

POPULATION AND SUSTAINABLE DEVELOPMENT
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How can population growth be influenced by a Rights Based Approach?

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Thank you for the invitation to participate in this seminar. I congratulate the Ministry and Vaestollito for this demonstration of open, constructive partnership between the government and NGOs. I would like to briefly explain to you that IPPF is a Federation of 147 autonomous national organisations, working in communities in 170 countries with a shared vision. Together they deliver some 6.6 million srh services a year, together with advocacy and information and education programs. These 147 organisations are led by volunteers and supported by a Secretariat. I am delighted to be here with 2 of our leading member Associations, FPAN and Vaestolitto. I have been asked to discuss a number of topics this morning but will focus on the first and few.

Today, our world is interconnected as never before. At this critical moment in human history we find ourselves grappling with complex linkages of sexual and reproductive health and rights, population dynamics, environmental degradation, gender equity, social justice, human rights, financial crises, climate change and development, in order to create a more sustainable, equitable, future.. Right now the largest generation of young people ever is coming of age. Nearly half the world's population – some 3 billion people are under the age of 25. They make up half the poor and half the unemployed. Many have little education, and little chance of unemployment or achieving. Soon those young men and women will make choices about their lives, relationships and childbearing which will have an impact on their lives, their families, communities and our planet. These choices have the potential to contribute to individual health and wellbeing, healthy sustainable families and communities and a healthy sustainable planet. Their combined choices will decide whether there are 8 or 11 billion of us by 2050, yet many of them lack the knowledge and the means to make those critical decisions.

At the same time the environmental crisis and the depletion of our natural ecosystems pose a grave threat to human wellbeing. The 2008 meeting on food security in Rome highlighted that:

“More than 860 million people suffer from hunger. Of those, 830 million live in developing countries, the very countries expected to be most affected by climate change.”ⁱ They are also the countries that are least responsible for climate change and the financial crisis, and which need support to adapt to mitigate these crises. Some have the highest rates of population growth, very often because of the unmet need for family planning.

Rapidly growing populations, food inflation and shortages and malnutrition are often linked in such situations. Furthermore, the shortage of resources and increasing environmental degradation exacerbate social injustice and gender inequity, so that the poorest women have less access to food, water, shelter, health, education and sanitation. Yet there is seldom any discussion of voluntary family planning in this context, although at times there are discussions about lower productivity in high income countries in Europe and Asia because of the falling fertility rates and ageing population, or on the other hand the need for more targeted approaches to family planning in countries with the highest fertility rates.

What is undeniable is the importance of investing in SRHR, with voluntary family planning at its centre. The social and economic benefits have been clearly demonstrated in countries like Egypt, Malaysia, Korea and Singapore. Jeffrey Sachs, the economist in charge of the Millennium Project, points out that between 1965 and 1990 Brazil's TFR fell from 6 to 2.5, and in Bangladesh between 1970 and 1993 TFR fell from 7 to 3.4. Both were achieved “without compromising freedom of choice” (Commonwealth). Yet more than 201 million women in the developing world would like to prevent or delay childbearing but are not able to use modern contraception for a variety of reasons. As a result 76 million unintended pregnancies occur each year. When this unmet need for contraceptives is combined with the needs of the largest generation of young people in history it will multiply rapidly so that the demand for family planning is expected to increase by up to 75% by 2020.

179 countries signed up to the ICPD Programme of Action. Yet in 1997 family planning made up 40% of population assistance, but in 2006 only 5%. By neglecting the ICPD agenda we have missed

major opportunities to improve health and wellbeing, slow population growth rates, and achieve greater equity and social justice. Currently, family planning programmes in many countries are stalling due to lack of investment. Evidence demonstrates that gains in family planning in African countries such as Kenya have stalled. Despite the success of family planning as a highly effective, low cost health and development intervention, funding for population and reproductive health programs has decreased from 30% of ODA in 1994 to 12 % in 2008. Two thirds of the global burden of disease for women of reproductive age results from poor sexual and reproductive health, impacting on them, their families, national productivity and health care costs. Pregnancy and childbirth related causes, including unsafe abortion, are the major cause of death for 15-19 year old girls – dying needlessly before they have begun to live.

It is therefore, essential to address unmet need for family planning as an urgent development priority for governments, donors, providers and communities in order to achieve individual well-being and sustainable communities. This will require confidential outreach services which are free, and strategies to ensure reliable supplies of contraceptives. More broadly, it will need to be linked to strategies to ensure girls' education and literacy, women's empowerment and infant and child survival, and opportunities for women to earn an income.

