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Abstracts of Keynote Lectures

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KL02

Re-envisioning ‘family planning’ for the 21st century and revising the language

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For almost 100 years, there has been a split between those who insist on promoting contraception on its own and those who insist that contraception and abortion go hand in hand. In 1994, the ICPD Programme of Action included a ‘compromise’ clause that recognised unsafe abortion as a major public health problem but called for it to be made safe only where it was legal. This violated public health principles and women’s rights. A total of 22 million women have unsafe abortions every year, 5 million end up in hospital with complications, and tens of thousands die. Young women are most at risk and have least access to contraception. The answer is *not* to promote contraception alone but to promote contraception to reduce unwanted pregnancy and provide safe abortion to every woman who requests it. Women and men use contraception if they feel they have the right to control their fertility and have access to the means to do so. 44 million abortions globally and hundreds of millions of people using contraception and sterilisation prove there is huge demand. ‘Demand creation’ is a retrograde concept. The fertility rate is falling steadily, and abortions contribute. ‘Unmet need’ is about more than lack of knowledge or interest. Yet many supporters of ‘family planning’ refuse to support safe, legal abortion, consider it inferior to contraception and describe it in negative terms, e.g., alongside STIs as if it were a disease. They ignore the fact that sex often doesn’t happen after well-thought-out, planned-in-advance decisions about family formation. Many pregnancies are started without any forethought, others after sexual pressure or coercion. Decisions about children may be light years away. So why is abortion ‘sensitive’, ‘controversial’, ‘difficult’?

From the 1960s to the 1980s, ‘family planning’ lost favour because of coercive programmes. In 1994, some blamed ICPD for the neglect of family planning, because it was placed in a wider context. But many at ICPD sought to rehabilitate ‘family planning’, and

restore its good name. Today, there are again calls for goals (targets), population ‘management’, ‘results’-based financing. At the same time, the anti-abortion movement is anti-contraception, anti-assisted conception and anti-sexual autonomy.

This paper calls for reproductive and sexual rights: the right to contraception and sterilisation and the right to safe, legal abortion – not ‘family planning’ – as legitimate forms of fertility control and a universal public health necessity.

KL03

Historical highlights in oral contraception

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The oral contraceptive was officially approved on 23 June 1960, by the U.S. Food and Drug Administration. The story of the birth control pill provides an appreciation for the enormous personal and social impact of this achievement, and the understanding of what one person can accomplish with perseverance and dedication.

Gregory Pincus was able to conceptualise an oral contraceptive pill and convince Searle to be involved in his project when no other drug company would consider marketing a contraceptive. The personnel and site involved in the first successful clinical trials in Puerto Rico were personally selected by Pincus, and the organizational skills of Pincus kept the components of a far-flung team operating with efficiency. The project required the coordination of scientists and laboratory workers at the Worcester Foundation, chemists and executives at Searle, academicians, clinicians, and social workers. Finally and importantly, Pincus spread the word in his national and international travels, battling skepticism.

Gregory Pincus, in the story of his life, can continue to teach contemporary young scientists. Today, it is fashionable to speak of ‘translational research’, the translation of scientific knowledge into daily living, the application of research findings into clinical practice. This is an old philosophy with a new title. Gregory Pincus was a translational scientist. Bringing oral contraception to the world was a cooperative

effort between bench scientists and clinicians that can easily be viewed as the epitome of translational research. From the bench to the bedside is the motto of translational research, and in Pincus's case, it was from the bench to everyone's beds.

KL05

Sexual health and sexual rights

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Although there is no internationally agreed definition of the term sexual rights, they are regarded by many experts as an evolving set of entitlements related to sexuality which contribute directly to the freedom, equality and dignity of all people. Sexual rights are closely related to reproductive rights but are distinct. Reproductive rights relate to fertility, reproduction, reproductive health and parenthood. Sexual rights span a lifetime but are an integral factor in most reproductive decision-making.

Sexual rights are human rights related to someone's sexuality, including gender identity, sexual orientation, sexual behaviours, sexual health care and well-being. Gender equality and women's empowerment are social determinants for health and their successful outcomes depend on realising sexual rights. On any day, millions of women and girls will have their human rights violated. They will suffer sexual violence; be forced into unwanted marriages and pregnancies; be discriminated against because they are HIV positive, or in a same sex relationship; and be denied the basic right to say no

to sex. All of these are violations of human rights like the right to privacy, freedom of thought and expression; freedom from violence; the right to education and bodily integrity. The impact of sexual rights goes beyond health, it guarantees that an individual can fulfil and express his or her sexuality, whether or not this is related to their reproductive intentions.

Every single person comes into contact with a health provider in their lifetime, usually at a time when they are most vulnerable. It is therefore critical that sexual rights are taken into account if quality of care is to be ensured. When sexual rights are respected, they can improve the health and lives of both individuals and communities, reduce violence against women, decrease rates of maternal mortality and HIV, and contribute to social justice and equality. To reduce the incidence of sexual and gender violence, and to mitigate their harmful effects, all providers should offer comprehensive services that include screening for sexual and gender-based violence as well as protocols to refer clients to other services if required. They should ensure that staff are trained to conduct these sensitive consultations and that referral protocols are in place.

Informed by a panel of internationally renowned experts, IPPF adopted 'Sexual Rights: an IPPF Declaration' in 2008 and the European Society of Contraception and Reproductive Health adopted it at its 11th Congress in May 2010.

Further reading

<http://ippf.org/resources/publications/sexual-rights-ippf-declaration>

<http://ippf.org/resources/publications/Sexual-Rights-rhetoric-reality>

<http://ippf.org/resources/publications/sexual-rights-action>