



Family planning is a component of reproductive health that empowers men and women to determine the number and spacing of their children. It includes all methods of preventing and regulating conception, including fertility awareness methods, artificial contraceptives, education, and counseling. International human rights treaties call on States to provide people with access to family planning information and services, but NGOs and UN agencies suggest that this means States must provide contraceptives. The term “contraception” is often equated with the term “family planning,” but contraceptives are only one part of family planning services.

The concept of an “unmet need” for contraceptives is misleading and erroneous.

UN agencies and NGOs have identified a global unmet need for contraception:

- RAND Corporation explains unmet need as “millions of women who would prefer to postpone or avoid pregnancy [but] do not use contraceptives.”
- UNFPA and the Guttmacher Institute define it as “women who are not using modern contraceptives.”
- WHO explains unmet need as “215 million women wanting to avoid a pregnancy [who] did not have access to or are not using an effective method of contraception.” (The number is now estimated at more than 220 million women.)

The idea of a global unmet need for contraception ignores the reasons women do not use contraceptives, such as concern about health and other side effects of artificial contraception, incompatibility with religious and ethical beliefs, and the financial cost of contraception. Although there may be 220 million women who want to delay or avoid pregnancy and are not using contraception, it does not mean they all want to use contraception.

International human rights treaties do not enumerate a right to any particular form of family planning, and they do not equate family planning services with contraceptives.

- CEDAW art. 14(b) identifies the right of each individual to decide freely and responsibly on the number and spacing of children, and art. 16(1)(e) identifies the right to have the information, education and means necessary to exercise this right. It does not include contraceptives as a necessary means.
- CRC art. 24(2)(f) requires States Parties to develop family planning services, but does not mention contraceptives.
- CRPD art. 23 requires States Parties to provide to disabled persons information on reproductive health and family planning, but not contraceptives in particular.

International conferences are declarations of political will and thus are not binding on States.

- ICPD Programme of Action discusses a right to safe, effective, and affordable methods of family planning.
- Beijing Platform for Action urges States to provide more accessible family planning services, including contraceptives and other supplies.

States must not stray into conflating family planning with contraceptives.

International law does not give a right to contraception, and does not treat contraceptives as a necessary component of family planning services. No international human right to any particular form of family planning supply or method is enumerated in human rights treaties. However, custom may allow for a right to family planning or contraception in two ways:

1. Declarations by international conferences can create new customs, especially when supported by a widespread and representative body of States, and confirmed by State practice.
2. State practice that accepts and gives effect to the right to contraception contributes to the emergence of a new understanding of what treaty norms require.

For example, if a treaty-monitoring body (TMB) interprets a provision of a treaty to guarantee a right to contraception, even though it has no formal authority to bind States with its interpretations, it may influence State practice in that direction, thus contributing to a new development in the understanding of what the treaty requires.

However, as long as States are unwilling to bow to pressure, there can be no development of custom in this area.

For more information, see the World Youth Alliance’s Family Planning White Paper (March 2012), available at www.wya.net/research. For further discussion of unmet need and other issues with family planning policy implications, see Fertility Education and Medical Management’s white paper, The Case for FEMM (October 2013), available at www.femmhealth.org.