

Access to Contraceptives: The Social and Economic Benefits and Role in Achieving Gender Equality

European Union (EU) Member States have committed themselves to achieving gender equality in all spheres of public and private life. Access to contraceptives is pivotal to meeting this goal. Reproductive autonomy and, specifically, the ability to control the number and spacing of one's children is essential to women's capacity to determine their own destinies and act as full members of society. Guaranteeing access to contraceptives has myriad social and economic benefits that translate into healthier, more productive lives for women. This factsheet outlines the socio-economic benefits of ensuring access to contraceptives, including its role in furthering progress towards gender equality.

Progress toward Achieving Gender Equality and Alignment with European Union Standards

The Treaty of Amsterdam, which amends the Treaty of the European Union, integrated respect for human rights and fundamental freedoms into the formal structure of the EU and specifically strengthened and focused the European commitment to gender equality. Moreover, the Treaty establishing the European Community (EC Treaty) sets as its aims equality between men and women and raising the standard of living and quality of life, and thus obliges the Community to eliminate inequalities generally and to promote equality between men and women specifically.

With regard to access to contraception, the Ministers of Gender Equality within the Member States have confirmed that women's full enjoyment of their sexual and reproductive health and rights is a prerequisite for achieving gender equality.¹ Moreover, the European Parliament issued a resolution on sexual and reproductive health and rights which calls for greater access to contraceptives and specifically recommends that Member States:

- develop a high quality national policy on sexual and reproductive health, in cooperation with plural civil society organizations, providing comprehensive information concerning effective and responsible methods of family planning and ensuring equal access to all forms of high quality contraceptive methods;
- ensure that people living in poverty have better access to reproductive and sexual health services and, in particular, to offer them the choice of contraception.²

As a result of the above-referenced treaties, resolutions, declarations, and other documents, EU Member States now have a general obligation in all of their actions not only to refrain from discrimination, but also to actively advocate for equality between women and men and to mainstream the concept into their legislation and policies.³ Providing equal and effective access to contraceptives will increase the autonomy of women and will help to achieve this important EU commitment — a pressing obligation for Slovakia as a Member State.

Socio-economic Benefits of Guaranteeing Access to Contraceptives

Improved Health

Access to safe, reliable, acceptable, and affordable contraceptives has a significant positive impact on women's health and lives.⁴ Each year, modern contraceptives help prevent 215,000 pregnancy-related deaths and 2.7 million infant deaths, thus saving 60 million years of healthy life.⁵

Contraceptive use enables women to plan the number and spacing of their children and avoid the negative health impacts of unwanted pregnancies and unsafe abortions. Notably, around one-quarter of pregnancies worldwide are unintended, posing

serious risks for women.⁶ Studies increasingly show that planning and properly spacing births result in healthier pregnancies, reduced risk of maternal mortality, and long-term health benefits for women.⁷ Additionally, an increase in contraceptive use often correlates with a decrease in abortion rates,⁸ which can lead to a decrease in unsafe abortions and the attendant risk of maternal mortality. The United Nations Population Fund (UNFPA) notes that rates of maternal mortality are particularly high for women who are most limited in their access to contraceptives, namely those who are young and poor.⁹

In addition to reducing maternal mortality, contraceptive use helps to prevent maternal morbidity, which is “frequent, under-reported, often devastating to the woman and a serious economic drain on families and society.”¹⁰ For every woman that dies of pregnancy and childbirth complications, at least 20 more women suffer long-term illness and disabilities related to unwanted pregnancy or recent childbirth.¹¹ Complications from unsafe abortions are a leading cause of maternal morbidity, with approximately one in four women being admitted to a hospital after undergoing an unsafe abortion.¹² Improved access to and use of contraceptives has been recognized as an important strategy for helping women to avoid unwanted pregnancies and the complications that often arise from pregnancy, childbirth, or unsafe abortion.¹³

Enabling individuals to plan the number and spacing of their children empowers parents to provide adequate care, nutrition, housing, and education for all of their children, creating positive health impacts for the entire family.¹⁴ Additionally, by preventing maternal mortality and morbidity, contraceptive use reduces the economic and psychosocial impact of maternal death or chronic illness on children and families.¹⁵ Therefore, contraceptive use not only promotes the health of women and girls, but also provides numerous secondary health-related benefits for children and other family members.

