

Reaching the MDGs: Why Population, Reproductive Health and Gender Matter

There is widespread agreement that reproductive health bears directly on the three MDGs of reducing child mortality, improving maternal health, and combating HIV/AIDS, and is deeply related to the achievement of the MDG on gender equality.

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The 2005 World Summit was an important event for those of us working to realize commitments made at the International Conference on Population and Development (ICPD) held in Cairo over ten years ago to improve the lives of poor women and men in the developing world. At the United Nations Headquarters in

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New York, the largest ever gathering of world leaders in history convened in September 2005 resolved to achieve universal access to reproductive health by 2015, promote gender equality and end discrimination against women – the pillars of the ICPD Programme of Action (United Nations, 2005a).

The World Summit's success does not mean the challenges to achieve the goals contained in the ICPD Programme of Action have ended. Ideological and conservative opposition remains. In some countries where the right policies and effective models are in place, resource and capacity constraints make it difficult to scale-up, monitor and coordinate development programmes. In addition, in places where development programmes have shown demonstrable results, the development community has had limited success in reaching and transforming the lives and futures of the poorest and most disadvantaged (Weiss, 2005).

Increasingly, the success of our development efforts will depend on how good we are at reaching the poor. We live in a time in world history with the resources and means to eradicate extreme poverty. We have clear objectives for this effort, crystallized in the eight Millennium Development Goals (MDGs) that address poverty in its many dimensions – income-poverty, hunger, disease, and lack of access to health, education, shelter and basic needs – while promoting gender equality and environmental sustainability. Those time-bound goals and quantified targets constitute the touchstone against which the successes and failures of international development will be measured.

The United Nations Population Fund (UNFPA), together with many Governments and development partners in the developing and industrialized world, firmly believes that no initiative to end poverty, whether focused at the national or household level, can ignore the importance of reproductive health, gender and population dynamics. The World Summit's Outcome only reinforced this belief.

With the ICPD defining its mandate, UNFPA has worked with Governments in developing countries to translate this vision into population policies framed in the context of sustainable development and poverty reduction, as well as reproductive health programmes that are rights-based and reach those most in need. At the global, regional and national level, UNFPA has examined linkages between demographic factors, poverty and reproductive health. What makes UNFPA's efforts significant – and perhaps somewhat unique – is that it has focused its analysis both at the macro and the household level.

UNFPA and ESCAP recently published “Implementing the ICPD Agenda: 10 years into the Asia-Pacific Experience”, a report which examined the extent to

which commitments made at the ICPD have resulted in changes in policies, programmes and laws based on the principles and vision of the Cairo Conference. The report, based on a global survey conducted by UNFPA, indicated significant progress on many fronts in the region, including girls education and increased access to reproductive health and family planning services. The report also reveals how much more needs to be done. Women's economic and political participation levels remain low, gender-based violence is still insufficiently addressed, and in many countries, the unmet need for family planning remains high. While the reproductive health needs of adolescents and unmarried young people are on the national agenda in most countries, the vast majority continues to lack access to reproductive health information and services.

Poverty, population and development

Over the past three decades, the Asian and Pacific region has undoubtedly made remarkable progress in reducing hunger and extreme poverty, in expanding access to basic services, health and education, and in promoting industrial growth and food security. Unprecedented economic growth rates in the region show that many countries have reaped the benefits of globalization.

However, despite buoyant economic growth, inequality in some countries is rising. For the very poor, little progress has been made and large numbers of people have become newly impoverished as social and economic support systems are dismantled due to integration into the global economy. Furthermore, this region is enormously diverse, with significant variations among different subregions within Asia and the Pacific, in addition to variations within countries themselves. In countries with booming economies, pockets of deprivation and marginalized communities remain.

Population and development are connected in many different ways, some of which are better understood than others. Through much of the 1990s, population aspects were nearly absent in mainstream policy discussions on poverty reduction and economic development. After the ICPD, UNFPA, as well as other organizations working in the population field, focused closely on promoting reproductive health and rights for men, women and young people.

