

FOCUS

# The State of World Population 1995

THE International Conference on Population and Development (ICPD) at Cairo in September 1994 was the start of a new era in population and development. The ICPD Programme of Action, the landmark agreement reached at the Conference, explicitly places human beings at the centre of all population and development activities. It encourages the international community to address global problems by meeting individual needs, while maintaining the responsibilities and sovereignty of governments.

Investing in people, in broadening their opportunities and enabling them to realize their potential as human beings, is the key to sustained economic growth and sustainable development, as well as to balanced, sustainable population growth.

Empowering women is an important end in itself, as well as a key to improving the quality of life of everyone. Without the full and equal participation of women, there can be no sustainable human development. The Programme of Action emphasizes the need for gender equity and equality and the support of men for the empowerment of women. It enunciates the right to universal, comprehensive reproductive health care, including family

planning; and it points out that for women a context which also includes education and access to resources is essential as the basis for empowerment.

These principles are at the core of the ICPD Programme of Action. The Programme of Action spells out an integrated response to population and development challenges in the decades ahead. This new approach is based on the achievements of population and development programme, but it also reflects the need for action in the coming years. For many countries, action has already begun.

In the past 30 years, developing countries have made significant gains in providing better and more comprehensive primary health care, including reproductive health care and family planning, resulting in lower birth and death rates, increased life expectancy and reduced infant mortality. This progress is linked to higher levels of education and income, a narrowing 'gender gap' in health and education, increased political commitment to population policies, and changes in individual attitudes about family planning. Contraceptive use has increased five-fold since 1965-70.

Nevertheless, there continues to be great diversity among countries and regions. Maternal death rates are 15 to 50 times greater in the developing world than in most developed countries. Half a million women die each year as a consequence of pregnancy and childbirth; most of these deaths could be prevented with quality pre-natal examinations, proper medical referrals and emergency obstetric first aid and referral care. Many more women — a much larger number than was previously thought — suffer from illness or impairment related to pregnancy and childbirth.

While levels of education have risen and the gap between males and females has narrowed, there are still nearly 960 million illiterate persons in the world, two thirds of them women; some 130 million children, including over 90 million girls, are denied access to primary schooling.

Women have been entering the labour force in record numbers, many of them in non-traditional economic roles. But women are often the principal or only source of support for themselves and their children. And women still have less access than men to training, credit, property, natural resources and better-paid jobs.

The ongoing shift of rural populations to urban areas is placing growing strains on the resources of developing countries. At the same time, migration between countries continues to rise. In many countries, longer life expectancy and declining birth rates are increasing the proportion of elderly people in the population.

Access to family planning, contraceptive use and average family size vary widely among countries and regions. World-wide, some 350 million couples lack access to a full range of modern family planning information and services; and estimated 120 million women would practise family planning if a modern method were available, affordable and acceptable to their partners, families and communities.

The world population is currently 5.7 billion. According to United Nations projections, annual population increments are likely to remain above 86 million until the year 2015. Projections for 2015 range from 7.10 billion to 7.83 billion, and for 2050 from 7.9 billion to 11.9 billion; the actual totals reached will largely be determined by success during the rest of this decade in promoting the goals of Cairo.

## Reproductive Choice: Beyond Contraceptives to a Package of Rights

by Lamis Hossain

CHINA the host of the upcoming World Conference on Women, has found out that the country's growth rates have remained high, despite major efforts to curb population. The UNFPA (UN Population Fund) and the FAO (UN Food and Agriculture Organisation) identified the low status of women as one of the prime obstacles to success, and China's experience thus serves to highlight one point that providing access to contraceptives alone is not enough as long as the condition of women does not improve.

When women are denied choices in other areas of life, can they be expected to yield influence over reproductive decision-making at home? UNFPA in its 'State of the World Population Report 1994' concedes that reproductive rights are part and parcel of a broad spectrum of rights that women should have. Unfortunately, this vision of the entire gamut of rights tends to get obscured in debates on family planning reproductive health strategies. Legal rights, for example have often been treated as a completely separate issue.

In South Asia, however, the legal position of women cannot be set aside so easily. Even for countries like Bangladesh which have ratified the Convention Against All Forms of Discrimination Against Women, personal laws (Hindu and Muslim) relating to inheritance or guardianship of children still prevail due to reservations made to provisions seen conflictive with religious or cultural practices.

Where custody and guardianship of children is concerned, mother risk losing custody of their daughters after puberty and their sons after seven, although recent court decisions have given priority to the welfare of the child. The father is also presumed the guardian of the children, competent to institute cases on their behalf and administer property whereas the mother has to apply to the court to be so appointed. Do reproductive rights mean anything if a mother after choosing to have children has no say over their lives?

As for inheritance, daughters are only entitled to half the share of property compared to sons. This was justifiable earlier because a man's role was seen as the family provider who thus needed to keep a larger share.

