

Population and Poverty: Challenges for Asia and the Pacific

To confront the challenges of the twenty-first century successfully, we must strive to promote, respect and protect all human rights: economic, social, civil and political. Asia has made excellent progress over the past 30 years and we must maintain the momentum.

By Thoraya Ahmed Obaid*

Over the past decade, East Asia has halved the proportion of people living in extreme poverty on a dollar or less per day, from 28 to 14 per cent. During the same period, South Asia, where nearly half the world's poor live, has seen a more modest drop: from 44 to 40 per cent. While part of East Asia's success can be attributed to good economic policies, economic growth is by no means a magic potion. In fact, growth can actually increase income inequality and widen the gap between rich and poor. To reduce extreme poverty, social investment is needed to expand opportunities, capabilities and participation so that people can climb out of poverty.

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To achieve the millennium development goals, poor people must be empowered to take steps to improve their lives, and Governments must assist them by ensuring that they can obtain the services they need. These services include universal access to reproductive health and primary education, as world leaders agreed in 1994 at the International Conference on Population and Development held at Cairo.

While great progress has been achieved in the Asian and Pacific region over the past few decades, we must now actively maintain the momentum. Combating widespread poverty and illiteracy, gender discrimination, growing demands in urban areas, environmental degradation and the spread of HIV/AIDS require greater political commitment and financial support. Unless these issues, and the challenges presented by a large youth population and growing numbers of older persons, are tackled with leadership and vision, there is a danger that the gains achieved so far may be reversed.

Although five years have passed since the economic crisis of 1997, most East and South-East Asian countries are still recovering and the social sector needs to be further strengthened.

Since 1969, the United Nations Population Fund, in close collaboration with ESCAP and other partners, has helped countries to plan and expand their population and family planning activities and operationalize their reproductive health services, with an emphasis on national capacity-building. As a result, the region now has considerable institutional capacity and expertise to undertake research on important population and policy issues. UNFPA has also been extensively supporting projects that improve the status of women by promoting programmes that improve their education, income and employment opportunities and address gender discrimination and violence.

Although wide variations exist in the Asian and Pacific region, significant progress has been achieved in the social sector, particularly in reproductive health, over the last decade. Better medical facilities and improvements in health and nutrition have resulted in declines in fertility and mortality rates. In the past two decades, the Asian economies have shown a rapid decline in average population growth rates. Yet, Asia still accounts for almost half the world's annual population increase because of the large existing population base and there is still a large unmet need for family planning in most countries.

As a human rights and development priority, everyone should have voluntary access to reproductive health information and services, including family planning.

Population and poverty

We now have solid evidence, based on new research, that work towards population goals helps to reduce poverty at both household and national levels.

At the national level, it is becoming increasingly clear that slower population growth encourages overall economic growth. Evidence also suggests that successful emerging economies almost always have favourable demographics.

Since 1970, developing countries with lower fertility and slower population growth have seen higher productivity, more savings and more productive investment. They have registered faster economic growth. Investments in health and education, and gender equality are vital to this effect. Family planning programmes and population assistance were responsible for almost one third of the global decline in fertility from 1972 to 1994. These social investments attack poverty directly and empower individuals, especially women. They enable choice.

Given a real choice, poor people in developing countries have smaller families than their parents did. This downturn in fertility at the micro level translates within a generation into potential economic growth at the macro level, in the form of a large group of working-age people supporting relatively fewer older and younger dependants.

Demographic opportunity

This “demographic window” opens only once and will close as populations age and older dependants increase in number. When other policies are supportive, the opportunity can allow dramatic progress as was seen in the “Asian tigers” of the 1980s and 1990s. While the proportion of their working-age populations started to increase as late as the mid-1970s, the pace of change was extremely rapid up to the early 1990s. The relative growth of the working-age populations in these countries will continue for another decade. These countries made the supporting investments in health and education early in the development process, and created a framework for more open markets and social participation.

South Asia will reach its peak ratio of working-age to dependant-age between 2015 and 2025 and therefore social investments are needed now to lay the groundwork for transformation.