In the decade since the ICPD, new evidence and research has improved our understanding of how demographic factors affect development and contribute to poverty reduction. Considerable recent research has focused on the "demographic bonus" provided by changing age structures as a result of fertility transition. Studies attribute a large part of the East and South-East Asian success to investment in ensuring that the large cohort of working age people had both skills

and employment opportunities (Chu and Lee, 2000). This positive “population effect” on economic development was realized in large part due to investments in health, including reproductive health, and education, as well as greater opportunities for women to participate in the economy (UNFPA, 2002).

The East and South-East Asian experience indicates that it is now a particularly critical time for South Asia, as the window of opportunity for economic growth that gave East Asia its edge opens in the coming years. Provided countries make the investments necessary to promote health, education, and employment opportunities, as well as improve gender equality, the demographic bonus offers a unique opportunity for nations and households to escape poverty and spur growth. For countries in the Asian and Pacific region where fertility remains high, such as Afghanistan, Lao People’s Democratic Republic, Pakistan and Timor-Leste, unless critical investments are made now, this window will open at a later stage. Drawing on a growing body of empirical research, population experts have suggested that countries should study the likely contribution of the demographic bonus to economic growth and trigger this window with programmes to lower fertility by meeting the unmet need for family planning (Hayes, 2005).

Urbanization once helped to reduce fertility rates because it improved access to services. According to the United Nations Population Division (2001), by 2030 over 60 per cent of the world’s population will be urban, and almost all urban growth will occur in the developing countries. Rapid urbanizations is a particularly significant development trend in Asia. The world’s largest urban population will be in Asia, and over half of people living in cities will live in slums and informal settlements, lacking access to essential services such as health and family planning. We are increasingly fighting the battle against poverty in an urbanized environment (ESCAP, 2002; World Bank, 2003).

Most Asian countries are experiencing only the beginning of this remarkable shift of people and economic activity from villages to cities and towns. The urban populations of both China and India will grow by more than 340 million in the next three decades. Even a small country such as the Lao People’s Democratic Republic, which is relatively non-urbanized, is projected to add 3.2 million to its urban population by 2030. In many countries in Asia, urban growth rates are up to twice as high as overall population growth rates. In fact, urban migration in Asia is the most rapid movement of the largest number of people over the shortest period of time in human history. Furthermore, reports indicate a significant increase in the proportion of young people, especially young women, migrating to urban areas (Gultiano and Xenos, 2004; Dang, 2005). Migration data is rarely disaggregated by age. Recent statistics suggest that an estimated 26 million migrants globally, or

around 15 per cent of the total, are youth (United Nations, 2005b). Given the scale and impact of urbanization, it will be necessary to improve and standardize data collection and projection methods in order to integrate trends, patterns and issues related to urban migration into development planning.

Drawing on new thinking and research, UNFPA works with national Governments in the region to address emerging population and development challenges, such as changing demographic structures and migration and urbanization. The Fund helps developing countries to analyse questions related to the level, direction and intensity of the interdependence between demographic factors and poverty reduction, in order to integrate those factors into development planning and policy. Furthermore, UNFPA works in partnership with United Nations agencies to help promote social and economic investments and policies that will enable countries to take advantage of the demographic bonus to overcome the poverty trap and reach sustainable levels of economic and social development. These include pro-poor policies and programmes and investments in young people.

Poverty and reproductive health linkages at the household level

An important new study from the World Bank (Merrick and Greene, 2005), which reviews key findings about links between reproductive health and poverty, concludes that poor reproductive health outcomes undermine the chances of the poor to escape poverty.

I must stress here that though poor reproductive health may contribute to individual and household poverty, it operates in conjunction with many other associated factors. Therefore, simply removing this cause will not help an individual or family rise out of poverty. However, improving access to reproductive health can facilitate and accelerate the move out of poverty when combined with other pro-poor developmental and poverty reduction programmes (Merrick and Greene, 2005). To quote a recent UNFPA technical paper on the role of population and reproductive health policy in reaching the MDGs in East and South-East Asia, “In some cases, it may provide the “extra-push” that makes the decisive difference” (Hayes, 2005).

Conceptually, arguments can be made that poor reproductive health outcomes – early pregnancy, unintended pregnancy, poorly managed obstetric complications – adversely affect the chances of poor women, their children and families to escape poverty. In both developing and industrialized countries, reproductive health status is related to economic levels. Fertility differences between the poorest and richest strata in many countries are among the largest of

any health indicator, and early childbearing in poor families perpetuates an intergenerational cycle of poverty (UNFPA, 2002).