At a Conference in the US on International Protection of Reproductive Rights in November last year, Sajeda Amin and Barrister Sara Hossain said that, 'Personal laws that regulate rights within marriage in many Muslim countries establish a framework that denies women equality and inhibits them from exercising their self-determination within the family.' Although it is not possible to establish that Muslim law is deterministic of constraining women's reproductive choice, they said that, 'The powerful ideological influence

of Islam ensures its impact on reproductive choices.'

Farida Akhter of UBINIG has no doubt that legal factors are important in reproductive decision-making. 'If these two things (inheritance and custody/guardianship laws) aren't changed,' she emphasised, 'We can't talk of reproductive rights.' A wife for example may be ready to endure an abusive relationship according to Akhter if there is no certainty that she will obtain custody of her kids.

For the Bangladesh Women's Health Coalition, an NGO providing family planning and general health services, instilling social awareness through legal aid and education among others, is an important part of their work. At BWHC's Mirpur clinic in Dhaka, a room is set aside every Wednesday for a lawyer from the Bangladesh Women Lawyers Association (BNWLA) who sits from 1:30 to 3:30 pm.

Rebecca Sunyat of the BWHC believes that awareness of issues creates a need to avail of services. The legal counselling helps women to institute cases or to strengthen their legal position which may have been weakened due to ignorance or late action. It covers advice on labour law as well as personal laws. All this Sunyat said is linked to BWHC's main work because it addresses the mental health (reassurance about legal rights) and physical health components (like problems due to long working hours/exploitation by employer) of health services BWHC's definition of reproductive health is consistent with the ICPD chapter on 'Reproductive Rights, Reproductive Health and Family Planning' which defines it as a state of complete physical mental and social well-being and something beyond the mere absence of disease.

'For Advocate Salma Ali, Executive Director of Bangladesh National Women Lawyers Association, working with a health services NGO makes sense, because they deal with women who already benefit from a package of support services into which legal assistance can be slotted in more easily. 'The legal side is very important otherwise one side stays dark,' she reiterated.

'In many cases our clients get divorced because they are not having children or because they only have one daughter,' Salma Ali explained. 'This does happen although sometimes the husband may have already decided to marry again and this is just a reason given for divorce.'

In spite of the possible impact of laws on reproductive decision-making, a compartmentalised approach still persists. 'There is not enough networking between legal groups, family planning NGOs and women's groups,' according to the BNWLA.

A holistic strategy focusing on creating close networks between different types of organisations might help advance policy reforms. BWHC



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'workers make an effort to attend law association meetings and give direct support to law lobbyists. 'We sometimes relate our experiences on a discussion of why the uniform family code is needed, for example,' Rebecca Sunyat informed. 'But even if there were closer links between different groups there is no guarantee that a family planning organisation, already working in a somewhat sensitive field, would risk treading further. 'We don't keep in touch with women's rights groups,' said Dr. Shahnaz Shahnaz, medical programme officer of Pathfinder International, an organisation which distributes funds to family planning organisations. 'We are not here to change the socio-cultural structure. We are helping her (the woman) plan her family structure and helping her to stay alive,' Dr. Shahnaz added. 'We have no hand directly to change the law.'

Pathfinder, however, does promote certain provisions of the law which directly impact family planning, such as the age of marriage and the registration of marriages. 'If women were empowered we wouldn't need door to door services — they would come by themselves,' Dr. Shahnaz admitted. Cairo was good, according to Dr. Shahnaz because it looked at the whole gamut of reproductive life. Although Pathfinder will

not enter legal lobbying, Dr. Shahnaz believes that empowering women needs to be accompanied by policy changes. Instead of advocating for policy reforms, some believe that one should challenge the current interpretation behind personal laws. 'Mohammedan law should be examined thoroughly, and amendments should be made in line with the Quran,' said Dr. Zahir, a lawyer and co-author of the 1978 report on Legal Aspects of the Population Planning (Bangladesh Institute of Law and International Affairs) which proposed the use of law's coercive force to control the urgent population problem.

There is an eagerness to have a male child to keep the property in the family, Dr. Zahir said, referring to the rule that a brother's son may inherit should one die intestate with two daughters. According to Dr. Zahir, this is not mentioned in the Quran.

He also maintained that contrary to the prevailing interpretation which has made a general rule out of one particular example, the Quran does not prohibit a Muslim to make a will for more than one third of his property. 'Why should a Muslim not be able to make a full will of his property to avoid inheritance and sharing of property after his death by brother's and uncle's children and not go on producing child after child?' He also thinks that under modern conditions, the one-half rule of inheritance for girls is no longer applicable and can be changed. Dr. Zahir, however, would not advocate anything that is contrary to a clear direction in the Quran.

