

SECOND THEMATIC SESSION: FAMILIES, SEXUAL AND REPRODUCTIVE HEALTH OVER THE LIFE COURSE

KEYNOTE ADDRESS

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Almost there — Planned Parenthood’s Race to the Finish Line

Birth control has had such a dramatic impact on women and families in the USA that the Centers for Disease Control and Prevention (CDC) named it one of the top 10 public health achievements of the past century. But there are still some in the USA — a small but vocal minority of extremists in Congress and in many states — who are doing everything they can to reduce the availability of birth control.

Among the key facts these extremist politicians continue to ignore or deny:

Ninety-nine percent of American women between the ages of 15 and 44 who are sexually active have

used birth control at some point, and a majority of Americans (70 percent) believe insurance companies should cover the full cost of birth control, just as they do for other preventive services.

Women have experienced profound and beneficial social changes since birth control became legal and widely available: maternal and infant health has improved dramatically, the infant death rate has plummeted, and women have been able to fulfil increasingly diverse educational, political, professional and social aspirations. Economic concerns top women’s reasons for seeking out birth control. Providing no-cost birth control and promoting the use of highly effective contraceptive methods can significantly reduce unintended pregnancy, which in turn can lead to a reduction in the abortion rate. Women will also be more likely to seek prenatal care, thus improving their health and that of their children. But around the world, our work is not nearly done.



We only have to utter the names Savita and Beatriz to remember why.

We are at a crossroads. As the Millennium Development Goals (MDGs) reach their expiration date and we gather to discuss a global agenda beyond the Cairo Programme of Action, now is the time to get it right. The sustainable development goals we set now must be lofty and optimistic. And those of us who stand up for sexual and reproductive health and rights must boldly insist that the needs and rights of women and girls are not only included, but take centre stage. We need strong language and strong and measurable targets.

We are thrilled that the report released by the High-Level Panel of Eminent Persons convened by the UN Secretary-General to guide the next phase of international development goals included an explicit reproductive health target and are eager to see it maintained and fully articulated in the final UN post-2015 development agenda.

The MDGs have helped us to focus resources and political will on key development issues including gender equality, primary education, improving maternal health and reducing child mortality. But when they were set in 2000, the MDGs did not include reproductive health, and we have felt the impact ever since. Global resources have shifted and we have paid the price in women's lives — indeed, reducing maternal mortality lags disproportionately behind many other goals.

Women seeking family planning should be offered HIV screening. Women seeking HIV testing and

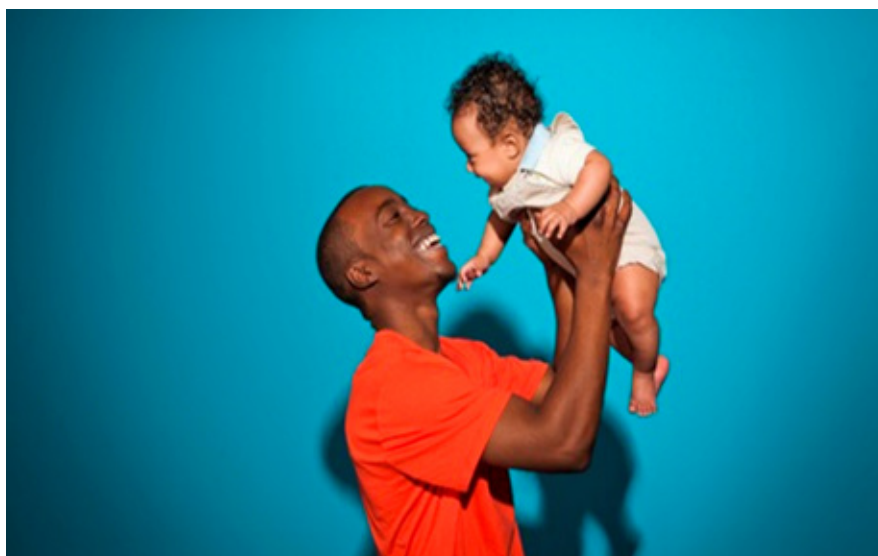
treatment should be offered family planning. Most importantly, women and families living in remote areas with limited access to health care should be able to access these services in a single setting rather than be forced to walk to two different locations or forced to prioritize one service over the other.