Increased Autonomy for Women and Girls

The use of contraceptives also increases women’s and girls’ autonomy and social well-being. Studies show that the use of contraceptives to avoid unintended pregnancies can boost women’s status and increase their decision-making power within their households. Moreover, family planning has been shown to increase women’s and girls’ self-esteem and quality of life, access to education, and opportunities for employment and income-generation.¹⁶

Greater Education and Employment Opportunities

Contraceptive use improves women’s and girls’ access to education as unintended or unwanted pregnancies often force or compel girls to abandon their studies.¹⁷

Failure to fulfill academic potential has an “unequivocal impact on a woman’s ability to play a full economic, social and political role within her community, and is directly linked to poverty.”¹⁸ Education can also have multi-generational effects: Women that are educated are more likely to have educated children, particularly daughters.¹⁹ In addition to improved access to education, studies have found that women who use contraceptives are often more active in the workforce and have increased earning power, thus improving their own economic security and the well-being of their families.²⁰

Strategic Public Health Spending

By ensuring access to contraceptives and family planning services, governments promote human development and economic growth. As discussed above, family planning has important health and educational benefits for women and children and thus contributes to increased productivity and economic well-being at both the household and societal levels. Additionally, prevention of unwanted births and reductions in maternal and infant mortality and morbidity rates can reduce the burden on health care systems.²¹ Subsidizing reproductive health services, including contraceptives, enables governments to promote health more strategically and effectively allocate state funds.

ENDNOTES

- 1 See *Ministerial Declaration of the Conference of Ministers of Gender Equality*, Luxembourg, February 4, 2005, available at http://www.eu2005.lu/en/actualites/documents_travail/2005/02/04pekin-declmin/index.html (last visited Aug. 24, 2009).
- 2 See Resolution on Sexual and Reproductive Health, EUR. PARL. DOC. P5_TA(2002)0359, points 2 and 5, available at http://www.europarl.europa.eu/pv2/pv2?PRG=DOCPV&APP=PV2&SDOCTA=10&TXTLST=1&TPV=DEF&POS=1&Ttype_Doc=RESOL&DATE=030702&DATEF=020703&TYPEF=A5&PrgPrev=TYPEF@A5PRG@QUERYAPP@PV2FILE@BIBLIO02NUMERO@223YEAR@02PLAGE@1&LANGUE=EN.
- 3 See for example COMMISSION OF THE EUROPEAN COMMUNITIES, COMMUNICATION FROM THE COMMISSION TO THE COUNCIL, THE EUROPEAN PARLIAMENT, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS - A ROADMAP FOR EQUALITY BETWEEN WOMEN AND MEN 2006-2010 (2006) available at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0092:FIN:EN:PDF> (last visited Aug. 24, 2009).
- 4 WORLD HEALTH ORGANIZATION (WHO) AND UNITED NATIONS POPULATION FUND (UNFPA), MENTAL HEALTH ASPECTS OF WOMEN’S REPRODUCTIVE HEALTH: A GLOBAL REVIEW OF THE LITERATURE 44 (2009), available at http://whqlibdoc.who.int/publications/2009/9789241563567_eng.pdf (last visited Aug. 24, 2009).
- 5 GUTTMACHER INSTITUTE, UNITED NATIONS POPULATION