If we want to look at sustainable development through the lens of climate change, meeting that unmet need, family planning, as an urgent priority makes good sense. While consumption is the primary driver of environmental degradation, rapid population growth is also a contributing factor, placing pressure on resources. If current levels of fertility remain unchanged – that is, if contraceptive use remains stable – world population, now 6.8 billion, could reach 11.9 billion by 2050,ⁱⁱ further increasing pressure on the environment and access to land, food and water. UNFPA tells usⁱ that population pressure is already worsening food and water shortages and hampering development in Sub-Saharan Africa.ⁱⁱⁱ Rain forests and are being destroyed by subsistence farming, which in turn reduces local rainfall and exacerbates global climate change. In Ethiopia, some 80% of forest has been destroyed and farmers resist reforestation. A report, 'fewer Emitters, lower Emissions less Cost' by the London School of Economics for the Optimum Population Trust argues that every £4 spent on family planning would reduce global Co2 by more than a tonne. The cost of meeting the unmet need is low at US\$2 per person.

Their report^{iv} concluded that family planning should therefore be seen as one of the primary methods of emissions reduction. Other academics, however, argue that many in the poorest countries die young, and that climate change is caused predominantly by a minority of the world's population with the highest level of consumption. We must also recognise that economic growth increases conception, even if families are smaller. The US, for example, has 4% of the world's population but produces 21% of its greenhouse gases and its population is expected to grow by 140 million by 2050, roughly the same as Nigeria and Pakistan. However, although meeting the unmet need is a critical strategy for health and development and eventual mitigation of climate change, it is one of several factors and family planning is not a single simple solution to a complex issue. Those who follow the stabilisation wedge theory put forward 15 interventions; 7 or 8 of which would together prevent the doubling of emissions by 2050. Most involve changing patterns of production and consumption, but slowing population growth, which also has many other individual benefits is one such wedge, "but will not solve the problem on its own". Meeting the unmet need for family planning will be one of numerous factors that together will be one of numerous factors that together will be one of numerous factors that together have a valuable impact.

Nevertheless, the UN estimates that 40 per cent of all pregnancies worldwide are unintended. If these basic family planning needs were met, 34 billion tonnes of CO₂ would be saved – equivalent to nearly six times the annual emissions of the US and almost 60 times the UK's annual total.

Poor and marginalized people living in countries with diminishing resources have most to gain from family planning. Yet it is these very people who do not have access to contraception.

UN data suggests that meeting unmet need for family planning would reduce unintended births by 72 per cent, reducing projected world population in 2050 by half a billion to 8.64 billion. We also know that climate change contributes to environmental disasters and srh services are required to be provided in emergency settings.

Improving the status of women and girls

Meeting demand for contraception is firmly linked to improving women's position in society. Infant and child survival are also acknowledged as significant factors contributing to women's

choices regarding the number and spacing of their children. Women are the drivers of development. They are also key to the management of climate change. They know what is possible in their social and physical environment. A woman who must climb a tree with a baby on her back, to fetch firewood, and who burns her baby's furniture for firewood, will not choose to have 6 children. While recognizing that women's ability to use family planning depends on many factors including education, elimination of sexual violence, child marriage, and the ability to exercise their sexual and reproductive rights, it is generally agreed that when women's demand for contraception is met, most will choose more for their children, not more children. This will contribute to health and well being and healthier, more resilient, families and communities. Discrimination against women – such as gender based violence, economic discrimination, health care inequity and harmful traditional practices – is the most pervasive and persistent form of inequality. This contributes to the high level of maternal mortality with 1 woman dying every minute because of childbirth and pregnancy related causes. As Professor Fathalla has said, 'women are not dying because of diseases we do not know how to treat... they are dying because societies have yet to make the decision that their lives are worth saving.

Millions who do not die face debilitating disability – fistula, or uterine prolapsed for example. Sexuality and reproductive health become the source of despair. Disability and death not joy and celebration.

The link between education, family planning and women's empowerment is critical, together with child survival. Research shows that if women are educated they are more likely to have their first child later, and also to have fewer children more widely spaced. These children will be better educated, better fed and healthier. They in turn are more likely to attend school and their mothers are more likely to become involved in income generation, so creating a virtuous circle which breaks the vicious cycle of poverty.

However, all too often discrimination can pervade girls' lives, for instance:

- Married adolescent girls often find it difficult to obtain reproductive health services. In some countries, forced marriage to older men makes girls more vulnerable to HIV

infection, while early marriage results in school dropout and inability often to access health services.