Ensuring universal sexual and reproductive health and rights is no mere abstract goal but a promise that young women do not have to drop out of school because they are pregnant, that all young people receive accurate, age-appropriate sex education, that no woman suffers or dies from unsafe abortion, and that rape in conflict will be acknowledged, addressed and — as we strive for peace and security in so many ways — ended.

The High-Level Panel's report on new development goals 'Leave No One Behind' cross-cutting theme promises badly needed attention to the most marginalized and vulnerable people. 'Leave no one behind' will require addressing the needs of individuals and families holistically. To do this, we must look to local partners for innovative solutions. 'Leave no one behind' means just that. No one. As we move forward in defining development goals, this cross-cutting theme must continue to include the rights of individuals and families of all stripes including LGBTQ couples and their families, young people and elderly people.

A focus on young people is critical to investing in the future and breaking the cycle of poverty. At Planned Parenthood, when we talk about the future, we talk about the healthiest generation. We need to empower this generation to protect itself.





In the USA, this means supporting young people not only with youth-friendly services, but supporting young advocates to make their voices heard by our government. As our last election showed, young people are a powerful force for change. We know that young voters and women voters have the power to make the difference, to ensure that we elect leaders that support our needs and who will create lasting policies to protect us and our families. I am optimistic about this generation because I meet so many amazing young people through my work at Planned Parenthood Global.

In the USA we help to organize high school peer education groups and campus organizing chapters across the country. These groups help to cultivate young leaders who can stand up for the health and rights of other young people in our country, and are also ready to mobilize on global issues. When opponents of women's health try to slash US foreign assistance for international family planning, try to eliminate our contribution to UNFPA or try to bring back the global gag rule, these young advocates are ready!

We focus on young people because we know that they are the key to ensuring that we move forwards and not backwards. Evidence shows that, when given the opportunity, women invest in communities, and that communities that invest in women prosper.

We also know that addressing their reproductive health needs in a vacuum is not the solution. Our programmes must be integrated and innovative. We have to address the environmental factors that also impact women and families. Access to birth control

is less meaningful without access to clean water and education or the assurance that your children are safe at night and not living in violent societies.

In order to achieve our goals, we must be nimble and combine our efforts. We need to partner with education and empowerment groups and harness this new global focus on the particular needs of young women to ensure that programming aimed at investing in girls includes meeting their pregnancy and STI prevention needs.

We need to involve men in our efforts and acknowledge and address their health needs and rights as well. And these men must include the clergy leaders and other influencers whose opinions can lead or block the road to progress.

As we look ahead to our next phase of development goals, we need to get specific. We need stronger language on sexual and reproductive health and rights in the next generation of global development goals. Sexual and reproductive health and rights are cross-cutting and an integral piece of achieving broader development goals. We must be explicit in stating this. And we must repeat ourselves until this message is heard and echoed throughout the next set of UN documents that drive our work for the next 10 or 20 years.

Access to safe abortion and post-abortion care must be part of this call to action. Women like Savita and Beatriz have shown us what is at stake, and we must fight to honour their suffering and ensure that around the world we stop politicians from coming between women and their doctors!

DISCUSSANT INTERVENTIONS

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ICPD Beyond 2014: Promises, Progress and Potential

This is a report on the Expert Group meeting on 'Sexual and Reproductive Health across the Life Course' around promises, progress, challenges and potential. First I wanted us to remember what was the promise foreseen in the ICPD around these issues and then where are we now, what has been the progress, what are our existing challenges, and then what potential do we have for actually moving the agenda forward.

So what was the promise?

A major achievement of the ICPD in 1994 was the formulation of a consensus definition for reproductive health first elaborated in 1988 by Professor Mahmud Fatallah, the former Director of the WHO Reproductive Health Department.

He stated: "Reproductive health implies that people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so." The fact that 20 years ago there was consensus on this definition set the course and agenda for all of us. Implicit in this definition was individual rights and choices as a way to ensure a healthy sexual and reproductive life and as a best way to address population dynamics.

