
Chapter 1 Overview of Reproductive Health

1-1 Present Situation of Reproductive Health and its Importance

The establishment of a reproductive health system provides not only a solution measure to the population problem, but also contributes to the improvement of individual health¹, and it is based on the definition of “health”² as provided by the World Health Organization (WHO) in its Constitution. However, the range of reproductive health is wide and the definition and interpretation of its concept remain varied.

Many people in the world have no chance to enjoy reproductive health due to various causes. Such causes include insufficient knowledge of human sexuality, inappropriate or low-quality information and service on reproductive health, the spread of high-risk sexual behavior, discriminative social customs, negative attitudes toward women and girls, and the limited empowerment of women and girls in relation to sex and reproduction, etc. Adolescents are in an especially vulnerable position. This is because there is little information available on reproductive health and few related services in many of the countries in the world.

While more than 500,000 women die of pregnancy- or delivery-related causes every year in the world, 99% of them are in developing countries³. More than 1/5 of the diseases in women of reproductive age are related to sex and reproduction⁴. The contraceptive prevalence rate is lower and the age of delivery is earlier for women in poorer groups, and the average total fertility rate for the whole of Africa is 5⁵. Approximately 130 million girls in the world experience Female Genital Cutting (FGC), and 2 million girls face its threat every year⁶. The number of people living with HIV/AIDS had reached approximately 40 million worldwide by the end of 2003, of which 28 million people live in Sub-Saharan Africa. Consequently, the average life expectancy of this area is decreasing drastically⁷.

For better individual health including the solving of the population

¹ “Individual” here refers to not only any woman of reproductive age, but also any person including man, child, adolescent, elderly, handicapped and minority (ethnic minority, immigrant, refugee, homosexual, etc.).

² The WHO defined “health” in 1948 as follows: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

³ UNFPA (2002) p.9

⁴ *ibid.* p.33 According to this report, this value reaches 40% in Sub-Saharan Africa.

⁵ *ibid.* p.72

⁶ UNFPA (2003a) p.21

⁷ UNAIDS (2003) According to this report, the total number of HIV carriers and AIDS patients was estimated to be 34 to 46 million worldwide and 25 to 28.2 million in Sub-Saharan Africa at the end of 2003.

problem, the cooperation of our country has great significance. Japan considers the improvement of maternal health, reduction of infant mortality/morbidity, reduction of unwanted pregnancy, and measures against sexually transmitted infections including HIV/AIDS as major cooperation issues in improving the reproductive health status of developing countries. In addition, in trying to improve reproductive health, improving health problems unique to women, gender equality and the empowerment of women are essential factors and thus they are examined in this report.

1-2 Definition of Reproductive Health

When “Reproductive Health” is translated into Japanese, it means “life-long health and rights for all people regarding sex and reproduction.” However, this report uses the term “Reproductive Health” as it is in order to avoid different interpretations by translation. In addition, this report uses the term “Reproductive Health” instead of “Reproductive Health/Rights” to include the meaning of “Reproductive Rights.” Though the term “sexual and reproductive health” was also suggested due to the focus on “health related to sex” ever since the International Conference on Population and Development held in 1994, it has been omitted considering that sexual health is included in reproductive health. The following sections summarize the definitions⁸ of “Reproductive Health,” “Reproductive Health Care” and “Reproductive Rights” used in this report.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.

(1) Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Therefore, reproductive health means that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

It also includes access to information and services on safe, effective, affordable and acceptable contraceptive methods.

(2) Reproductive Health Care

In adherence to the above definition of reproductive health, “reproductive health care” is defined as “the entire set of methods, techniques and services that contribute to reproductive health and its well being through prevention and

⁸ They are based on the definitions agreed in the Cairo International Conference on Population and Development Programme of Action (ICPD Programme of Action) in 1994 and are described in Chapter 7, 7.2 – 7.3 (Translation supervised by the Ministry of Foreign Affairs of Japan in 1996. Partially excerpted from the International Conference on Population and Development “Programme of Action”: Cairo International Conference on Population and Development resolution document, published by Sekai No Ugoki Sha. See “References” for the original text of this programme). Interpretation of reproductive health and rights is still under discussion among Catholic nations, Islamic nations, developed nations, etc. That is, there is insistence that infertile women, girls, elderly, disabled, men, homosexuals, etc. cannot enjoy services on reproductive health and rights, and suggestion that they may lead to eugenics or abortion.

solution of various problems related to reproductive health.” Reproductive health includes health related to sex for the purpose of individual sex and the enhancement of human relationships (sexual health), and is not simply limited to counseling and care related to reproduction and sexually transmitted infections.

Reproductive rights are basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.

