

Population Growth and the Freedom to Choose: Our Common Responsibilities¹

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Introduction

It is a special pleasure for me to participate in this seminar in Helsinki. It is also very gratifying to see that there is strong interest in Finland in issues related to population growth and all other aspects of population as well. This is a sign that even here, like in other countries around the world, attention is being given to population matters, and there is recognition that these issues are an important part of all other aspects of life and development in a society. Population issues are not only about demography and statistics; they are in fact issues that are reflected in multiple ways in the lives of all people, in all countries, the South as well as the North. These are matters we all need to be informed about, and we know from solid experience that these trends can be influenced with programme interventions.

I will focus on what we have learned from international population programmes around the world. You have already heard excellent presentations on population figures, in the world in general as well as more specific information on a few specific countries. Now we will move on to some more practical matters—to operational experience and to a discussion of the manner in which today's population programmes are moving ahead. I will start by taking a few minutes to look back to the year 1994 and at what happened at the International Conference on Population and Development (ICPD), held in Cairo. This is important because the ICPD really changed the manner in which we who work in the population and development field look at these issues, and this landmark conference gave us an excellent road map to guide all future action. The ICPD shows how all people and countries share both rights and responsibilities in the area of population. It is a good time now, as we prepare for the five-year review of the implementation of the International Conference on Population and Development (ICPD+5) to look back at the Programme of Action.

¹Presentation at the 200-Anniversary Seminar of the Malthus' Population Theory, Helsinki 1998.

The Programme of Action of the International Conference on Population and Development

Many have characterized the Cairo Conference as a revolution, but in fact it was not such an unexpected development but rather something that we saw coming. The ICPD Programme of Action was not based on theoretical constructs or on ideological orientations, but rather on lessons learned from years of practical work in development and population, and from the participation in these discussions of a very wide spectrum of interest groups and stakeholders. These included experts in population issues and people from all walks of life, politicians, parliamentarians, programme managers, women's activists, religious leaders, youth groups, environmental groups, business and private sector representatives, and so on. They all helped shape a new Programme of Action to guide population work for the next 20 years—one that is based on the notion of sustainable development and is solidly anchored in a human rights based approach. It is based on the notion that all people, women and men, have the same rights, and that population programmes must focus on people's needs, rights and responsibilities.

In this largest ever population conference, population and development issues were really examined as an integrated whole. This was based on the knowledge that the future of the planet and its people depend in large part on the balance that is achieved between the number of people, environmental and natural resources, economy and the use of energy. The overall goal of the ICPD Programme of Action is the slowing down of population growth and its stabilization by the year 2015 to a level that is in harmony with the use and availability of resources. But this goal is best achieved by respecting people's needs and thus, this Programme of Action is very much a people- and human-centered plan of action.

The Programme of Action gave a very solid basis for the other major international conferences that followed, including the Copenhagen Social Summit (1995) and the Beijing Women's Conference (1995). It was also important vis-à-vis the other conferences which have followed later on, and indeed, taken together, all these conferences have provided a comprehensive set of goals for all nations to achieve sustainable human development. This is often referred to as the "global agenda".

The ICPD Programme of Action covers a number of issues, ranging from the interrelationships between population, sustained economic growth and sustainable development, gender equality and equity and empowerment of women, reproductive rights and health, health and morbidity and mortality, population growth and structure, population distribution, urbanization and migration, and a number of other issues as well. It also includes a set of fifteen principles which help guide the implementation of the recommendations contained in the Programme of Action. I will refer to a few of these principles, illustrating the human rights based and holistic approach that is the basis of the ICPD recommendations:

Principle 5

“Population-related goals and policies are an integral part of cultural, economic and social development, the principal aim of which is to improve the quality of life of all people.”

Principle 4

“Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility are cornerstones of population and development-related programmes.”

Principle 8

“..... States should take all appropriate measures to ensure, ... , universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide a wider range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.”

The ICPD Programme of Action gives central attention to gender equality and empowerment of women as a means of giving women the possibility to choose for themselves in all aspects of their lives, including education, employment, when and whom to marry and when and how many children to have. Women’s full participation in all aspects of development starts with their being able to decide about the most intimate aspects of their own lives. In turn, having the same rights as men in terms of access to education, income, ownership and so on, empowers women to decide for themselves and to not be vulnerable to violence, coercion and exploitation.