- FUND, IN BRIEF: CONTRACEPTION: AN INVESTMENT IN LIVES, HEALTH AND DEVELOPMENT, No. 5, 1 (2008) available at http://www.guttmacher.org/pubs/2008/11/18/IB_contraception.pdf (last visited Aug. 24, 2009). See also UK ALL PARTY PARLIAMENTARY GROUP ON POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH, BETTER OFF DEAD? 45 (2009) available at <http://www.health-e.org.za/uploaded/2abf4f8cc84c760af51ea81585badf01.pdf> (last visited Aug. 24, 2009) [hereinafter UK - BETTER OFF DEAD?]. (A 2009 study indicated that in Nepal, maternal mortality has been reduced significantly (from 539 deaths per 100,000 live births between 1989 and 1995 to 281 deaths per 100,000 live births between 1999 and 2005) and that increased use of contraceptives has been a contributing factor to this decline).
- 6 See POPULATION REFERENCE BUREAU (PRB), FAMILY PLANNING WORLDWIDE - 2002 DATA SHEET: DATA AND ESTIMATES OF CONTRACEPTIVE USE AND RELATED REPRODUCTIVE HEALTH INDICATORS FOR THE COUNTRIES AND REGIONS OF THE WORLD(2002), available at http://prb.org/pdf/FamPlanWorldwide_Eng.pdf (last visited Aug. 24, 2009).
 - 7 See RHONDA SMITH, LORI ASHFORD, JAY GRIBBLE & DONNA CLIFTON, FAMILY PLANNING SAVES LIVES (4th ed. Population Reference Bureau 2009) at 5, available at <http://www.prb.org/Reports/2009/fpsl.aspx>. See also INFO Project of the Johns Hopkins Bloomberg School of Public Health, *Birth Spacing: Three to Five Saves Lives*, POPULATION REPORTS: ISSUES IN WORLD HEALTH, Series L, Number 13 (2002).
 - 8 FAMILY PLANNING SAVES LIVES, *supra* note 7, at 6.
 - 9 United Nations Population Fund (UNFPA), *Safe Motherhood: Reducing Risks by Offering Contraceptive Services*, available at <http://www.unfpa.org/mothers/contraceptive.htm> (last visited Aug. 24, 2009).
 - 10 UK - BETTER OFF DEAD?, *supra* note 5, at 7 & 40.
 - 11 *Id.* at 7.
 - 12 *Id.* at 17.
 - 13 *Id.* at 40. See also, INTERNATIONAL PLANNED PARENTHOOD FOUNDATION, DEATH AND DENIAL: UNSAFE ABORTION AND POVERTY 2 (2006) [hereinafter IPPF, DEATH AND DENIAL].
 - 14 Sneha Barot, *Back to Basics: The Rationale for Increased Funds for International Family Planning*, 11 GUTTMACHER POLICY REVIEW 13 (Summer 2008), available at <http://www.guttmacher.org/pubs/gpr/11/3/gpr110313.html>.
 - 15 See Institute of Development Studies, Michael Vlassoff, *et al.*, ECONOMIC IMPACT OF UNSAFE ABORTION-RELATED MORBIDITY AND MORTALITY: EVIDENCE AND ESTIMATION CHALLENGES, REPORT No. 59, 37 (2008) (Other indirect costs to individuals and households include: orphanhood; reduction of children's future, including lost educational opportunities; and psychological impacts). See also UNFPA and AGI, Susheela Singh, Jacqueline E. Darroch, *et al.*, ADDING IT UP: THE BENEFITS OF INVESTING IN SEXUAL AND REPRODUCTIVE HEALTH CARE (2004) at 24 [hereinafter UNFPA and AGI, ADDING IT UP].
 - 16 See generally, UNFPA and AGI, ADDING IT UP, *supra* note 15.
 - 17 *Id.* at 23.
 - 18 See IPPF, DEATH AND DENIAL, *supra* note 13, at 3.
 - 19 Barot, *Back to Basics*, *supra* note 14. See also, AGI, ADDING IT UP *supra* note 15, at 24-25.
 - 20 See FAMILY HEALTH INTERNATIONAL, WOMEN'S VOICES, WOMEN'S LIVES: THE IMPACT OF FAMILY PLANNING (1998) available at <http://www.fhi.org/en/RH/Pubs/wsp/synthesis/index.htm> (last visited Aug. 24, 2009).
 - 21 See UNFPA and AGI, ADDING IT UP, *supra* note 15, at 24-25.