(3) Reproductive Rights

Box 1-1 Difference between Reproductive Health and Family Planning/Maternal and Child Health

Reproductive health differs from conventional family planning or maternal and child health in the following points:

- (1) Reproductive health indicates life-long, wide ranging health not only limited to the health of women of reproductive age groups from 15 to 49. It also points out the importance of women being able to control their health from the perspective of the human life cycle instead of being careful only during the period when they have children.
- (2) Reproductive health targets a comprehensive approach which encompasses family planning/maternal and child health and other health issues related to reproduction including sexually transmitted infections including HIV/AIDS that had been treated in isolation in conventional vertically separated administration systems.
- (3) It is difficult to say whether conventional family planning programs have dealt appropriately with the needs, roles and responsibilities of men and special needs of adolescents. However, reproductive health activities require sufficient consideration of these problems. It also refers to the roles and responsibilities of men in other reproductive health fields (such as sexually transmitted infections including HIV/AIDS).
- (4) Reproductive health calls for the rights of individuals and couples related to family planning and especially the rights to select the method of family planning. At present, many individuals and couples are not given any opportunity to choose the method of family planning or the opportunity is insufficient or inappropriate even when given. Reproductive health insists on the rights of individuals and couples to utilize family planning and select the family planning method that seems appropriate for each individual, and state the assurance to substantiate the health care and information which will enable such rights.
- (5) Reproductive health points out that violence against women creates large health problems. In particular, rape, sexual abuse, human trafficking, forced prostitution, and harmful traditional customs including female genital cutting constitute violence against women which often occur within the framework of “sex and reproduction.” In addition, it is also important to deal with violence that affects not only physical health, but also the mental health of women.

Source: Tokiko Sato (2002) (Partially modified)

Reproductive rights are part of human rights which are already acknowledged in domestic laws, international documents on human rights, and other related documents agreed in the United Nations. These rights are **basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.** In addition, it also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. The rights to use appropriate health care services so that women can enjoy safe pregnancy and delivery and couples can have the best opportunities to have healthy children are also included.

1-3 Trends in International Assistance

How was reproductive health established and developed? The following sections give an overview of the trends in major international assistance in the field of reproductive health (see Table 1-1).

(1) Before the 1990s

The basic concept of reproductive rights⁹ originates in the “women’s health” movement¹⁰ which appeared during the latter half of the 1960’s. Until the second World Population Conference (Belgrade Conference) in 1965, scientific conferences were held on the subject of demographics. The importance of the human rights of women was discussed in the first International Conference on Human Rights (Tehran Conference) in 1968, and “reproductive rights” were mentioned for the first time in a United Nations conference. This conference accepted that “parents have a basic right to determine freely and responsibly the number and spacing of their children and to have the information and means to do so.” In the third World Population Conference in Bucharest in 1974 and the fourth International Conference on Population in 1984 (Mexico City Conference), the rights were declared as the rights of “all couples and individuals” instead of “parents.”

Then, through the “United Nations Decade for Women” (1976-1985) that targeted improvements in women’s status, and the third World Conference on Women (Nairobi Conference) in 1985, recognition that “women’s rights are human rights” was spread throughout the world. As mentioned above, the basic concept of reproductive health has been received by international society through discussions in international conferences.

⁹ The background of the reproductive health concept is not clarified here because there are several different theories. Some say that it is a concept that the WHO started using in order to grasp people’s health needs comprehensively, and others say that it was a concept proposed by Dr. Fathalla, who was the director of the Special Programme for Research, Development and Research Training for Human Reproduction in 1988.

¹⁰ The “Women’s health movement” started in the latter half of the 1960’s to 1970’s, and sex, contraception and abortion became the priority issues for women’s movements, influencing the establishment and popularization of the reproductive health/rights concept.

**The International
Conference on
Population and
Development
(ICPD/Cairo
Conference) in 1994**

(2) The 1990's and Onwards

In the International Conference on Population and Development (ICPD, hereafter referred to as the Cairo Conference) held in Cairo in 1994, the **ICPD Programme of Action (Twenty-Year Programme)**¹¹ was adopted. This programme of action was agreed by all 179 participating countries, and an international recognition that the “achievement of reproductive health is a presumption to sustainable, human-centered development and stable population was established.” The Cairo Conference also adopted “enjoyment of

