



Asia and the Pacific

SUMMARY

# Expert Group Meeting on Population Ageing and Low Fertility

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The document aims to summarize key conclusions, decisions and recommendations emanating from the Expert group meeting on Population Ageing and Low Fertility held on 11–12 July, 2023. The overall objective is to discuss the life-cycle approach to ageing and raise awareness, as well as potential policy interventions, in the region about the long term impacts of low fertility. The two-day meeting was hosted by the Asia-Pacific regional office of UNFPA with regional experts in population ageing and low fertility as well as population and development focal points of all country offices programme countries being invited.

## 01. Background

The number of people aged 60 years or over in the Asia-Pacific region is projected to increase from 13.6 percent in 2020 to 24.9 percent in 2050[1]. This means that one in four people in the region will be aged 60 or over, while individuals aged 80 years or over will represent a fifth of all older people by mid-century.

Population ageing has two dimensions: first, individuals live longer and second, the share of older persons in the total population is increasing, with women constituting the bulk. Within the Asia-Pacific region, the majority face population decline and ageing but countries would vary in terms of the time and pace of the demographic transition.

Demographic changes shape and are shaped by economic development, employment, income distribution, poverty, housing, healthcare, social protection and pensions etc. The intractability of a growing population, ageing citizen core, coupled with increasing life expectancy and lower population growth, poses long-term implications. It requires greater agility in providing not just social and economic stability, but also in addressing the ue population. Of note, there is no one-size-fits-all comprehensive policy that can address all aspects of the dynamic population transition of ageing in the region. Nonetheless, this outcome document examines the interlinkages between the five mega-trends, climate change; demographic shifts; urbanisation; the emergence of digital technologies; and inequalities from the population ageing and low fertility perspective.

On a global level, adopted in 2002 in Madrid, the Madrid International Plan of Action on Ageing (MIPAA) is a comprehensive action plan for handling the issue of ageing in the 21st century and for building a society for all ages. It focuses on three priority directions, namely older persons and development, advancing health and well-being into old age, and ensuring enabling and supportive environments.

The review and appraisal of the Madrid Plan of Action takes place every five years. The process involves a novel participatory “bottom-up” element engaging civil society and older persons themselves, and is designed to assist Member States in receiving feedback on the policies and programmes they have implemented. The fourth review and appraisal of the Madrid Plan of Action will take place in 2023.

[1] ESCAP (2021a). Available from: <https://www.population-trends-asiapacific.org/data/escap>.

## 02. Keynote Address 1; Economic sustainability of ageing societies and fertility (population) decline

A key question with an ageing society is whether economic productivity can be sustained with an ageing labor force. As the population grows older, the need for long-term care services is expected to increase considerably. With changing family structures, rural-urban migration and women increasingly taking part in the labor market, the family can no longer be relied on as the primary source of care and support for older person implications of housing, healthcare, and infrastructure for this segment of thns. Virtually in all countries in Eastern Asia, the child dependency ratio has declined and the old age dependency has risen rapidly. As the number of social and health service users increase while the working age population declines, the rise in their numbers can pose a potential threat to national budgets. Since the elderly tend not to be economically productive but still consume goods and services, social policies should ensure financial capacities. However, Lee and Mason (2012) suggest that if appropriate conditions are put in place this ageing trend can offer potential benefits and can be transformed towards a positive manner.[2]

From an economic perspective, children and the elderly group share commonality as their consumption outweighs their labor income. Both need to rely on other sources of income to fund their consumption.

While children rely almost exclusively on public and private transfers, the elderly, in addition to these sources, will rely on accumulated assets. The asset accumulation takes in the form of direct saving by individuals, funded occupational pensions, or funded government pension and social security programs. Such assets being a source of non-labor income have major implications when invested domestically, as it raises labor productivity. To the extent that the elderly fund themselves with their own assets, the working young population have less burden. Lee and Mason also suggest that lower fertility is associated with higher human capital investments per child. Thus, even though the number of young working population falls, the quality and productivity of the workers are higher over the course of demographic transition, raising future labor productivity, earnings and economic growth. This way the quality of work may be substituted for quantity, offsetting the adverse effects of population ageing in this region.

