because this does not take into account the extent to which users actually want their contraceptive method.

Another notable gap is measuring success in upholding rights. Human rights must now be integrated fully into measures used, including developing and using more sophisticated metrics that track progress towards truly person-centred family planning, such as measures of contraceptive autonomy, which take into account the degree of choice associated with an individual's use or non-use of a particular method.<sup>12</sup> FP2030 acknowledges some of these complexities, critiquing measures and language common in this field, including “unmet need” and “demand satisfied”.<sup>13</sup> Further critical work of this type is essential, as we would argue that using simple measures of contraceptive uptake does not fit with a commitment to upholding human rights.

A more nuanced understanding of contraception and abortion is long overdue. Current survey measures fail to capture the full complexity of contraceptive use and how it changes over time. People might use mosaics or a mix of contraception that changes month by month.<sup>14</sup> For instance, a woman might abstain from sex when her partner is away, then on the partner's return, she might feel obliged to use a modern method that does not suit her as it is the only one available. Although she might be counted as taking up modern contraception periodically, she is still not getting the methods that work best for her. In other words, she still does not have adequately person-centred family planning.

Greater emphasis on community participation (increasingly seen as an essential pillar of all public health interventions) in designing, implementing, and evaluating programmes will also be essential to meet diverse community needs. The FP2030 emphasis on meeting the needs of adolescents and young people is a welcome move towards more tailored approaches, but other groups must also be considered. For instance, are disabled people well served? It would also be useful to pay more attention to context, which although often acknowledged, is rarely explored in depth. For example, are there local historic or ongoing experiences of political oppression that might deter contraceptive uptake?

Finally, we must build more evidence on what works. The large-scale implementation of so-called high-impact practices (evidence-based interventions to achieve family planning goals<sup>4</sup>) promoted by FP2030 is a crucial opportunity to check on progress. How are these practices working in different contexts and are there negative effects? For instance, countries are encouraged to adapt high-impact practices to their context, but there is no specific guidance about how to do that, or which combinations of practices are most effective. We also need to learn from new models of service delivery that emerged in the pandemic such as self-care and telemedicine.

The emphasis on rights-based family planning in a partnership with the scale, scope, and global influence of FP2030 is welcome: delivering on its goals in its second decade will mean serving the needs of diverse communities, defending abortion rights, and ensuring rhetoric around human rights is matched by measures that track real progress on delivering those rights in people's lives.

## References

- 1 Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher—*Lancet* Commission. *Lancet* 2018; **391**: 2642–92.
- 2 Scoggins S, Bremner J, FP2020/2030 team. FP2020 The arc of progress: FP2030, 2019–2020. <http://progress.familyplanning2020.org/arc-of-progress> (accessed Feb 2, 2023).
- 3 FP2030. 2022 Measurement report. 2023. <https://progress.fp2030.org/measurement/> (accessed Feb 21, 2023).
- 4 United Nations Population Fund. Sexual and reproductive health and rights: an essential element of universal health coverage. 2019. <https://www.unfpa.org/featured-publication/sexual-and-reproductive-health-and-rights-essential-element-universal-health> (accessed Feb 21, 2023).
- 5 Hu D, Bertozzi SM, Gakidou E, Sweet S, Goldie SJ. The costs, benefits, and cost-effectiveness of interventions to reduce maternal morbidity and mortality in Mexico. *PLoS One* 2007; **2**: e750.
- 6 Bearak J, Popinchalk A, Ganatra B, et al. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *Lancet Glob Health* 2020; **8**: e1152–61.
- 7 FP2030. FP2030 affirms the right to reproductive autonomy in light of the Dobbs ruling. FP2030's official statements. 2022. <https://fp2030.org/news/fp2030-affirms-right-reproductive-autonomy-dobbs-ruling> (accessed Feb 21, 2023).
- 8 FP2030, UNFPA, What Works Association. The comprehensive human rights-based voluntary family planning program framework brief. 2021. [https://commitments.fp2030.org/sites/default/files/06.25.21\\_Framework\\_Brief.pdf](https://commitments.fp2030.org/sites/default/files/06.25.21_Framework_Brief.pdf) (accessed Feb 21, 2023).
- 9 FP2030. Rights and empowerment principles for family planning. <https://commitments.fp2030.org/principles> (accessed Feb 21, 2023).
- 10 Hardee K, Jordan S. Contribution of FP2020 in advancing rights-based family planning: upholding and advancing the promises of Cairo. 2019. [https://fp2030.org/sites/default/files/Our-Work/RBFP/10.24.19\\_FP2020\\_RBFP\\_Paper.pdf](https://fp2030.org/sites/default/files/Our-Work/RBFP/10.24.19_FP2020_RBFP_Paper.pdf) (accessed Feb 21, 2023).
- 11 Senderowicz L, Kolenda A. “She told me no, that you cannot change”: understanding provider refusal to remove contraceptive implants. *SSM Qual Res Health* 2022; **2**: 100154.
- 12 Senderowicz L. Contraceptive autonomy: conceptions and measurement of a novel family planning indicator. *Stud Fam Plann* 2020; **51**: 161–76.
- 13 Speizer IS, Bremner J, Farid S. Language and measurement of contraceptive need and making these indicators more meaningful for measuring fertility intentions of women and girls. *Glob Health Sci Pract* 2022; **10**: e2100450.
- 14 Marston C, Renedo A, Nyaaba GN, Machiyama K, Tapsoba P, Cleland J. Improving the measurement of fertility regulation practices: findings from qualitative research in Ghana. *Int Perspect Sex Reprod Health* 2017; **43**: 111–19.