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Statement submitted by Catholic Family and Human Rights Institute, Inc., a non-governmental organization in special consultative status with the Economic and Social Council[2]

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

[1] E/CN.9/2016/1.

[2] The present statement is issued without formal editing.

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Statement

Translating the high aspirations of the 2030 Agenda into measurable data will not be an easy task, and the stakes are high. Progress and success as measured in statistics by the United Nations must also be experienced on the ground, in the diverse communities of the world.

The scope of this agenda is global, and the cost of carrying it out might lie in the trillions of dollars. Therefore, it is vital that indicators be free of conceptual errors and political biases that can misdirect resources away from much-needed interventions and result in wasted efforts.

Specifically, when the needs and desires of individuals are translated into data by way of national surveys, the wording and interpretation of the results must serve to amplify the intentions of the participants, not obscure them.

As the participation of nongovernmental and private sector partners and stakeholders increases in implementing the 2030 Agenda, care must be taken to ensure that global efforts focus on meeting the negotiated and agreed goals without undermining the political balance they represent, rather than the promotion of specific strategies or solutions to the exclusion of others.

One particularly bad example of how data can be manipulated to promote specific agendas is in the area of reproductive health indicators during the Millennium Development Goals period. Still today, advocates state that millions of women have an “unmet need” for modern contraceptives. They are calling for governments to commit over US$9 billion a year for family planning. But the “unmet need” concept is conceptually flawed and overwhelmingly misused.

Historically, “unmet need for family planning” was a concept intended to create common ground between groups focused on women’s rights and population control advocates with a history of resorting to coercion.

As defined in the Millennium Development Goals indicators, “women with unmet need are those who are [fertile] and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women’s reproductive intentions and their contraceptive behaviour.” By definition this concept does not measure either women’s desire to practice contraception or their access to contraceptives.

But this indicator oversimplifies women’s attitudes toward childbearing. Current Demographic and Health Survey questionnaires ask women whether they want to have a(nother) child in the next two years. “Yes” or “No” are the only possible answers to the questionnaires.

Surveys prior to 2003 included a follow-up question asking how strongly they felt about their desire to avoid pregnancy. Their answers show that a lot of information is lost by asking the question as a simple “yes” or “no”. Without these nuances the surveys can severely misrepresent the needs and desires of women as they themselves understand them.

For example, when questionnaires included the follow-up question, from a quarter to more than half of women in several sub-Saharan African countries who

had expressed a desire to avoid pregnancy said it would be “no problem” or “a small problem” if they became pregnant in the next few weeks.

The “unmet need” indicator also ignores the fact that women voluntarily choose not to use contraceptives for a variety of reasons, When married women in Africa, Asia, Latin America and the Caribbean with “unmet need” are asked why they do not use modern contraceptives, only 4–8 per cent of them cite lack of access, and an even smaller percentage claim a lack of knowledge.

Contraceptives are already widely available and accessible and couples are already well educated on how to use them. This is what the evidence shows. Looking closer at the survey data one realizes that self-reported lack of access to contraceptives by all married women is less than 2 per cent in Africa, less than 1 per cent in Asia, and only half of one per cent in Latin America and the Caribbean. Many more women reported concern about side effects, personal opposition to using contraceptives, current breastfeeding, or infrequent sex as reasons for non-use.

Furthermore, “unmet need” is not the same as lack of access, yet it is routinely misused or misunderstood by the very advocacy groups that use it the most frequently. In 2014, it was reported that 222 million women in the world had “unmet need” for contraceptives. Most of the top family planning NGOs mischaracterized the “unmet need” figure as lack of access on their websites or advocacy materials.

To give just one example, the International Planned Parenthood Federation (IPPF) had a billboard in NYC’s Times Square during last year’s General Assembly, saying, “over 200 million women want access to contraception but can’t get it” — despite the fact that “unmet need” measures neither access to nor desire for contraceptives.

What happens as women’s access to contraceptives approaches the level of their actual demand, yet their purported “need” remains significantly higher? UNFPA and the Guttmacher Institute are calling for US$ 9.4 billion annually to provide family planning to women in developing countries with “unmet need”. Their estimates assume that all women with unmet need would use modern contraceptives. Yet large proportions of women categorized as having “unmet need” say that they do not intend to use contraceptives in the future.

Rather than a voluntary approach to family planning, the “unmet need” concept and related indicators instead channel vast sums of money toward wealthy groups and programs that may be wasteful at best or coercive at worst.

If family planning indicators are used in the 2030 Agenda they should restrict themselves to measuring existing contraceptive prevalence and self-reported demand for specific services or products.

In light of the appalling inequalities that persist in maternal health across and within regions, United Nations agencies concerned with global health should prioritize their efforts to ensure good maternal health outcomes over the avoidance of motherhood. Unless women have the option of safe pregnancy and delivery, and a good outcome for their child, the only choice they really have is to avoid pregnancy at all costs or risk losing their life.

Moreover, there is also the need to increase oversight where efforts to increase contraceptive prevalence in developing countries lead to the strong promotion of contraceptives deemed too unsafe for promotion or use in wealthier countries.

More broadly and most importantly, we must ensure that the global health agenda and the indicators and targets that underpin it remain focused on meeting the actual, directly-expressed needs of the people it aspires to serve, and that it does not become a mechanism to channel funds to powerful lobbying groups.

Finally, it is vital that the household surveys that are conducted at country level are used to channel the real lived experiences and aspirations of individual people to international institutions.

Measurable data can only help achieve the high aspirations of the 2030 Agenda if it is able to track and measure the true needs of disadvantaged populations, and is helpful in evaluating solutions to address them.