Population ageing brings both opportunities and challenges in terms of socio-economic development as it can create new markets in the area of health insurance, finance, banking, health care, nutrition etc. The service market for the elderly is promising for the private sector to “find gold in the silver economy.” Older people have accumulated huge social, intellectual, and financial capitals and thus, the silver economy is estimated to be \$15 trillion dollars. The global market for elderly care technology is expected to be worth more than \$13 billion dollars. The OECD anticipates the gross domestic product per capita can increase 19 percent over the next three decades when creating multigenerational workforces and giving older people more opportunities to work.

[2] Lee, R., & Mason, A. (2012). Population aging, intergenerational transfers, and economic growth: Asia in global context. In *Ageing in Asia: Findings from new and emerging data initiatives*. National Academies Press (US).

According to an analysis of ageing in Japan by Ogawa and Matsukura (2007) [3], older persons in Japan are and will likely remain healthier and wealthier than ever before. Being healthier, they may continue to be productive as part of the labor force, thus being an important asset in any strategy to save Japan from a future economic stagnation or financial crisis. Being wealthier, they may be able to invest their accumulated assets more productively than heretofore and either help spur further economic growth in Japan itself or, if willing and capable of investing abroad, perhaps help finance the development of other Asian countries which may themselves be benefiting from demographic dividends of their own. In this way, older persons in Japan may themselves become key actors in ensuring healthy ageing and the continued dynamism of their country's economy.

Professor Ogawa stressed the 'Silver or Third dividend' in terms of utilizing the elderly as a source of untapped labor force. The health adjusted dependency ratio should therefore be based on people's cognitive ability rather than the conventional age criteria. However, such positive outcomes are highly dependent on the adoption of government policies that promote the continued labor force participation of older persons and that facilitate the productive investment of their accumulated wealth. It is possible, in other words, to manage population ageing in the Asia-Pacific region so as to ensure the elderly live with dignity and do not become a new class of poor, while at the same time eradicating poverty among the young and promoting inclusive and sustainable economic growth (World Bank 2016b).

To understand quality of life, being sick or being healthy is not straightforward in older age in the presence of chronic disease. Functional health system for longevity based society is more of a spectrum between healthy and sick, which is not healthy and not sick. Modern concepts of disability, being either healthy and disabled may also be too binary. Closer to reality is a state with disability but with different layers of assistance required (Tobia and Cheng 2000, WHO).

Healthy life expectancy means to be absent of disability, independent-life expectancy means disability with no assistance required, active-life expectancy means disability requiring non-daily assistance. The aim should be beyond a 'healthy' life span and towards an 'active' life span alongside rehabilitating as much 'health' as is possible at all parts of the journey. The spectrum of services is not linear but should be a continuum of care needed in older life based on a person-centered primary based care. When prevention, health literacy, and rehabilitation is present as long as possible, quality of life can be maintained no matter the disability or health status.

[3] Ogawa, N., & Matsukura, R. (2007, August). Ageing in Japan: the health and wealth of older persons. In United Nations expert group meeting on social and economic implications of changing population age structures (Vol. 31, pp. 199-220).

## 03. Keynote Address 2; Ecological sustainability of ageing societies and fertility (population) decline

Population ageing and climate change are one of the two most pressing issues in the forefront of policy agenda for many countries. The fact that the proportion of people aged 60 and over are increasing drastically and the fact that CO<sub>2</sub> emission is the driving force behind global warming and many climate change issues is already widely known and discussed. This demographic shift is occurring in the midst of increased frequency and intensity in regards to human induced climate changes such as heatwaves, tropical cyclones, storms and droughts. Older persons are at greater risk of climate-related impacts due to social, economic, and health-related vulnerability.

When linking these two issues of the role of a particular aged cohort of 65 years and above with greenhouse gas emission, the linkage can be explained through the consumption pattern of the elderly group. The pattern of consumption of an individual changes over the life course in reflection to one's wealth, age, health, and social needs. Elderly people consume less energy and resources and thus produce less emission compared to economically active and young cohorts. The US Consumer Expenditure Survey shows that the use of fuel is substantially smaller for older persons than younger persons.

Research from Statistics New Zealand shows that consumption drops significantly after one retires. Provision of basic needs, good health and well being, security, which are all less energy intensive becomes more of a priority over consumption of short-lasting more energy intensive goods and services such as clothes, cosmetics, devices, entertainment. Other studies also suggest a 1.0 percent increase in the proportion of older persons in the Republic of Korea was found to be associated with a 0.4 percent decrease in CO<sub>2</sub> emissions.[4] Therefore it seems that individual economic behavior matters more than the size of the population for mitigation efforts for climate crises.