Table 1-1 Trends in Assistance Related to Reproductive Health

Year	International Trends (indicates conferences mentioned in the ICPD Programme of Action.)	Japanese Trends
1950's – 1960's	'54: First World Population Conference (Rome) '64: Second World Population Conference (Belgrade) '67: Declaration on the Elimination of Discrimination against Women (adoption in the UN General Assembly) '68: First International Conference on Human Rights (Tehran)	'62: Establishment of Overseas Technology Cooperation Agency (OTCA) '63: Establishment of Japan Emigration Service (JEMIS) '65: Launching of Japan Overseas Cooperation Volunteers (JOCV) '67: Launching of International Family Planning Training Project '68: Establishment of Japanese Organization for International Cooperation in Family Planning (JOICFP)
1970's – 1980's	'74: Third World Population Conference (Bucharest) '75: First World Conference on Women (Mexico City) '80: Second World Conference on Women (Copenhagen) '81: Convention on the Elimination of all Forms of Discrimination against Women came into effect. '84: Fourth International Conference on Population (Mexico City) '85: Third World Conference on Women (Nairobi)	'74: Establishment of Japan International Cooperation Agency (JICA) '85: Ratification of Convention on the Elimination of all Forms of Discrimination against Women, promulgation of the Equal Employment Opportunity Law
1990	World Summit for Children (New York)	
1992	United Nations Conference on Environment and Development (Rio) ¹² International Nutrition Conference World Conference on Human Rights	Announcement of Japan's Official Development Assistance Charter (ODA Charter)
1993		Japan-U.S. Common Agenda
1994	International Conference on Population and Development (Cairo)	Announcement of Global Issues Initiative on Population and AIDS (GII) Promulgation of the Basic Law for a Gender-Equal Society
1995	Fourth World Conference on Women (Beijing)	Announcement of Japanese Government WID Initiative
1996		Enactment of Mother's Body Protection Law
1999	Special Session of United Nations General Assembly (ICPD + 5) (New York)	Approval of low-dose pills
2000	Agreement on Millennium Development Goals (MDGs) Special Session of United Nations General Assembly (Beijing + 5) (New York)	Announcement on Okinawa Infectious Diseases Initiative (IDI)

Source: Japan International Cooperation Agency (2001a)

¹¹ The ICPD Programme of Action demands addressing of the following by year 2015: (1) universal access to reproductive health services including family planning and sexual health, (2) drastic reduction in infant mortality and maternal mortality, (3) wide range of measures to ensure equality between men and women and empowerment of women, (4) universal access to elementary education, (5) correction of the “gap between men and women” in education.

¹² The Rio Declaration included “participation by women is necessary for sustainable development in environmental and developmental issues.”

reproductive health” as one of the reproductive rights. The introduction of the concept of reproductive health put an end to the idea of conventional policy of suppressing population increase that was based only on the macro-perspective of “population increase inhibits economic development.”

Ever since the Cairo Conference in 1994, many UN organizations and countries started to reflect the concept of reproductive health in their existing family planning programs and to modify their policies. In addition, the approach to the population problem has shifted its emphasis to gender equality, women’s empowerment (improvement of their status and capacity), and the promotion of reproductive health. In the 4th World Conference on Women (Beijing Conference) held in Beijing in 1995, reproductive rights were clearly stated as a part of women’s human rights, and equal relationship, agreement and joint responsibility between men and women regarding sex and reproduction were widely recognized. Around this time, the concept further expanded with emphasis on roles in sexually transmitted infections, infertility and sex of boys, making it necessary to consider social factors in addition to maternal and child health and perinatology/perinatal medicine.

In 1999, five years since the Cairo Conference, a special session of the United Nations General Assembly on Population and Development called “ICPD+5” was held. The document adopted in ICPD+5 included a sentence that claimed that the objectives and policies related to population need to be appropriately reflected in international agreement (treaty) in the fields of environment, trade, etc.

Furthermore, the **Millennium Development Goals (MDGs)** were adopted in the 55th United Nations General Assembly in September 2000 (the Millennium Assembly) with the support of 149 heads of state including Japan. Four of the eight development goals¹³ were directly related to reproductive health. Regarding cooperation with international organizations and countries in the field of reproductive health, achievement of these MDGs is an important guideline along with the ICPD Programme of Action.

1-4 Trends in Japan’s Assistance

(1) Governmental Trends

The Japanese Government started technical cooperation through JICA from the latter half of the 1960’s (see p.7 (2)), and started contributing to the International Planned Parenthood Federation (IPPF) in 1969 and the United Nations Population Fund (UNFPA) in 1971.

¹³ The following four goals among the eight Millennium Development Goals are directly related to Reproductive Health: Goal 3: eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015; Goal 4: reduce by two thirds the mortality rate among children under five; Goal 5: reduce by three quarters the maternal mortality ratio; Goal 6: halt and begin to reverse the spread of HIV/AIDS, and halt and begin to reverse the incidence of malaria and other major diseases. For details on the Millennium Development Goals, see the UNDP Tokyo Office Homepage :<http://www.undp.or.jp/mdg/index.html>.