I will now bring us back to the European and Central Asia region, where profound transitions were taking place in most the region. Following the upheavals which began in 1989, for most countries in the region the 1990s were years of economic hardship, and that was followed by a recovery in 2000 — economic turmoil that in fact resulted in profound social changes. Changes in values and norms were then accompanied by legislative changes. And I think we cannot underestimate how those changes have impacted social, economic and cultural life in many countries in our region. But many challenges remain.

So some key facts that were brought up during the consultation:

We are in a region of low fertility; there is sustained availability and increased use of modern contraception, particularly in the eastern part of the region. Abortion rates have declined, but it is important to know that inequities are significant and particularly among the more vulnerable populations, perhaps the groups that need it the most. We have consistently high rates of STIs, and one of the only regions where HIV infection is not stabilizing or declining. The proportion of teenage mothers has decreased and is low on average, but adolescent birth rates remain high in some subregions and subpopulations. Weakness in the implementation of rights-based policies in removing health, economic, financial and social barriers that limit choice continue. We need to expand beyond traditional population policies to include social welfare policies, covering vulnerable groups and specifically youth, LGBT, older persons, persons with disabilities, and women.

Now I will talk about the life course and how the promises led to progress, but also challenges in our region. It is good to remember the context in which we are working.

Progress (and challenges) since the ICPD

The ICPD pointed out that the family is the basic unit of society and as such should be strengthened. Families are entitled to receive comprehensive protection and support. Already 20 years ago they noted that there are various forms of families. Family forms are changing; today people are delaying childbearing, there are higher levels of infertility, and now the dialogue has shifted to not only what are the causes of infertility, such as untreated STIs and abortion, but also to how best to address the increasing demand for reproductive technologies.

In the region, families and individuals are profoundly affected by migration. Changing migration patterns have affected family dynamics in the region, particularly for women-headed households, as well as for the remaining children and older persons left behind when parents migrate for economic opportunity. Effects are felt not only when families are separated but also when the family comes back, when parents come back.

When we talk about youth and adolescents and the promise of the ICPD throughout most of the region

— as was already foreseen at the ICPD — youth, and particularly girls, are the key to sustainable economic development and growth for these societies.

And recent progress and consensus on adolescent health and rights is promising. Almost 20 years after the Cairo meeting, at the 45th session of the Commission on Population and Development, which tracks progress on the ICPD, a historic resolution was adopted by governments that recognized for the first time the right of adolescents and youth, regardless of age and marital status, to have control over and decide freely and responsibly on matters related to their sexuality including sexual and reproductive health.

This landmark consensus actually has paved the way for us now, as we go forward to firmly cement the issue of adolescent sexual and reproductive health and rights as human rights issues. We reached consensus last year, and I think it sets the stage for a more progressive and rights-based platform to speak about adolescents as we approach the 2014 review of the ICPD.

In the region progress and challenges coexist. The number of young people in the world is the highest in history, and thankfully many have access to education. There is improved data collection on sexual health. We have high levels of well-being among young people, yet there is a lack of comprehensive sexuality education. While some sexual health information is getting into the curriculum, discussion about sexual diversity and other sensitive topics is hard to find. There is limited access to youth-friendly sexual and reproductive health services, although it is on the agenda. We continue to have restrictive legal barriers, particularly for young people to access contraceptives. And we continue to have social and normative barriers — stigma related to adolescents' sexuality — which impacts on behaviour change.

So where should be the focus in terms of young people? To promote adolescent health and well-being, we focused on three key things: comprehensive sexuality education; the right to access youth-friendly services and information including information on contraception, safe abortion, and STI and HIV prevention; and the need to limit adolescent pregnancies and child marriage through proactive laws and policy protections.

As youth transition to adulthood, the emphasis shifts to helping them engage in healthy sexuality, and reproductive choices with full access to services.