Looking at it at a macro-level, the questions remain regarding the ecological sustainability of such age structure and transition. First, are the rates of population ageing and environmental changes similar? Do countries with larger environmental and ecological risks have more ageing populations or vice versa? What approaches are required to make ageing population ecologically sustainable?

The effects differ between developed and developing countries. The largest ecological footprints belong to people living in developed countries such as the United States, Canada and Western Europe, being responsible for 60% of the world's consumption. Another study found that total greenhouse gases consumption of 60+ seniors in developed countries amounted to 3.5 Gt which is 7% of the world consumption.

[4] Kim, J., Lim, H., Jo, H. (2020). 'Do Aging and Low Fertility Reduce Carbon Emissions in Korea? Evidence from IPAT Augmented EKC Analysis,' *Int. J. Environ. Res. Public Health*, vol. 17, No. 8, p. 2972. Available from: [10.3390/ijerph17082972](https://doi.org/10.3390/ijerph17082972)

Old people may use less cars after retirement, therefore less energy consumption of elderly people. Ageing-population indicates a lower labour participation rate, which slows down economic growth, and reduces carbon emissions. Developing countries are mostly agriculture dependent and ageing can threaten farming and productivity. Elderly farmers who have low or no education may not know about climate-smart agricultural technology, they often do not get sufficient access to inputs because of less or limited mobility and network with input traders. Developing countries do not have enough resources to mitigate climate-stress related diseases, risks, to avoid displacements during disasters, to manage replacements after disasters. Moreover, aged people are less ecologically conscious and aware of climate policies.

Professor of Economics from Curtin University, Ruhul Salim suggests policies in four specific areas; employment, economic opportunities, social infrastructure, and climate change. First, employment policies should be ecologically 'age proof' that can reduce older people's vulnerability to environmental threats by 1) enhancing affordability of adaptation and mitigation measures during and after any climate-change effects and extreme events, 2) increasing their financial contribution to awareness generation and community involvement in emergency situations, and 3) increasing access to energy-efficient consumption within households and communities.

Economic policies should explore and facilitate the possibilities of ageing-induced green business start-ups, clean

and climate-smart technology innovation, changes in capital intensity, migration that is focused on SDGs, and shifts in industry composition.

An equitable and reliable social infrastructure system is a prerequisite for healthy ageing so that local strategies and resources can be mobilized, trust is developed and there is networking between providers and beneficiaries. Specifically, healthcare systems must ensure access for the aged, and caregivers should receive the necessary training, support, and provisions. It is possible to reduce ecological footprints by supporting local food activities with the involvement of elderly people (e.g., facilitate and encourage gardening within households and in communities), and by separately providing energy-efficient household appliances and low-carbon transport systems for elderly people.

In response to climate change and the 2030 agenda of sustainable development aligned with 2022 UNIDOP's "Resilience of older persons in a changing world", we must study our older adults to identify those who face the immediate impacts of climate change, who are familiar with and who need to be informed of these impacts, if elderly people can assist, engage and lead in emergency and in times of need. We must assess if adaptation and mitigation measures are timely given, what older communities perceive about such measures, and how elderly people can mobilize support. Then it will be possible to formulate appropriate awareness methods, effective nudges, climate-friendly retirement plans, and ecologically sustainable fertility decisions, especially fertility choices of women.

[4] Kim, J., Lim, H., Jo, H. (2020). 'Do Aging and Low Fertility Reduce Carbon Emissions in Korea? Evidence from IPAT Augmented EKC Analysis,' *Int. J. Environ. Res. Public Health*, vol. 17, No. 8, p. 2972. Available from: [10.3390/ijerph17082972](https://doi.org/10.3390/ijerph17082972)

## 04. Keynote Address 3; New technologies in the context of population ageing

Digital technology is continuing to reshape the way people access health information and care services. To list such technologies would be information and communication technologies, health monitoring, assistive technologies, sensor technology, telemedicine, and wearable devices etc. They are designed to support, monitor, improve activities of daily living, personal health or safety, mobility, communication, and physical activities. Utilizing these technologies and applying them to improve the quality of life of elderly people is now referred to as 'Smart Ageing, Digital Ageing, Geotechnology and so on. No matter the calling issues, the objective of smart ageing is to improve the quality of care whilst lowering costs by leveraging improvements in productivity through technology and connectivity.[5]

As the nuclear family became the dominant family structure across the world, younger populations perceive caring for older persons as a burden. Recognizing this, the International Telecommunication Union (ITU) highlighted that information and communication technologies (ICTs) will aid older persons in overcoming age-related barriers. The COVID19 pandemic further accelerated the pace of digital access becoming a new social determinant of health. More than ever, the ability of older people to use digital technologies may affect their health status and quality of life.