The relationship between law and population is not a newly discovered one. As far back as 1975, a South East Asia Seminar on Law and Population identified those laws directly and indirectly affecting family planning. 'In considering laws relating to family planning, it is important to take into

account those which essentially define the status of women,' it was said.

However, the emphasis twenty years ago, was to identify those laws which affected the growth rate of population. Improving women's status was thus a means to achieve the end of population control rather than as an end in itself.

The priorities have now shifted. Although the Cairo conference stated that empowerment of women was the key to social development and thus a means to an end, it also recognised that investing in women is an end in itself.

In Bangladesh the population clock still ticks away on TV alerting us of the number of babies born every minute every day. The approach is alarmist, and the blame placed squarely on the people: life is squallid because there are simply too many of you. It may jolt us in the short term, but it does nothing to address the root of the problem.

It is ultimately important that women's entire context for choice and not just reproductive choice, be expanded to secure gender security. Conversely, reproductive decision-making is also helped when barriers to a balanced marital relationship are removed, although changes should not be brought out merely to reduce fertility rates. The right to reproductive health choice and family planning are key components in women's lives but on the road to Beijing these should be seen as part and parcel only of a whole package of rights that women are entitled to.

## Sex and the Schoolgirl

Enabling women to make decisions about child-bearing allows them to allocate time for education and economic and political activities, says The State of World Population 1995 report from UNFPA. Ferial Haffajee visits a youth information centre in South Africa and discovers innovative approaches to sex education in the post-apartheid era.



Students at Manila University, Philippines: Reproductive health implies that people can have a satisfying and safe sex life, the capability to reproduce and the freedom to decide when to do so.

partners had to leave their school or job. Statistics like these support the emphasis in The State of World

model of how to achieve this. A poster purveying condoms features a group of trendy teenaged couples. Another punches home a strong visual message on STDs.

This one, says nurse Moremang's colleague Adillah Maker, is not used for its shock value but rather as a reference point for young people who may have an STD but are too shy to discuss it.

Maker and Moremang are among a new breed of health workers in South Africa who are redefining contraceptive counselling. Their methods are gaining popularity because they've broken the old mould of family planning. Young people there do not have to run the gauntlet of doctors who moralize before handing over the pill.

But what is becoming clear to reproductive health workers is that no matter how creative and forward-looking the strategies, they will not work without men's participation.

Men are still very resistant to women going outside the home, getting information and bringing it back, explains Maker. 'Women of all ages speak about the threat of violence or being thrown out of their homes if they raise the topic of birth control.'

Men she has counselled are reluctant to use contraception. 'There's always an excuse,' she says, 'the IUD or loop is not good enough because the man can feel it. And the pill is a problem, men say, because "when I decide to have children your body won't be ready."'

Ferial Haffajee is an SABC radio broadcaster in Johannesburg and a freelance journalist.

## Holistic Health Care

To be most effective, family planning activities should be integrated into a wider context of reproductive health, says The State of World Population 1995 report from UNFPA. From Bangladesh, Nasreen Huq looks at how these issues are being tackled.

S AJEDA has had three children — enough for her and her husband. The health worker suggested that she have an operation to prevent future pregnancies. Sajeda's husband agreed. He did not want a large family either, and was getting tired of using condoms.

So early in the morning, Sajeda went to the local health complex. The Family Welfare Visitor, a paramedic, filled out the necessary forms and told her the doctor would perform the operation soon. But Sajeda wanted an anti-tetanus injection first, knowing that the disease can strike after an operation. The paramedic shook her head. 'We don't do that,' she explained, and told her she would have to go to a different clinic.

Cases like this are common in Bangladesh and other countries where health care facilities are often fragmented into different sectors and locations. For instance, a family planning clinic may be far away from one offering immunization or child health services. To correct this kind of problem, the 1994 International Conference on Population and Development called for a holistic approach to reproductive health needs which goes well beyond family planning in addressing the overall reproductive health and well-being of people, particularly of women and girls.

This is exactly the integrated approach that the Bangladesh Women's Health Coalition has adopted since its formation in 1980. Today its 10 out-patient clinics throughout the country provide counselling services, contraception, menstrual regulation, antenatal care and general health care facilities. The contraceptive services include education and counselling on the various methods available. When women come for antenatal care they receive childbirth education as well as blood pressure tests and immunization. The coalition maintains lists of trained birth attendants and women are referred to them for delivery, or to the nearby government hospital.

But the care does not cease at childbirth. The clinics also provide general health services for women, babies and children. So an infant's diarrhoea can be investi-

gated and treated while a child receives her immunization shots and the mother gets her vitamin A supplement. From respiratory infections and scabies to coughs and colds, the clinics offer a range of advice and treatments.