While investments in health and education help to boost individual and family well-being and economic growth, lack of investment and access to these

vital social services has the opposite effect. Poor health diminishes personal capacity, lowers productivity and reduces earnings. Furthermore, a high prevalence of disease and poor health in a country harms its economic performance, while higher life expectancy, a key indicator of health status, stimulates economic growth. Therefore, it is essential to improve poor reproductive health, which remains a leading cause of death and disability for women in Asia and to reduce unsafe sex, which is the second leading cause of death worldwide.

Maternal mortality

Today, some 220,000 women in Asia die each year from complications of pregnancy and childbirth, even though we know what needs to be done to reduce maternal deaths. We know that women need access to family planning so that they can better plan and space their births. We know that all women need prenatal care during pregnancy, and skilled attendants at birth. And we know, and this was a hard lesson to learn, that pregnant women need access to emergency obstetric care if complications arise. Yet today, only 48 per cent of women in Asia go through delivery with a trained attendant and the consequences are tragic.

The lifetime risk of maternal death in Asia is 18 times greater than in Europe. Fortunately, we know that progress can be achieved. Sri Lanka reduced its maternal mortality rate from more than 1,500 per 100,000 live births to 60 by making safe motherhood a priority and achieving near-universal use of skilled attendants at birth. Greater efforts are needed to reduce high maternal, infant and child mortality ratios in several countries in the region, including Afghanistan, Bhutan, Cambodia, India, the Lao People's Democratic Republic, Nepal and Timor Leste. It is estimated that 22 per cent of child deaths are due to perinatal causes.

HIV/AIDS

Although HIV/AIDS came later to Asia, its spread has been swift. The most populous countries of the world particularly China and recently Indonesia, are seeing signs of rapid increases, and India has the second highest number of HIV-infected adults in the world. Unless serious measures are taken to stem the epidemic in its early stages, the consequences could be ravaging.

With no cure in sight in the near future to stop AIDS, our first line of defence remains prevention. Large-scale prevention efforts have halted or

reversed the spread of the epidemic in a growing number of countries, including Cambodia and Thailand. We must build on these successes and expand effective interventions. Efforts must be scaled up nationwide so that information, education, counselling, as well as care and treatment, spread faster than the virus itself. This is the only way to stem the tide of infection.

Like all matters in reproductive health, AIDS requires a multisectoral response that reaches beyond the health system to the community. Effective strategies for behaviour change, condom programming, and targeting and involving specific sectors of society, including those living with HIV/AIDS, have been developed and need to be brought to scale to reach every citizen in the Asian and Pacific region, particularly in countries where HIV/AIDS is currently spreading.

At the United Nations Population Fund, we are focusing on three strategic interventions: ensuring that information and services reach and involve young people, especially adolescent girls; ensuring that pregnant women and their children can remain HIV-free, and ensuring that condoms are accessible, and used correctly and consistently. At the Special Session on HIV/AIDS held in 2001, the General Assembly adopted the ABC approach: abstinence, be faithful, and use condoms. In line with the consensus reached, UNFPA advocates these three methods of HIV/AIDS prevention.

Changing demographics

Today, the population of Asia and the Pacific is ageing rapidly, with most of the world's elderly living in China, India and Japan. At the same time, half of the population is under the age of 25. We need to develop policy frameworks and strengthen national capacity to address the needs of adolescents and the elderly.

Adolescents comprise more than 20 per cent of the total Asian population and are the most at risk of unwanted pregnancies, sexually transmitted infections and AIDS. The reproductive health of adolescents is increasingly being recognized as a key area for UNFPA support. It is vital that they receive factual and culturally sensitive reproductive health information and services.

Asia is also home to the majority of the world's older people, the majority of whom are women, often widows living in poverty. This new emerging issue has major ramifications for the countries of the Asian and Pacific region, which still do not have systems of social protection in place.

To confront the challenges of the twenty-first century successfully, we must strive to promote, respect and protect all human rights: economic, social, civil and political. Asia has made excellent progress over the past 30 years and we must maintain the momentum. The Programme of Action of the International Conference on Population and Development and the key actions adopted at the review and appraisal of the Conference, in 1999, remain feasible, affordable and effective. We must now increase our efforts. By giving greater policy attention and generating greater resources to population and reproductive health issues, we will actually make greater progress in reducing poverty, maternal and child mortality, halting the spread of HIV/AIDS, increasing gender equality and equity and ensuring sustainable development, as world leaders agreed at the Millennium Summit.