A very key aspect is the role of education and the access of girls and women to education. This is done because of the importance of these measures in all aspects of development and also because they have such a strong influence on behavior which in turn influences population variables. Of all development measures, increasing women’s and girls’ education is perhaps the most important. The Programme of Action emphasizes above all the need to pay more attention to girl children and to improve their status. It takes up in a very forthright manner the need to end all forms of discrimination against girl children. Attention is also directed to the responsibilities of men in family life. The objective is to have men assume their responsibilities even in the areas of sexuality, family planning, and reproductive health.

A central part of the Programme of Action focuses on the concepts of reproductive health and rights. Reproductive health here means the complete physical, mental and social well-being in all matters related to reproduction. Reproductive health care includes family planning information and services, pregnancy care, safe delivery and post-partum care. It also includes prevention and care for sexually transmitted diseases, prevention of HIV/AIDS, and prevention and appropriate treatment of infertility.

The concept of reproductive rights is at the center of the new agenda agreed on in Cairo. It might not sound so special from the perspective of a developed country like Finland, but it truly is a revolution for most women and men, in many countries around the world. It means that couples and individuals have the basic human right to decide themselves how many children to have and when to have them. It also means that women and men have the right to obtain information and appropriate services that are both safe and effective. They also have the right to adequate quality of care.

The goals of the Programme of Action focus on education, reproductive health, maternal and infant and child mortality:

- In education, the goal is to provide basic education for all by the year 2015, and to eliminate gender differences by the year 2005;
- In reproductive health, the goal is to provide reproductive health for all by the year 2015;
- In maternal mortality, the goal is to reduce it by half from the level of 1990 by the year 2000 and halve it again by the year 2015;
- In infant and child mortality, the goal is to reduce infant mortality under 35/1000 and under-five mortality to less than 45/1000 by the year 2015.

Another important aspect of the Cairo Programme of Action is that it contains, for the first time in the history of international conferences, an agreement on the estimates of how much funding is needed to meet these goals. The cost of the provision of the reproductive health, including family planning, as well as other basic actions for collecting and analyzing population data, was estimated at \$17 billion by the year 2000 and \$21.7 billion by the year 2015. About two-thirds of this is provided by developing countries themselves and only one third is to be mobilized by international sources. As with all development aid financing, international funding is a continuous challenge even though the amounts are relatively modest. However, some donor countries, such as Finland, are providing a good example for others to follow in that they channel a relatively significant share of their ODA into population assistance.

Experience from international population programmes

Population assistance has a long history and for example the United Nations Population Fund has been active for close to 30 years. There is therefore considerable practical experience from population programmes from a wide range of countries in the developing world. The longest-running activities are in the Asian region, but some countries in Latin America also have longstanding experience, for example Colombia. Even in Africa, where population programmes are more recent, changes are now taking place, for example in Mauritius, Botswana, Kenya and Uganda.

Activities in the field of population, as in all development assistance, must be tailored carefully to the needs and particular conditions of the country, community and target group concerned. This implies working with the people from the community itself and with sufficient information of socio-cultural factors. The aim is to provide assistance for strategic interventions that are owned by the local community and become really sustainable. This is an objective for all of the assistance provided by UNFPA and we try to design all support from this perspective.

Today, operational activities in the field of population focus on the provision of reproductive health and family planning services but are not limited to this. For example, within the UNFPA programme, about 60 percent is for improving the reach and quality of reproductive and family planning services in both rural and urban areas. In addition, other types of activities are assisted. These include collection and use of population data, such as censuses and surveys. It further includes population-related studies and research and their use for policy formulation and for advocacy to inform policy makers. Other activities involve education, information and communication directed at various audiences, including in- and out-of-school population education. Many activities in the population area are closely linked and are integrated with other development efforts, such as community development and activities related to gender equity and equality.

In the area of reproductive health, including family planning and sexual health and rights, we know that there is much unmet need for family planning and reproductive health in general. A large portion of women and men would like to either space their pregnancies better, delay childbearing or stop childbearing altogether, but they do not have adequate information or services. This is something that empirical studies have found in most societies and communities. Therefore, a strong emphasis everywhere is to extend the availability of services, and to make them of adequate quality so that individuals and couples feel comfortable coming to the service outlet and feel well treated and respected. It is not uncommon to find that even where services are in fact available, they are not being used because of various factors related to quality of care, including the attitudes of the personnel, the conditions of care, the hours and distance that must be traveled, and so on.