The promise of the ICPD can be encapsulated as the connection between reproductive health and human rights. In terms of progress and challenges in these areas for the region, significant issues remain. HIV/AIDS is the most important problem that we are facing. In our region, there are disturbing differences in the rates of STIs among subregions. The number of people living with HIV has almost tripled since 2000. It is a concentrated epidemic but one that certainly demands a lot of attention. There are issues of information, social stigma and gender, which also have created barriers and restricted choices. We have limited access to sexual and reproductive health services among different populations in subregions; limited financial access and poor or non-existent integration of services, which makes utilization ever the more challenging; and the legal protections to ensure non-discriminatory conditions and participation by affected groups remains substandard in many places.

These challenges highlight a conclusion of the Expert Group meeting: that while progress is being made in the regions, a number of subgroups, or rather subpopulations, are not being heard — whether they be unmarried adolescents, single parents, sex workers, LGBT, people living with HIV, or others. There is a desperate call for their voices to be heard in national and regional legal and policy dialogues. It was noted, for example, that sympathetic groups seek legal changes on behalf of some subgroups, but sometimes without full comprehension of the effect the change in the law may bring. For example, in one country, sympathetic advocates wanted to make changes in the law to protect sex workers, without knowing that some of those changes actually have an adverse or negative effect on the population they want to help. The lesson learned is that it is important to involve the affected populations to know what in fact would improve their chances and their access to good services.

When we look at the potential for healthy sexuality and reproductive health choices, we must thus remain focused on the essential issue of access: universal access to sexual and reproductive health and rights. By putting access for all at the centre, we underscore the point that quality services, including maternal and newborn health and family planning are human rights issues. We need to remove service-level barriers and integrate sexual and reproductive health into primary health care and by investing in health system strengthening more broadly. Sexual

and reproductive health needs to be supported through the entire system, from health information to the workforce; all of these issues will contribute to creating access.

Other major challenges are the restrictive gender norms that do not equitably allow for sexual and reproductive health life choices. Creating an enabling legal and regulatory environment to respect, protect and fulfil people's sexual and reproductive health rights can help to overcome such barriers.

Continuing through the life cycle, we come to sexual and reproductive health needs in older age. When we think back to the ICPD, we noted that there was very little attention given to the sexual and reproductive health and rights of older persons. Yet our population is getting older, on average elderly people are healthier, yet inequality exists, in particular among the poor and more vulnerable, marginalized older persons.

In the review of the ICPD we have an opportunity in this next round to actually address their needs. Previously their sexual and reproductive health needs have been neglected. The media has largely portrayed negative projections and images of older persons. They have gone so far as to say they are drain on society. But from what we have heard, we know this can be the reverse. They are increasingly caring for our children due to migration, and are a necessary part of the workforce in the absence of parents.

We are getting older. We also need to think about who are and will continue to take care of older family members as they age. This task, I think we can safely say, falls largely on women — the same people who are often responsible for the care of the children and adolescents in the family. We need to be able to support these carers in these multiple roles.

And finally we need to keep older persons within their own context — within the family, within their communities — to make them vital resources for the community. There is an urgent need to support their rights — in particular, their access to services and protection.

Potential beyond 2014

What potential do we see looking to the future? Sexual and reproductive health throughout the life cycle is different from what it was. The ICPD

was a beacon, guiding far beyond the needs of the day. As we take stock of what we have made of that promise, the lessons learned, progress made, challenges remaining, we can be optimistic but not naïve.

Today we have 1.8 billion young people aged 10–24 that do not have access to comprehensive sexual and reproductive health services and sexuality education. There are 215 million women who are married or cohabiting who do not want to be pregnant but lack access to modern contraception, and too many women and girls continue to face gender inequality, violence and other violations of their human rights.

There continues to be a need to generate political will to sustain action and accountability for universal access to quality integrated sexual and reproductive health and HIV services. We need programmes that empower women, especially through comprehensive sexuality education, that is age-appropriate and throughout the school years. We need to provide protections for reproductive rights as human rights, and we need to urgently adopt language that shows that sexual rights are human rights. We need young people's leadership. It is very promising to have people here! We need people to be more involved and to participate, as CSOs, as vulnerable populations; we need people's voices to plan the future together. And finally we need to recognize that sexual and reproductive health begins at birth and goes through older age, and the services that we provide and the rights that we guarantee need to recognize sexual and reproductive health needs and rights throughout the life course.