Japan-U.S. Common Agenda in 1993

The Japan-U.S. Common Agenda (common issues for cooperation with global prospects) was proposed in July 1993 as a joint initiative for Japan and the U.S. and as a part of the Japan-U.S. Framework. Talks on Bilateral Trade. Through this initiative, Japan has implemented more than seventy projects in eighteen different fields including “population,” “HIV/AIDS,” “child health,” and “support for women in developing countries.”

Global Issues Initiative on Population and HIV/AIDS (GII) in 1994

The Japanese Government announced the “**Global Issues Initiative on Population and HIV/AIDS (GII)**” in February 1994 with the aim of providing proactive cooperation to developing countries in the fields of population and HIV/AIDS. This initiative was to promote assistance to developing countries in the fields of “population and HIV/AIDS” with a prospective total ODA of 3 billion US dollars for the seven years from fiscal year 1994 to 2000. It adopted a “comprehensive approach” that included not only the conventional direct cooperation as in the “population problem,” “family planning” and “maternal and child health,” but also reproductive health and gender perspectives such as basic health care related to the health of women and children, primary education, women’s literacy education and vocational training. Financial assistance amounted to about 5 billion US dollars for the total of seven years.

In 1996, the Japanese Government reformed the Eugenics Protection Law to Mother’s Body Protection Law upon adoption of the ICPD Programme of Action. The first “White Paper on Gender Equality” (1997) states “the concept of reproductive health in the Cairo Conference is endorsed and today the importance of women’s human rights is recognized. (Omission) General policies to support the health of all women throughout their lives shall be promoted from the standpoint of reproductive health.”¹⁴

Okinawa Infectious Diseases Initiative (IDI) in 2000

The Japanese Government proposed the **Okinawa Infectious Diseases Initiative (IDI)** in the Kyushu-Okinawa Summit in July 2000. Its purpose was to reinforce cooperation in the fields of infectious disease measures, public hygiene, research network, basic education, water supply, etc. The government has expressed its intention to cooperate with developing countries with a total contribution of 3 billion US dollars in these fields. The Japanese Government plans to implement cooperation with a focus on support for adolescents, and the first specific measure was to provide 1 million US dollars to the “Trust Fund for HIV/AIDS” which was newly established by IPPF.

(2) Trends in JICA’s Assistance

Japan’s technical cooperation in the field of reproductive health began in the “Family Planning Seminars (group training in Japan)” in 1967. It was then followed by the first Project-Type Technical Cooperation¹⁵, the “Indonesia Family Planning Project” (mainly on the development of audio-visual education software for the promotion of family planning and the provision of

¹⁴ Prime Minister’s Office (1997)

¹⁵ Indicates the form of technical cooperation in which a period of cooperation of about 3–5 years is set to combine expert dispatch, counterpart training in Japan, equipment provision, etc. and implement from planning to evaluation consistently. Several forms were collectively named as “Technical Cooperation Projects” since fiscal year 2002.

contraceptives) which began in 1969. Regarding the Project-Type Technical Cooperation, many had been assisting in suppressing population increase in the assisted country through assistance such as family planning, demographic information and the promotion of population education until the mid-1980's. From the latter half of the 80's to the beginning of the 90's, cooperation in integration of family planning and maternal and child health became the mainstream.

Ever since the Cairo Conference in 1994 and adoption of GII, JICA has cooperated in the fields related to GII by providing over 2.4 billion US dollars and proactively formed and implemented various projects that incorporated reproductive health. Projects such as the "Viet Nam Reproductive Health" which aimed for the establishment of safe environment for delivery of women in rural areas started in 1997 and the "Jordan Family Planning WID" related to the improvement of women's status were implemented. Among the 38 technical cooperation projects in the field of health implemented by JICA in 2003, nine were related to reproductive health¹⁶.

Commodity/equipment provision projects (Multi-Bi Cooperation) in cooperation with international organizations have increased since the Cairo Conference, including successive establishments of "Special Equipment Provision for Population and Family Planning" (in cooperation with UNFPA) in 1994, "Special Provision of Blood Testing Equipment for Measures against HIV/AIDS" (in cooperation with the United Nations Programme on HIV/AIDS (UNAIDS)), and "Special Equipment Provision for Maternal and Child Health" in cooperation with the United Nations Children's Fund (UNICEF).

¹⁶ As organizations other than JICA, activities of the Japanese Organization for International Cooperation in Family Planning (JOICFP), which is a representative NGO in the field of reproductive health, is worth noting. This organization has promoted cooperation in family planning and maternal and child health since the 1970's based on Japan's post-war experience.