

The extent to which couples and individuals have the power to make their own decisions about whether and when to have children, and how many children to have, has a direct impact on fertility levels. Where people do have real choices, they tend to choose smaller families. Where choices are constrained, they tend to have families that are either large or very small, sometimes with no children at all.

Since the 1994 International Conference on Population and Development, reproductive health and rights have progressed steadily in many parts of the world. People have more information about their reproductive rights and choices, along with a greater capacity to demand their rights. But even today, no country can yet claim that reproductive rights are fully realized by all.

Currently, based on fertility rates, most countries and territories fall into four broad categories. Each has people who, because rights are compromised in some way to some degree, are not fully empowered to decide freely and responsibly how many children they have.



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## Towards rights and choices for all

Across the four categories of fertility, the barriers to people realizing their rights and making their own choices about family planning have some common roots, even if they take different forms and occur to different degrees.

Broadly, institutional, economic and social factors can empower couples and individuals to realize their own reproductive goals and desires—or prevent them from doing so. There are specific actions that countries in each fertility level can take to enable everyone to exercise their reproductive rights, but there are some actions that apply to every country, regardless of fertility rate:

**Define the mix of services and resources** required to uphold reproductive rights for all, ensuring that no one is left behind.

**Dismantle social, economic, institutional and geographic obstacles** that prevent couples and individuals from deciding freely and responsibly the number and timing of pregnancies.

**Review demographic policies** to ensure they enhance reproductive rights and empower individuals to realize their own fertility goals.

**Consider conducting regular national reproductive rights “check-ups”** to assess whether laws, policies, budgets, services, awareness campaigns and other activities are aligned with reproductive rights, as defined by the International Conference on Population and Development.

**Develop and invest in family planning programmes** that aim to achieve zero unmet need for family planning services no later than 2030 to help attain the Sustainable Development Goals.

**Make reproductive health services integral to primary health care**, equal to vaccination and other essentials for sound health.

**Gender equality should ideally be enshrined in all national policies and practices**, and should be a central operating principle of all health-care systems.

Ensuring rights and choices for all



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# THE POWER OF CHOICE

REPRODUCTIVE RIGHTS AND THE DEMOGRAPHIC TRANSITION

## HIGHLIGHTS



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**Not so long ago, most people had large families: five children, on average.**

Where once there was one global fertility rate, today there are many, with differences wider than at any point in human history.

Family size, whether small or large, is intertwined with reproductive rights, which are tied to many other rights, such as those to health and education, adequate income and the freedom to make choices and non-discrimination.

Where all rights are realized, people tend to thrive. Where they are not, people are not able to realize their potential, and fertility rates tend to be higher or lower than what most people really want.



UNFPA state of world population 2018



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## MORE THAN FOUR BIRTHS PER WOMAN

Much of sub-Saharan Africa and a half dozen other nations have total fertility rates of more than four births per woman. Typically, these countries are poorer, with limited access to health care and education. Entrenched gender discrimination discourages women's autonomy. Practices such as early marriage, which correlates with an early start to childbearing, can be widespread.

## WHERE FERTILITY LEVELLED OFF

In some countries, fertility declined significantly and then plateaued or, in some cases, even started to climb again. The reasons include disruptions in family planning programmes, and the aftermath of conflict and economic crisis.

## WHERE FERTILITY DECLINED RAPIDLY

Some countries have seen steady declines in fertility that began in the 1960s, or in some cases as recently as the 1980s, and are continuing today. Most of these countries fall at a mid-level in terms of income, although a few are poorer, and a small number are wealthy.

## WHERE FERTILITY HAS BEEN LOW FOR MANY YEARS

Some countries have had low fertility for a long time. They are mainly the more developed States in Asia, Europe and North America. They tend to have higher levels of education and income, and have gone further in realizing rights for women. Basic reproductive and other rights are mostly met. Gaps in affordable quality child care, however, can make it difficult to balance work and family life.