- Despite a shift towards later marriage in many parts of the world, 82 million girls in developing countries who are now between age 10 and 17 will be married before their 18th birthday.
- Children of teenage mothers are more likely than others to suffer from low birth weight, malnutrition and anaemia, and are less likely to attend school.
- 175,000 women, almost all of them in the developing world, die every year from cervical cancer.
- Adolescent girls are often exposed to various forms of gender-based violence, from harmful traditional practices such as female genital cutting. Trafficking is a further threat.
- The first sexual experience for many girls is forced, often by people they know, including family members.
- Dire poverty may lead parents to “sell” young girls to traffickers or force girls into sexual relations as a survival strategy.
- Women occupy 18 percent of parliamentary seats around the world. In Nordic countries, women occupy 41.4 percent of seats, while in Arab states they hold only 9.6 percent.

Mechanisms for women's equal participation and equitable representation should be set up at all levels of the political process and public life. ^v These should include gender responsive governments, gender analysis and gender budgeting. In those countries where government wish to encourage women to have more children, policies should similarly be based on women's rights, not coercion.

In some countries literacy levels have increased dramatically, but in others they have declined. Some countries have decreased their per capita investment in health, and while Africa's Maputo Plan and campaign against maternal mortality promise a better future, implementation is inconsistent.

Like family planning, the education of girls is a 'best buy' for development. Better educated girls are less at risk of death and disease, have fewer but healthier children and higher earnings. For each year of schooling she completes, a girl's income increases by 10-20 per cent.^{vi}

Comprehensive education for girls must be provided as a powerful impetus for their empowerment, as well as for reducing poverty. As well as providing knowledge, education helps girls to know their rights and claim these for themselves and their families, and translates into economic improvement for them and their communities. Research has also shown that secondary school has a significant impact on girls decisions about the number, timing and spacing of their children. Comprehensive sex education should be part of the education curriculum for girls and boys, providing knowledge and communication skills and challenging gender stereotypes and violence against women. It should also be provided out of school, empowering women to say "no" to sex, "yes" to safer sex and decide when to have children – one of the most basic freedoms, and the one from which other freedom flow.

Implications of poor SRHR

There are many barriers to improving SRHR including cultural constraints, attitudes to women, levels of funding, health and education, weak health systems, lack of a skilled work force, lack of emergency obstetric care, inadequate data and logistics.

The implications of poor SRHR are all too clear. Of all the MDGs, Goal 5 and target 5A - to reduce maternal mortality by three-quarters - shows unacceptably slow progress. It is closely linked to all the other health MDGs, as is MDG 3 and MDG 5 Target 5B, universal access to reproductive health.

In 2005, more than 500,000 women died during pregnancy, childbirth or in the six weeks after delivery. Ninety-nine per cent of these deaths occurred in the developing regions, with sub-Saharan Africa and Southern Asia accounting for 86 per cent of them. In sub-Saharan Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in the developed regions.^{vii}

It is no coincidence that 24 per cent of married women who had an unmet need for contraception between 2000 and 2005 live in sub-Saharan Africa.^{viii} Often advocacy related to MDG 3, does not,

however, include specific mention of MDG target 5b, of the critical importance of family planning and other aspects of comprehensive reproductive health, nor the impact of unsafe abortion. However, the high level meeting on 26 October in Addis Ababa on maternal health, hosted by the Dutch government and UNFPA declared the urgent need to prioritise family planning, make adolescents a priority and strengthen health systems with sexual and reproductive health as a priority. This is an important advocacy document, which also urged presidents and Ministers to integrate MDG5B into national development plans and budgets as “family planning is an investment not an expense”, and called for comprehensive voluntary family planning, skilled birth attendants, safe abortion and infrastructure development. It urged civil society, so well represented here, to complement government efforts, build political momentum, mobilise communities, hold governments accountable, and develop advocacy programmes.

This has increased recognition of family planning as the third pillar in reducing maternal mortality rates, along with emergency obstetric care and trained attendants at birth. UNFPA and WHO argue that increased investment in family planning will reduce maternal mortality by 15 to 30 per cent as well as dramatically reducing morbidity and linking women’s social and economic participation. But progress is possible: look at sustained declines in maternal mortality in Sri Lanka, Thailand and Malaysia. The recent Guttmacher Report shows that increases in global contraception have contributed to a decrease in the number of unintended pregnancies and in the number of abortions. Approximately half of all abortions are unsafe, causing an estimated 70,000 women’s deaths a year. An additional 5 million women are treated annually for complications from unsafe abortion, another 3 million with serious complications go untreated. People say it is contentious to speak about abortion but what is truly contentious is that women are dying needlessly or suffering debilitating disability.