Older people with underlying health problems are ensured with uninterrupted health information and care services through the development of E-health and wellness apps. Accessible information and communication technologies (ICTs) can help people overcome age-related barriers in vision, hearing, and cognition. Screen readers/text-to-voice and voice-to-text virtual assistants are examples of such features. Going further, digital communications also play an important role in reducing loneliness and enhancing social connectedness and activities.

Within the context of Korea, being one of the most technologically advanced countries, life expectancy is 83.6 years old and the fertility rate is 0.78 person in 2022 according to the Research Institute of Science for the Better Living of the Elderly (RISBLE). Under the 'Active Ageing and & Healthy Ageing' framework Korea is in the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2002). Especially due to high poverty rates among older people in Korea as well as social isolation entailed from decreased social participation during post-retirement, older people face adverse effects of social isolation on physical and mental health. Hence, Korea tries to mitigate those adverse effects through customized elderly care services and digital health care systems such as AI, robots, Big Data, IoT, drones, wearable devices etc. The advancement of new technologies has enormous potential to increase an older person's ability to live independently and autonomously. It will be a good opportunity leading a new industry with ageing technology.

[5] ESCAP, U. (2017). Technology for population ageing in North-East Asia.

Even though technology is changing very fast in a knowledge information society era, we also accept it as a good challenge for a better life for old persons. In the future, the narrow bridge of the digital divide will be very important issues for old persons as human rights. Most cases have been focused on new technology or innovative systems but it is also important to bridge inequality; narrow digital gaps, support the same opportunity. More connected and assistive technology should be easily accessed and used for all old persons.

## **05. Keynote Address 4; New reproductive technologies in the context of low fertility**

The surge of different reproductive technologies emanated from the attempt of women to achieve 'work-life balance' and make their own choices when to menstruate, get pregnant, and to become a mother. It is just one element of responding to declining fertility, particularly for those who decide to postpone parenthood to later life and are affected by age-related infertility. The consequences of infertility are palpable even today in a lot of countries. Women bear the disproportionate burden of infertility and childless women are frequently stigmatised, isolated, disinherited and neglected by their entire families and the local communities. Faced with social stigma and personal distress, many people experiencing infertility turn to fertility care and assisted reproductive technologies to have a baby and become parents.

The endless juggling between a woman's professional and family life is a common thread in the accounts of reproductive technologies. Over time however, these technologies do not manifest to deliver the promised future as bodies and society are not so malleable to change.

Reproductive technologies were widely available alongside the co-evolution of many social reforms that gave rise to neoliberal feminism. In the 1960s, hormone replacement therapy (HRT) and abortion became available in the public sector and by 1969 pregnancy tests were offered in local pharmacies in the UK. In the next 20 years, oral contraceptive pills (OCP), emergency contraception, ultrasounds and medical abortion became freely accessible in Britain. In the early 2000s, three full cycles of in vitro fertilisation (IVF) treatment became available free of charge for women aged 40 who had failed to get pregnant after 2 years of trying. The use of contraceptive technologies are all based upon making responsible investments in the present for returns in shaping an anticipated lifecycle.

Globally, over the last four decades, there has been a steady increase in the fertility care focused assisted reproductive technologies with 8 million children conceived after ART. In the Asia-Pacific Region, ART is particularly present in China, South Korea, India, and Japan. Using self-reported clinical surveillance data from International Federation of Fertility Societies (2022), only 4 out of the 17 countries surveyed reported health insurance or public funding for fertility care.



As multiple-step intervention that involves several professions and laboratory facilities with costs for the consultations and visits, drugs, ultrasound procedures, lab procedures, hospital charges, administrative costs as well as additional travel costs (Collins, 2002), few governments are able or willing to subsidize these ARTs through public health financing or national health insurance schemes (Gerrits 2012). So globally most ARTs are delivered in the private medical sector as the public sector is unwilling or unable to support it.