In Asia and the Pacific, where remarkable progress has been made in reducing extreme poverty and hunger and advancing universal primary education, progress towards achieving targets on improving maternal health remains unsatisfactory. ESCAP's report on "Promoting the Millennium Development Goals in Asia and the Pacific," rates progress made towards MDG Goal 5 on maternal health as "poor" and its achievement in 2015 as "unlikely", because "many countries pay insufficient attention to women's health issues" (ESCAP, 2003). This failure to improve maternal health is unconscionable in a region which has seen such rapid progress over the past decades, particularly because interventions needed are cost effective and the programme components needed to prevent maternal deaths are well understood and proven (UN Millennium Project, 2005).

Complications from pregnancy and childbirth continue to be among the leading causes of death and disability of young women in the developing world. These maternal deaths are heavily concentrated amongst the poor, reflecting the significant internal disparities that exist even in countries that have seen remarkably high rates of economic growth (UNFPA, 2005). Fortunately, the overall dismal picture on maternal health, has also seen some exemplary cases. Experience from Bangladesh and Sri Lanka has shown that maternal mortality can be reduced in low-income environments – by increasing access to skilled attendants, emergency obstetric care and family planning programmes (United Nations, 2005c).

The Millennium Project identifies gender biases in public resource distribution and social and economic policies, as well as a pervasive neglect of the needs of the next generation – in life skills, nutrition, information, education and employment opportunities, and sexual and reproductive health information and services – as critical barriers to achieving the MDGs. The costs of gender inequities and discrimination are highest for poor countries and poor families. Gender discrimination squanders human capital by making inefficient use of individual abilities and limiting the contribution of women (World Bank, 2001).

Gender equity and equality increases the economic participation and earning capacity of women. In addition, as women tend to reinvest these gains in their children and families, investing in women has a multiplier effect on poverty reduction and national development. The ability to make free and informed choices in their reproductive life, including those involving child-bearing, underpins

self-determination in all other areas of women's lives. Because these issues affect women so profoundly, reproductive health cannot be separated from the wider goal of gender equality (UNFPA, 2005).

The Asian and Pacific region's pervasive gender inequity and inequality has serious consequences on population structures, and has led to sex-ratio imbalances in several Asian countries, with female population declining relative to male population. The 2000 census in China reported a sex-ratio of 116.9 males to 100 females, more than five percentage points higher than the figure of 111.3 males recorded in the previous census in 1990 (UNFPA China, 2004). In India, there are similar trends of declining sex-ratios. Explanations for this decrease are disturbing, pointing to pervasive discrimination and neglect of girls and a preference for sons. Prenatal sex selection occurs in several Asian countries, and girl babies have been allowed to die after birth. In India, the child sex ratio, estimated for age group 0-6 years dropped by 4.5 per cent between the censuses of 1981 and 2001, or from 971 to 927 girls per 1,000 boys (UNFPA India, 2005).

HIV/AIDS is also a serious concern in the region and is closely associated with poverty and gender inequities. Despite low prevalence rates at the national level across much of the Asian and Pacific region, the figures hide localized, subnational epidemics. Due to the large population numbers in the region, the actual number of people living with HIV in several Asian countries is very high (China and India combined have more than one third of the world's population). India, for example, with approximately 5.7 million people living with HIV (UNAIDS, 2006) has more HIV infections than any other country in the world. In 2005 in Asia, an estimated 8.3 million adults and children were living with HIV and 930,000 people were newly infected (UNAIDS, 2006). Women and girls are at particular risk of HIV infection as a result of biological factors, as well as poverty, inequality, gender-based violence and early marriage.

Many HIV-positive women in Asia are married and have had only one partner their husbands. The perception that marriage protects young women is far from true. In fact, young married women may be particularly at risk. In India, for example, where the majority of women marry young, 90 per cent of women with HIV reported having been faithful to their husbands (UNFPA, 2005).