Specialized services aimed at women can go a long way towards meeting some of the most pressing health needs. But even at the coalition's clinics these services are limited and cannot address all of the common reproductive health concerns, such as complications of childbirth. Maternal mortality in the country is high at 400 deaths per 100,000 live births, compared to 30 deaths per 100,000 live births in developed countries. Currently there is only one nurse for every 8,340 people, compared with the developing country average of one for every 3,390.

The status of women also affects their health. As The State of World Population 1995 report from UNFPA, the United Nations Population Fund, notes, 'Reproductive health is determined by social and economic development levels, lifestyles, women's position in society, and the quality and availability of health care. This is particularly the case with reproductive tract infections. Women are often not considered as equal partners to men in marriage and sexual relationships. They may be frequently exploited at a young age while men may have many sexual partners and this increases the likelihood and intensity of exposure to sexually transmitted diseases. To cap it all, women are more vulnerable to transmissions of such infections.'

The Bangladesh Women's Health Coalition, which provided services to almost 100,000 women in the year 1993-94, plans to expand its services to include diagnosis and treatment of reproductive tract infections. Its efforts to provide integrated health care, and the work of other non-governmental health organizations, are important models for governments to follow if the goals of the Cairo conference are to be achieved, and women like Sajeda are to receive the full range of health care they desperately need.

Nasreen Huq, founder of the Bangladesh Women's Health Coalition, now works for the United Nations Population Fund.

## Boys in Brazil

The State of World Population 1995 report from UNFPA stresses the importance of integrating men into reproductive health strategies. Alex Shankland reports from Sao Paulo, Brazil, on pioneering moves to reach men.



People recognise healthy men in Rio, Brazil. Men's active involvement is vital in areas of gender equality, sexual behaviour, family planning and responsible parenthood.

W E Brazilians sure are sexist, says Joao, and other men echo his phrase, more with pride than with reluctance. The discussion group, run by the Sao Paulo State Institute of Health, is relaxed. Even though the theme of male sexual behaviour and responsibility for AIDS prevention is a delicate one, conversation flows as freely as in any bar. Prejudices are paraded: promiscuous drug addicts are the main HIV risk group, bisexuals who pose as real men are despised and women who carry condoms are whores.

Yet amid the macho posturing, a real sense of the seriousness of the issues and the importance of men's accepting responsibility begins to take shape. The problems with condoms are all in the mind, interrupts Joao, when another of the participants says that sex with a condom is like 'eating sweets with the wrapper on'.

Joao is new man: when the subject of vasectomy comes up he admits that 'pure sexism and fear of impotence' are the reasons he refuses to consider having the operation. Yet he is absolutely clear that using a condom is part of the man's responsibility, and insists that with creativity and intimacy it easily becomes part of the erotic game. He listens to his partner too: 'My girlfriend can't take the pill and she tells me she likes it much more when we use a condom,

since she feels safer and more relaxed and fulfilled in our lovemaking.

In Joao's case, the condom is used as a contraceptive rather than as a barrier against AIDS. He and his girlfriend took HIV tests at the start of their relationship since AIDS had touched both their lives when her brother and a colleague of his tested positive. With HIV infection at run-away levels in Brazil such close contact with the epidemic is increasingly common: according to a 1994 survey almost one in three Brazilians living in the major cities knows a colleague, friend or relative with the virus. People are increasingly bombarded with information in the mass media.

Dr Marcos Paulo P de Castro, president of the Brazilian Association of family Planning Organizations and founder of PRO-PATER, a Sao Paulo family planning clinic that caters to men, emphasizes the importance of the media in raising men's awareness of reproductive health issues. PRO-PATER saw a huge increase in demand when it used television to publicize vasectomy at a time when this was virtually unknown as a family planning option in Brazil.

But Dr de Castro is critical of the limited impact on heterosexual men that government media campaigns to raise AIDS awareness had so far. 'No one has yet done a really strong pro-condom campaign,' he declares. Nevertheless he believes that the me-

dia, especially television, can play an essential part in getting across the message that men need to take greater responsibility in family life. This was a major theme of last year's International Conference on Population and Development; how to make men more aware of their responsibilities is a central focus of The State of World Population 1995 report from UNFPA, the United Nations Population Fund.

Dr Suzana Kalkman of the Sao Paulo State Institute of Health insists that despite improved access to information, there is still a critical gap between what people see on TV and their perception of the day-to-day reality of their lives. This is shown by the continued growth of other sexually transmitted diseases which would be prevented if a widespread increase in condom use had followed the 'AIDS scare'.

It was Dr Kalkman's team at the Institute which organized the discussion group attended by Joao. The group was set up to try to bridge the gap between the fragmented awareness of the issues derived from the media and the reality of sexual attitudes and behaviour among heterosexual Brazilian men — largely ignored up to now by AIDS education initiatives.

Alex Shankland is a freelance journalist based in Sao Paulo.