An important lesson from population programmes concerns the needs of adolescents in the area of reproductive health and sexuality. This is one of the areas of our work that is extremely important today. We have now the largest group ever of young people, over one billion, and they are demanding information and services. They want to be able to understand what is happening to them in their adolescent years and they need information and services that are specifically targeted and developed for them. We have learned that reaching adolescents works best if the programmes are actually developed and implemented by the young people themselves. We have interesting examples of such efforts in several countries, for instance in Africa (the youth center run by the Eritrea Youth Association) and in the Caribbean. In some Asian and other countries, innovative ways to reach young people — for example with telephone hotlines — have been successful.

Another important part of the challenges is to integrate even more the provision of all components of reproductive health in the provision of services. Here special mention must be made of sexually transmitted diseases, including HIV/AIDS. Even in this very difficult area, we know that progress can be made and has already been made, for example in Thailand and Uganda. The reasons for this can be found in the high level of political commitment, sufficient resources, strong programme leadership, and an aggressive policy.

Some of the **lessons learned** can be summarized as follows:

First, wide stakeholder participation in policy formulation and in programme development facilitates implementation. Programme design must take time to collect appropriate information on the situation and specific needs of the target group.

Second, partnerships between government and non-governmental organizations have proved to be highly effective in overcoming sensitivity-related barriers and in reaching a wider segment of the population.

Third, improvement in quality of care can be achieved even within existing resources. Increased client information, education and counseling results in higher client satisfaction and better service utilization.

Fourth, creating behavioral change requires both effective education and communication programmes but also service delivery systems that are accessible and need-responsive. Different age groups and types of populations need different services. Women and men need different services, tailored to their specific needs.

Fifth, population programmes need the active support and involvement of various groups in society, including political leaders and Parliamentarians, traditional leaders, teachers, parents, media personalities, and other visible role models.

Sixth, it is critical for countries to learn from each other and to be able to exchange lessons learned, both in successes and problem areas. Time and effort must be taken to establish baseline data and to be able to carry out proper evaluation of programmes.

Some of the advice for **future directions** include the following:

- Advocacy programmes should aim for ensuring that there is support for population programmes from as many sectors and groups in society as possible, as now and then some opposition is bound to surface as long as these issues are still sensitive in the view of some.
- There is need for research to provide more factual data and to give greater understanding of the socio-cultural issues surrounding population issues; there is urgent need to develop better indicators for programme development, monitoring and evaluation.
- In the area of reproductive health and rights, there are many very difficult issues which are now being more openly discussed and action is starting to take place to combat these

practices. These include female genital mutilation, sexually based and related violence against women and girls, prostitution, and so on. Informed discussion and action of all these violations of basic human rights must be vigorously continued.

- Small pilot projects are useful to test approaches, but up-scaling of programmes should be undertaken as a matter of urgency and be based on a knowledge of the best practices.
- More attention must be directed to the most disadvantaged groups, including those in refugee and emergency situations.
- Resource mobilization is always a key challenge; let us recall that developing countries are increasing their own domestic funding for population programmes but donors are generally not following suit.
- All actions to create an enabling environment must also be vigorously pursued, so that population growth can be slowed and all people will have the choices and options that they are entitled to have; among these actions, education and the education of women and girls are at the top of the list.

Conclusion

The Cairo Conference confirmed for population programmes a direction that had been evolving from practical experience. First, a rights-based approach to sexual and reproductive health. Second an approach based on the needs of individuals, rather than on demographic targets. Third, a pragmatic approach, working not only with the health sector but with all ways to reach specific groups. Fourth, a participatory approach seeking to involve all interested parties, such as NGOs. And fifth, an approach placing strong emphasis on quality.

After the ICPD, the notions of reproductive and sexual rights were expanded at the Beijing Women's Conference. The IPPF for example has issued a listing of 12 sexual and reproductive rights. UNFPA is committed with the entire international community to implementing fully the ICPD agenda. We need the active support and involvement of all countries in this challenge, both donors and programme countries. This is part of the common responsibilities we all share for the future of our planet. We have today the opportunity to really make a difference, we know what needs to be done and we have the agreements reached at the ICPD to guide us.

These developments are not only important in their own right as we would all agree that these are worthy causes and something all human beings should have. The important message for all those involved and interested in population matters is that with these approaches, people's needs are being met and by so doing the effect on national and global population trends is also one of slowing growth and bringing it more in balance with available resources. The needs of individuals and nations converge and we can help shape a better future for next generations as well.