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*Changing Families: trends and support*¹²

Introduction

When thinking of changes in families, pictures of happy and large families are easy to conjure up:

¹² This is a slightly modified version of the presentation made at the July 2013 conference in Geneva.

pictures of large families with very short spacing between births, pictures of stay-at-home mothers, or pictures of grown-up daughters waiting for a marriage proposal to leave home and form a new household. Obviously such images reflect a certain reality: but a reality that had already considerably changed by the time of the ICPD conference in 1994. In this short presentation today, I will briefly review the changes in families during the past 20 years, highlight their societal implications, examine the related changes in governmental support, and conclude by pointing to the importance of monitoring changes in families across the UNECE region.

1. Changing families

Looking back at the last 20 years, we can say that families have changed in three fundamental ways: in terms of their diversity, the timing of their formation, and their degree of instability.

The first of these is a trend towards an increasing diversity and increasing complexity in family forms. When thinking about families today, we cannot only think of the male-breadwinner family but have to think also about small and large families, one- and two-parent families, intact and recomposed families, single- and dual-earner families, married and cohabiting couples, as well as heterosexual and homosexual families. Some new terms, such as LAT (living apart together), have even been invented to capture new realities in family forms.

Needless to say, this increasing diversity has totally transformed children's familial environment. For example, an increasingly smaller percentage of children are living in intact families with two married biological parents. In Canada in 2011, 16 percent of children aged 14 and under were instead living with common-law parents — that is, with parents who were not legally married but were instead cohabiting. In the province of Quebec, this figure reached 38 percent. Furthermore, 1 child out of 5 was living in 2011 with a lone parent, and 1 out of 10 in a stepfamily (Statistics Canada, 2012). These figures are obviously snapshots, capturing the situation at one point in time. When we instead use a life-course perspective, we find that much higher percentages of children are expected to experience various family forms and various family transitions during their childhood.

In other words, we can no longer talk of 'the family', but we have instead to talk about a multiplicity

of different family forms. Furthermore, what is important to stress is that this trend towards increasing diversity in family forms is happening not only in a few highly industrialized countries but across the whole UNECE region, although at a different pace and with large variations both between and within countries (Billari, 2005).

The second major trend has been an increasing postponement in family formation and in young people's transition to adulthood. Throughout most of the UNECE region, the process of finishing school and entering the job market is taking place at an older age; leaving parental home is also taking place later, and so is the transition into a first marriage and the transition to parenthood. Figure 1 captures the mean age of women at the birth of their first child in three countries. The postponement towards a later entry into motherhood is clear in all three countries but with major differences between them, including the persistence of a younger transition to motherhood in countries such as Bulgaria and the USA.

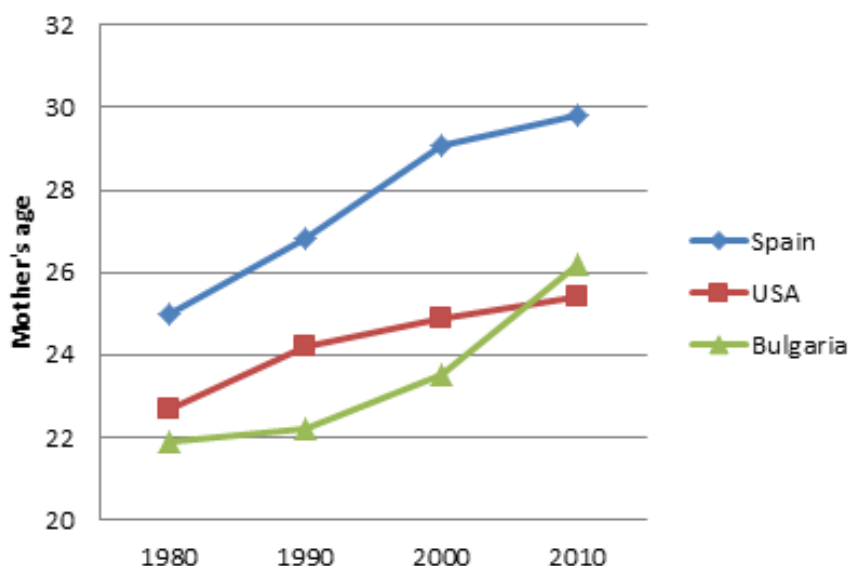
This postponement in key demographic transitions has fundamentally changed the reality of families. In particular, the parent expecting his or her first child today is no longer a young 20-year-old just having finished high school and getting his or her first job, but often a 30- or 35-year-old mother with many years of experience in the labour market. From a societal perspective, some of these trends are welcome, especially as they have corresponded to a decrease in teenage fertility. On the other hand, part of the observed postponement in the transition to adulthood has been the result of external circumstances including the recent economic crisis. A large proportion of young adults are postponing getting married and having children not because they want to but, instead, because they have not yet found a stable job.