In many countries fertility care is a booming industry with the global market for these technologies and related services worth tens of billions of dollars and is a commercial enterprise (Narczyz et al 2022). The commercial forces surrounding ART impact the shape and dynamic of fertility care as it results in people being overcharged, over-diagnosed, over-treated or undertaking non-evidence-based treatments. Many clinics offer 'add-on' procedures that are said to give the best possible chance to have a child, yet often these are not supported by evidence and simply drive-up costs and the inequities in accessing care. The ever-expanding availability of reproductive technologies, the continued roll-out of 'family planning' and maternity services across low- and middle-income settings and the rapid development of the fertility industry mean that it is more likely than ever that individuals, especially women and gender non-conforming people, will engage with more than one RT at some point in their life. These multiple engagements with RTs will affect users' expectations and uptake, as well as the technologies' availability, commercial success, ethical status and social meanings.

New reproductive technologies will make the ethical dilemma more prominent including extensive advancement in infertility treatments. There are new reproductive technologies becoming ever more rapidly available, such as infertility treatments and prenatal diagnosis for babies with severe disabilities, which raise emerging issues including gender-biased sex selection, surrogacy and ethical questions on disability. Reproductive technologies such as non-invasive prenatal genetic testing raises concerns over reducing invasiveness of the intervention (prenatal genetic testing), while making it easier to terminate the pregnancy based on sex and disabilities.

Access to family planning and contraception is already heavily determined by socio-economic factors and status, with poorer, rural and marginalised women most left behind. In some countries, increased access to infertility treatment including IVF treatments are included in the policy package to support women's choice on childbearing, although the dilemma of high cost still remains which potentially raises an issue on unequal access to such interventions according to the socio-economic status of women and families. Equitable access to IVF remains a fundamental issue since only a small fraction of the populace has access to health insurance, which does not cover expensive procedures such as IVF.

## 06. Keynote Address 5; Inequality, ageing, and low fertility

When aiming for a healthy ageing society, rural-urban disparities are a crucial obstacle to overcome. In the context of China, since 2000, China's population growth slowed and the total population size was expected to peak around 2030. Surprisingly, China's population shrank in natural birth rate by minus -0.06% for the first time in 2022 in more than 60 years. China's migrant population is growing by 61.6% accounting for 26% of China's total population. The 'rural nest empty' problem is arising due to large-scale out-migrants of rural young cohorts. From a medium to long-term perspective, nearly half of the elderly may live in rural areas in the future which are relatively lagging behind in the development of retirement, healthcare, infrastructure and employment systems, and thus requires the need to adapt timely to the demographic changes, both technically and institutionally.

The inter-provincial migrant population is 124.84 million, which increased by 45.3% compared to 2010. The distribution of the migrant population is highly concentrated due to the inter-provincial migrant population highly concentrated in the southeast coast, the return of migrants of central and western regions and decreasing attractiveness of the northern provinces. In response to the urban-rural regional divide, China focused on rural revitalization and coordinated regional development. China kept improving rural living conditions in regards to education, health care, public social security, and strengthened infrastructure network construction of road, water, energy and technology.

Fiscal transfer payments were increased to ensure equalization of basic public services. China's basic old-age insurance covered 1.05 billion people as of the end of 2022 and over 95% of Chinese were covered by basic medical insurance.

Inequality, demographic change, and persistent harmful social and gender norms are all interlinked and are driving changes in SRHR and reproductive rights and choices in the region. One of the factors of population ageing is low fertility, and the reason why women don't bring birth can be attributed to the persistent gender inequalities, work environment wise and policy level wise. There is a lack of presence and access to family support policies such as child and aged care services that would support women's unpaid care responsibilities. Low fertility accelerates the ageing of the population, but is also a driver of Gender-Biased Sex Selection (GBSS) in countries with strong son preference and increased access to technology. The practice of GBSS also contributes to more rapid population ageing as fewer women are born and reach child bearing age.

Women may have less land, wealth and property in almost all societies; yet have higher burdens of work in the economy of 'care', ensuring the survival, reproduction and security of people, including young and old. The time women spend on housework can even reach twice as much as that of men. According to the ILO 2021 report, women spent on average 30 hours per week on housework, especially during COVID19. Girls in some contexts are fed less, educated less, and more physically restricted; and women are typically employed and segregated in lower paid, less secure, and 'informal' occupations.