Sexual and reproductive health is a powerful health intervention. Allowing donor interest and funding to stagnate will threaten our chances to reach the global anti-poverty goals. The outcomes of poor SRHR prevent women from making a valuable contribution and have a sizable impact on health costs.

The importance of human rights-based approach.

Any rights-based approach must start with the individual and where the individual is, in terms of their own development – in other words a life course approach. Services must be client centred and rights based providing access to all. It is critical therefore that we engage men in programs and service delivery, both for their own health and well being and their partners.

It is 15 years since the ICPD. We need to revitalize and also to discuss the agenda in relation to population dynamics and environmental sustainability. This year, which is so clearly included in the ICPD PoA, ICPD is a strong starting point: it is a comprehensive vision encompassing human rights, environmental sustainability, youth and reproductive health. If we as SRHR advocates cannot speak about these issues from a rights-based perspective, then there is a risk that those who do, many only advocate for a 'population control' agenda. There are, regrettably, still examples of coercive programs where targets have been set and women are 'swept' to health centres for contraception and sterilization, and programs where women are not offered a full range of contraceptive options as part of quality of care, or where numerical indicators can result in perverse incentives.

Young people

In particular we must focus on young people. Of the 3 billion young people under the age of 25 - the largest youth generation in human history - about 70 per cent live in developing countries, and they are embarking on their sexual and reproductive lives. IPPF's 15 and Counting Campaign has shown that we are failing young people across the world.

Their world is radically different from the one their parents knew as young people.

Transformations in the economy, education, communication, demographics, the environment, technologies and culture have revolutionized what it means to be young. But so have the spread of HIV/AIDS, armed conflict and migration.

- More than half of young people live in poverty, on less than US\$2 per day. Many also face social inequality, poor schools, gender discrimination, unemployment and inadequate health systems.

- Every day, 5,000 young people age 15–24 become infected with HIV – almost two million new infections each year. In sub-Saharan Africa, more than half of all new infections are among young people, who are one in every four of the estimated 40 million people living with HIV worldwide.
- In sub-Saharan Africa, 76 per cent of young people living with HIV are female. Yet women know less than men about how HIV is transmitted and how to prevent infection.
- What young women do know about HIV/AIDS is often useless because of the discrimination and violence they face and their relative powerlessness to refuse sex or negotiate safer sex, especially if they are married.
- Despite a shift towards later marriage, 82 million girls in developing countries who are now between 10 and 17 will be married before their 18th birthday.
- Some 14 million women and girls between 15 and 19 - married and unmarried - give birth each year. For this age group, complications of pregnancy and childbirth are a leading cause of death, with unsafe abortion being a major factor. Pregnancy-related disability is much more common for young women than for older ones, including obstetric fistula, a devastating and socially isolating condition.^{ix}

All of this is a clear denial of young peoples right to the highest standard of health.

It's clear that the youth-friendly services called for in the ICPD consensus have become an urgent priority. Those services should include comprehensive sex education and HIV prevention programmes which have been proven to delay sexual initiation and increase the use of condoms and contraception. Yet some in positions of power continue to deny the realities of young people's lives, forbidding them access to condoms, contraceptives and information that could save lives. Long term impacts of good sexuality education include lower rates of unwanted pregnancy and sexually transmitted infections, but also reduction of greater stereotypes, coercion, and violence against women.

This provides a one-off window of opportunity that closes as the population ages. For that reason it is vital that governments invest in health, education and skills of young people as they enter their working age, where still possible this can provide a demographic dividend.

Investing in young people, providing them with education and offering them the information and services they need to make informed decisions about their lives is key not just to their futures, but to the planet's.

SRHR/HIV integration

In 1994, the International Conference on Population and Development recognized HIV/AIDS as a growing global problem but not yet a pandemic: the total number of cases worldwide was then estimated at 2.5 million. In 2007, nearly that many *died* of the disease – 2.3 million – and more than 33 million people were living with HIV. Over half of them are women.

HIV and AIDS feeds on poverty, marginalization, stigma and social inequality – particularly gender inequality – and on the failure of governments to fulfil their 1994 ICPD pledge to invest fully in women and comprehensive reproductive health care. Funding for HIV-prevention programmes will not work in isolation.