The third major trend is the increasing instability of families. This has been reflected by an increase in divorce and union dissolution, re-partnering, and more generally in more complex sequences of family formation and dissolution. The data in Figure 2 illustrate the trend in the divorce rate in three countries, reaching more than 50 percent in Sweden, meaning that half of the married couples may be expected to divorce if the current trends are maintained. Again, this increasing instability of families has been observed in all countries, although at different levels. Needless to say, this instability is

having wide-reaching consequences on children’s familial environment. Recent estimates from Sweden suggest that 1 child out of 4 experienced parental separation in the 1990s, and 1 out of 3

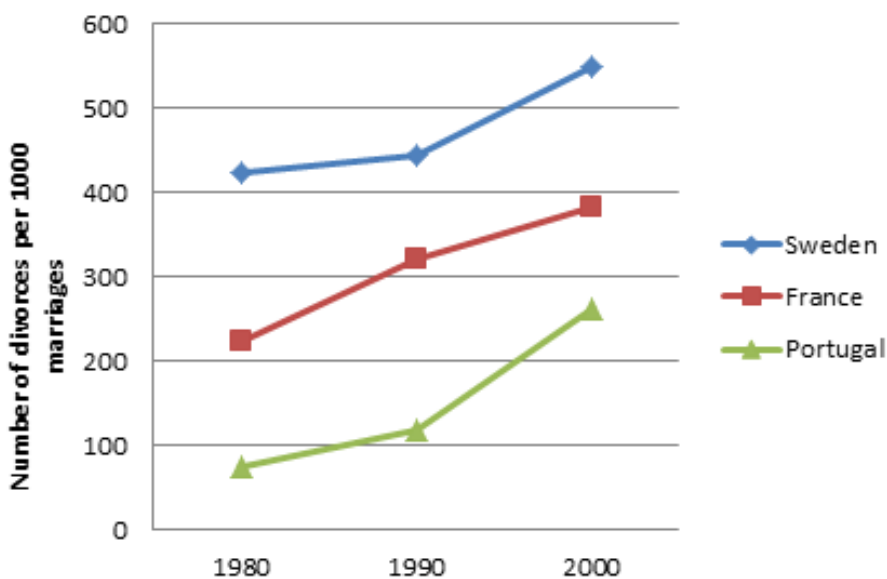
experienced living with a single parent at some point during his or her childhood (Kennedy and Thompson, 2010).

Figure 2.1: Mean age of mothers at the birth of their first child in selected countries, 1980-2010



Sources: Data for 1980, 1990, and 2000 from Billari (2005), Data for 2010 from UNECE Statistical Database. The last data for the USA refers to the year 2009.

Figure 2.2: Total divorce rate in selected countries, 1980-2001



Note: This is the total period divorce rate, which indicates the number of divorces in a fictitious cohort of marriages whose divorce rates for each duration of marriage are the same as those observed in a given year. It may differ from the final number of divorces in a marriage cohort. Data for 2010 are not available.

Source: INED demographic database.

2. Societal implications and challenges

These changes in families, and especially their increasing diversity and instability, have profound implications for our societies. For if the sheer magnitude of some of these changes is impressive (for example, the major increase in the percentage of children born out of wedlock), what we have to remember is that behind each of these statistical trends lies real people whose life has been altered by the new demographic realities of families. In particular, there are two major social and economic implications worth highlighting.