Even in places where extreme gender inequality may not exist, women often have less access to political power and lower participation in political institutions from the local municipal council or village to the national parliament and the international arena.

While there is no single comprehensive policy that can address population ageing, the focus has to be on the needs of people at every age of their life by investing in forward-looking, rights-based and gender-transformative policies. These include investing in sexual and reproductive health services to promote healthy lifestyle behaviors, to ensure women's choices on pregnancy and childbirth and eliminate gender inequality, facilitating effective balance of female labour force participation and fertility with user-friendly environments and policies (e.g. availability of childcare services, breastfeeding facilities at workplaces or flexible working hours) and to encourage social inclusion of older people through organized social activities such as community voluntary work.[6] Gender inequality should be addressed as one of key obstacles in addressing population ageing successfully. Investing in sexual and reproductive health, or in women's and children's health, promotes happy and healthy ageing. Therefore, countries with younger populations should still have legitimate reasons to invest in achieving sexual and reproductive health and reproductive rights to secure a healthier population in the future.

## 07. Conclusion

The goal of the UNFPA approach is to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality. Specifically focusing on a life-cycle and human rights-based approach which stresses to involve all generations, leaving no one behind.

In the midst of the demographic transition where the economic and ecological sustainability of ageing society is questioned and new technologies emerge to cope with low fertility and population ageing, promoting women and couple's choice and ensuring the reproductive rights of women should be at the center of proposed responses. Ensuring a rights-based approach, realising women's SRHR and promoting gender equality. Policies should be formulated not with the sole focus of increasing fertility rates, taking a 'pro-natalist' approach, but with the aim of supporting the choices of women and families on their reproductive rights. In line with the ICPD programme of action which endorses a rights-based comprehensive approach to population matters covering all generation, UNFPA proposes a wider life-cycle approach to population ageing that emphasizes the sequential events and developmental steps throughout a person's life.

[6] UNFPA (2020). Social policies catalogue on population ageing; A rapid scoping review.  
[https://asiapacific.unfpa.org/sites/default/files/pub-pdf/200930\\_unfpa\\_ageing\\_catalouge\\_layout-3.pdf](https://asiapacific.unfpa.org/sites/default/files/pub-pdf/200930_unfpa_ageing_catalouge_layout-3.pdf)

The promotion of a life-cycle approach should be based on demographic data. Objective information including population data and scientific evidence from high-quality policy evaluation should inform policy and programme development. When all population data is aggregated by age, it will allow analysis beyond the traditional boundaries of age categories throughout the life cycle.

All generations are affected by the population dynamics – population ageing – from both economic and ecological perspectives and thus investments on all the generations to address their social and health needs are essential. Achieving gender equality is often a key factor throughout life-course to address issues related to population ageing and low fertility. Unmet needs of childbearing needs to be recognised and family support policy and gender equality, as well as the basic social infrastructure including SRHR services to support reproductive choices should be endorsed. While addressing immediate care needs for older persons are important, early investment on health, societal (e.g. relationships), and economic (e.g. income/job security) would also be a (cost) effective strategy. Ethical, social, economic dilemmas and potential harms need to be taken into consideration in tandem with the innovation of new technologies in the context of population ageing and low fertility.

Population policies should stretch out to realizing women's and girls human rights and capabilities.

Young people who constitute 25 to 30 percent of the population in some countries, need services, information, and adequate access to commodities in a context when they are forming stable relationships later in life.

Even in a more developed country's context in which people are marrying at later ages, the need for such services still remains instrumental. Sustainable development can be achieved only when all women and girls enjoy universal access to sexual and reproductive health and rights over the life cycle, enabling them to make free and informed decisions about sex and reproduction. For the realization of sexual and reproductive health and rights, governments have a responsibility to develop policies and legal frameworks and the strengthening of health systems to provide universally accessible quality sexual and reproductive health services, information and education across the life cycle, including on safe and effective methods of modern contraception, safe abortion, comprehensive sexuality education and maternal health care. This requires targeted measures to address the structural inequalities, stigma and discrimination that limit access to health services for women and girls.[7]

[7] Women, U. N. (2014). World Survey on the role of women in development. Gender Equality and Sustainable Development. New York: United Nations.



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