With no cure in sight, prevention is the first line of defence. Large-scale prevention programmes have helped stem the spread of the epidemic in Thailand and Cambodia, and offer lessons and models for other Asian and Pacific countries. The majority of HIV infections are either sexually transmitted or transmitted from mother to child through pregnancy, childbirth and breast-feeding. Stronger linkages between HIV/AIDS and sexual and reproductive health, at the policy and

advocacy level through programme development and implementation, should result in important public health benefits (IPPF, UNFPA, WHO, UNAIDS, 2005). With effective monitoring and evaluation, as well as research, these linkages can be better articulated, documented, adapted and applied to suit national and local situations.

Investing in young people

My final point is a call for increased investments in young people as agents of development. Today, close to 70 per cent of the over 1.5 billion young people aged 10-24 in the world live in Asia and the Pacific. In many Asian countries, young people make up from one third to one half of the population. The demographic surge of young people in the region presents a serious challenge in terms of education, employment, health, stability and human rights. It also presents a tremendous opportunity for increased productivity, savings and economic growth. Whether or not a country can take advantage of this opportunity, however, depends on whether young people entering the workforce are educated, healthy, skilled and optimistic about their future. Thus, it is imperative that young people are recognized to be major assets to their countries, whose potential should be realized rather than perceived as problems and threats to security and stability.

In addition, the childbearing decisions of young people will determine the future of our planet. Providing them with information and the means to delay pregnancy is not only a health and human rights imperative, it is also a key to slowing the momentum of population growth and allowing developing countries to reap the economic benefits that lower fertility rates can bring.

Young people are at the centre of the HIV/AIDS epidemic in Asia. Over half of new infections in the region are among those aged 15 to 24. There are many reasons why young people are particularly vulnerable to HIV/AIDS. They are increasingly migrating from rural to urban areas, as well as across borders, in search of economic opportunities. Many others are victims of trafficking, sex work and forced labour. In some parts of Asia economic growth has been accompanied by rapid changes in culture and attitudes, and an increasing exposure to global youth culture. In other parts of the region, gender inequality and traditional practices such as child marriage mean that girls and young women have little access to educational opportunities and lack basic information about reproductive health.

Young people have traditionally been ignored by public sector programmes and budgets, which tend to focus mainly on children under 10 first, and then on adults. Young people, particularly young women, must be a priority in the effort to

eradicate poverty and achieve the Millennium Development Goals in Asia and the Pacific. According to the United Nations Millennium Project, no countries in the region are on track to meet MDG health-related Goals, and sexual and reproductive health is one of the key areas in which adolescents are widely underserved (UN Millennium Project, 2005).

Governments in Asia and the Pacific are beginning to pay more attention to young people, as evidenced by the mention and/or inclusion of youth in a range of policies, including specific youth policies or devoted sections of reproductive health/population policies. Furthermore, multilateral donors such as the World Bank have increased investment and programmes for youth. The World Development Report for 2007 of the World Bank (World Bank, forthcoming) will focus on youth, and the Bank is working more closely with United Nations agencies on young people's health, development and protection to promote peer education, life skills, and youth-friendly health services. UNFPA has also collaborated with development partners to emphasize the importance of working with young people today if we are to reach the MDGs within the next 10 years.

Conclusion

There is widespread agreement that reproductive health bears directly on the three MDGs of reducing child mortality, improving maternal health, and combating HIV/AIDS, and is deeply related to the achievement of the MDG on gender equality. However, the evidence to support the argument that reproductive health-related policies and programmes promote poverty reduction needs strengthening. Reproductive health practitioners must make it a priority to marshal and demonstrate the evidence that supports what we know to be true on the ground – that access to quality reproductive health services gives poor women greater control over their lives.

The Millennium Declaration and the associated Millennium Development Goals have generated an unprecedented common purpose and urgency for the elimination of extreme poverty. Their achievement will depend largely on whether the present generation of young people living in poverty has access to the opportunities and services they need to build a better life.

Throughout this paper, I have sought to bring attention to the centrality of women and young people as catalysts for development in Asia and the Pacific, and describe ways in which to address their needs and bring them to the forefront of development efforts. I end with a quote from the Millennium Report (United Nations, 2000).

“Young People are a source of creativity, energy and initiative, of dynamism and social renewal. They learn quickly and adapt readily. Given the chance to go to school and find work, they will contribute hugely to economic development and social progress”.

“We the Peoples”: *The Role of the United Nations
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