The first of these is that changes in families have been increasing the level of vulnerability of some subgroups of individuals and families. There is, for example, the vulnerability of children caught in a divorce, the vulnerability of the single mother whose ex-partner is not paying the child alimony, or the vulnerability of the childless older person with no children to support him or her in old age. Obviously, not all demographic changes are associated with increasing vulnerabilities, but some of them are and are leaving individuals socially isolated or with few financial resources. In other words, the demographic changes that are transforming families are also creating new forms of social and economic inequalities. In particular, increasing empirical evidence makes it clear that the family structure children are born in, and the experience of family disruption, are not observed equally across societies but, instead, follow a strong social and economic pattern. For instance, estimates from Sweden reveal that children whose parents have higher levels of education experience substantially less change in family structure over time and less instability (Kennedy and Thompson, 2010). This polarization in families has been summarized by the expression 'diverging destinies', coined by S. McLanahan in 2004, and which refers to the growing disparities in children's familial experiences and in their related access to parental time and money.

The second societal implication of the increasing diversity and instability of families is that there is no longer one-solution-fits-all but, instead, a multiplicity of different family forms and different familial circumstances. The needs of the 16-year-old teenage mother, or the needs of the 35-year-old mother with a well-paid job are obviously totally different. While the former may require help to continue her schooling, the second may

require help to pursue her career. The challenge is, therefore, to support families while acknowledging the large variety of familial circumstances. This includes the presence of economic barriers that are preventing young adults from forming their own family (especially in countries hit hard by the recent economic crisis), the persistence of barriers to the combination of work and family responsibilities, and the presence of legal barriers to the full rights and recognition of some types of families. Ultimately, governments need to find ways of providing support and promoting choice amidst this increasing diversity. This challenge is even bigger considering that this increasing diversity and instability of families is currently taking place precisely at a time when fiscal and budgetary constraints are forcing some governments to curtail their financial support to families and to push some of the responsibilities back to families.

3. Governmental support

In view of the new social and demographic realities of families, governmental support can play a major role in protecting people and in levelling inequalities (Gauthier, 2005). In particular, there are four major ways through which governments can support families.

There is first the financial support to families such as direct cash transfers, subsidies or tax relief. Traditionally, this has always been a major channel of support: the aim being to provide support to families in greater need (e.g. poor families) and/or to partly compensate parents for the cost of raising children. During the past 20 years, there has been a major shift in this type of governmental support: a shift away from universal schemes towards targeted ones. Various changes have also been implemented in the past decade to eliminate their disincentives to employment (which were inherent in some cash support and tax-related schemes). Across the UNECE region, the actual level of financial support provided by governments to families varies greatly across countries and continues to represent only a small fraction of the total cost of children. Moreover, the level of child poverty continues to be relatively high in some countries.

The second major way through which governments support families is via work-family reconciliation measures such as maternity, parental and child-care leave. Since the 1990s, these measures have received a lot of attention from governments. In

particular, while the focus until two decades ago was mainly on the period immediately before and after birth, most countries have since implemented longer parental or child-care leaves. These range from a few months of unpaid leave in some countries to two or three years with some cash benefits in others. And while the introduction and extension of these measures have been welcomed, they have also been criticized for their (i) strict eligibility criteria (in some countries); (ii) low levels of cash benefits; and (iii) inherent reinforcement of gender inequality (by encouraging mothers to be absent from paid work for long periods of time and by making it more difficult for them to re-enter the labour market). Several countries have responded to these criticisms in recent years, especially by finding ways to encourage more fathers to share part of the parental leave. Fathers' take-up rate remains low across the UNECE region, however.

Third, governments are also providing major support to families through the provision and regulation of early childhood education and care. Some 20 years ago, this measure was seen as a way of encouraging mothers' employment and at eliminating the barrier to the combination of work and family life. The provision of formal and informal childcare has in fact rapidly increased in all countries during the past decades. However, coverage still tends to be very low for children under 3 years of age and continues to be unaffordable and/or of low quality in some countries. A particularly worrisome trend continues to be the low level of enrolment of vulnerable children in early childhood education (for example, children from some minority groups). Considering the importance of quality early childhood education for children's development, this is an area for which there is still room for much improvement.