For example, many national HIV/AIDS programmes fail to address underlying gender inequalities. In 2008, only 52 percent of countries that reported to the UN General Assembly included specific, budgeted support for women-focused HIV/AIDS programmes.

To successfully integrate HIV/AIDS and SRHR, programmes should address harmful gender stereotypes, in part by working with men and boys to change norms related to sexual responsibility, women's rights, decision-making and violence.

Women are often more comfortable attending a family planning clinic rather than a sexual health or AIDS clinic, and should be offered dual protection through condoms VCT and strategies to prevent mother to child transmission. The denial of reproductive rights of people living with

HIV/AIDS are one of the greatest denials of human rights, and sexual and reproductive rights in particular.

Recent research shows that sustained, intensive behaviour-change programmes promoting increased use of condoms, delayed sexual initiation and fewer sexual partners succeed in reducing HIV incidence.

Programmes should increase access to both male and female condoms, the only currently available effective ways to prevent HIV and other sexually transmitted infections among sexually active people. Purchasing the additional condoms needed from suppliers to help prevent HIV transmission in sub-Saharan Africa would cost only an estimated US\$263 million per year.

By linking SRHR and HIV, we can make best use of limited health infrastructures and provide better access to comprehensive sexual and reproductive health and HIV services. Linked programming also helps protect populations traditionally underserved by either sexual and reproductive health or HIV services, such as young people and key populations.^x

Stigma and discrimination impact in many ways on the lives of those who are HIV positive, while criminalization and forced disclosure inhibit VCT and increase violence against women while treating it as a crime not an illness.

Financial and policy requirements

We must advocate to ensure that heads of state in developing countries understand that family planning is fundamental to sustainable social and economic growth. Gender should be central, reflecting the fact that women are the catalysts for achieving sustainable development.

The only way to break the cycle of poverty is for wealthy nations to provide family planning assistance that meets unmet need. That means quadrupling foreign assistance for reproductive health programmes to roughly \$25 billion annually.^{xi}

Civil society and governments must work together to meet the unmet needs of family planning and national governments need to invest in SRHR and contraceptive supplies. I am delighted that Finland's development policy programme and new NGO cooperation agreement shows how much you value NGO's direct contacts with grass-roots level and our ability to strengthen civil society in developing countries. Two areas, I believe, where IPPF is able to make sustainable development a reality for communities.

We in Civil Society, including the Member Association's of IPPF, have a key role to play here. The links between family planning programmes, lower population growth rates and development objectives have not been well understood by policymakers. It's our job to demonstrate how success in one area can lead to positive outcomes in the others, and, crucially, in reducing poverty, and achieving social justice and equity.

My policy wish for the future would involve revitalizing and repositioning family planning as a neglected element of sound health and public policy and sustainable development; and restoring family planning budgets, while building bridges with other actors in the field such as human rights, environment and climate change and development, and literacy, as we are already trying to do with organisations working in HIV/AIDS and education,

Conclusion

The recent Global NGO Forum on Sexual and Reproductive Health and Development was a clarion call to reinvigorate the ICPD Programme of Action to make it a reality for all women, men, and young people.

We have clear evidence that sexual and reproductive health saves lives and makes a critical contribution to poverty reduction and sustainable development and helps to stabilize population growth. Strengthening sexual and reproductive health and rights is a pressing global need, one on which the future of humankind may well depend.

The opening pages of the ICPD PoA declare "all human beings are born free and equal in dignity and rights...Human beings are the centre of concerns for sustainable development. They are

entitled to a healthy and productive life in harmony with nature. People are the most valuable resource of any nation. Countries should ensure that all individuals are given the opportunity to make the most of their potential... never before has the world community had so many resources, so much knowledge, and such powerful technologies at its disposal, which if suitably directed, would foster sustainable economic growth and sustainable development". These words are as true and relevant today as they were 15 years ago in Cairo and even more urgent.

Ends.

ⁱ High level conference on World Food Security

ⁱⁱ Making the Case

ⁱⁱⁱ Columbia Magazine

^{iv} *Fewer Emitters, Lower Emissions, Less Cost,*

^v NGO Forum

^{vi} UNFPA Healthy Expectations p15

^{vii} (UN MDGs: <http://www.un.org/millenniumgoals/maternal.shtml>)

(<http://openair.fm/lidc/293-mdg5-improve-maternal-health-professor-oono-campbell-lshtm>)

^{viii}

^{ix} NGO Forum

^x (<http://www.stopaidsalliance.org/what+we+do/hiv+and+srhr>)

^{xi} (Sachs, Commonwealth cited in Columbia p1).