Finally, governments support families through the legal system. It is at that level that major changes have been implemented in recent decades to reflect the new plurality of families and the new risks associated with increasing family instability. This includes the rights of children in the case of divorce, the rights of cohabiting vs. married couples, the rights of homosexual couples, the right to sexual and reproductive health etc. The implementation of these changes to the legal system varies greatly across countries, thus resulting in very unequal legal support to families across the UNECE region.

4. Data and analytical tools ... or the need to monitor changes in families

The new demographic realities of families as well as the support provided by governments are continuously changing, making it thus important to have the appropriate tools to monitor them. In particular, there is a need for micro-level data that are longitudinal, have a wide geographical coverage, have large sample sizes, and are linked to contextual macro-level data.

- **Longitudinal:** Monitoring the changes in families through specific indicators such as fertility rate, divorce rate, percentage of couples cohabiting is essential. And yet, such indicators are providing a very static view of families. To fully understand the dynamics of families, a life course perspective is essential. Such a perspective allows researchers to follow the trajectories of individuals as they move in and out of families and partnerships, and as they experience various family transitions. Using longitudinal data, collected retrospectively but especially prospectively (through longitudinal or panel surveys), is thus the best way to monitor the changes in families and capture their long-term consequences.

- **Wide geographical coverage:** Families are changing in all countries but are doing so at a different pace and in different ways. A comprehensive coverage of all UNECE countries is essential but is currently lacking. In particular, statistics covering newer family forms, such as non-marital cohabitations, are available only for some countries. Moreover, the dissolution of these non-marital cohabitations are captured only in some national surveys, therefore resulting in a very restricted image of the dynamics and instability of families across the UNECE region.

- **Large sample sizes:** In view of the diversification of families, surveys with a large sample size are essential to monitor specific family forms and/or specific population subgroups — for example, children of migrant families. Moreover, a wide age range is also needed to capture not only changes in the family during the childbearing years but also at older ages. For while newer family forms such as non-marital cohabitation tend to be more prevalent at younger ages, they are not confined to these age groups. A wide age range is also needed to follow the long-term consequences of family events experienced at younger ages.

- Contextual data: Finally, complementing micro-level longitudinal data with macro-level data is essential to understand the specific socio-economic and institutional context of each individual life trajectory and each family transition, as well as their respective obstacles. Housing shortages, unemployment, low child-care provision, and tax disincentives to two-earner families are all examples of contextual factors that may influence the nature and timing of family transitions.

One of the sources of data that matches these four requirements is the Generation and Gender Programme (GGP) supported by the UNECE and which currently covers 19 countries.¹³ It contains rich longitudinal data on topics such as fertility and partnership histories, social support network, and health and well-being, has a large sample size (around 10,000 in each country), covers the age group 18–79, and is complemented by contextual data on a wide range of social and economic indicators. As argued, that type of data is essential if we want to better identify the needs and vulnerabilities of different families and help individuals negotiate increasingly complex patterns of family transitions.

Conclusion

Twenty years ago, at the time of the ICPD, families were already showing signs of deep changes with increasing diversity, increasing postponement of key family transitions, and increasing instability. Some 20 years later, these changes have swept through the whole UNECE region, although at a different pace and in different ways. Monitoring changes in family structures and family dynamics remains just as important as before, especially in view of their social and economic consequences. A strong

commitment from the international community and from governments is thus needed to make sure that appropriate support is provided to families, that fundamental rights are respected, and that conditions are set in place to enable choice when it comes to family structure and family form.

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¹³ GGP surveys have been carried out in Austria, Belgium, Bulgaria, Czech Republic, Estonia, France, Georgia, Germany, Hungary, Italy, Lithuania, Netherlands, Norway, Poland, Romania, Russian Federation and Sweden (also in the following non-UNECE countries: Australia and Japan). See: <http://www.ggp-i.org/>.