File
Family
Planning

THE STATE OF WORLD POPULATION

1997

THE RIGHT TO CHOOSE:
Reproductive Rights and Reproductive Health

UNFPA
United Nations Population Fund

Dr. Nafis Sadik
Executive Director

IMPORTANT

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Graphs and visualizations of the report's key facts and themes

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REPORT
Full text of *The State of World Population 1997*

PRESS SUMMARY
Résumé of the report's contents and recommendations

NEWS FEATURES

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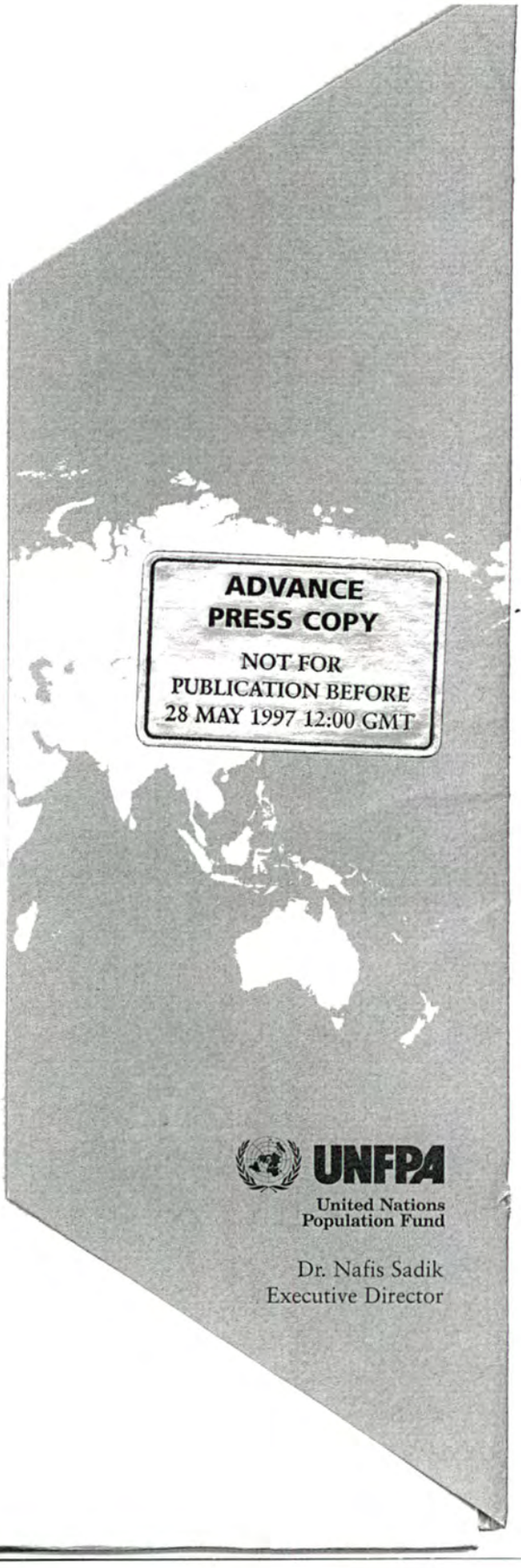

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UNFPA
United Nations Population Fund

Dr. Nafis Sadik
Executive Director

PRESENTATION

Population Action International

April 11, 1997

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

Over many years, I have worked with the United Nations Population Fund on population and family planning matters.

Their *State of World Population Report* is a vital document for women around the world. Enormous strides have been made to advance the education, health, and well-being of women and families.

Your association with this report will vitally enhance its impact on the world community. All of us who care about the advancement of women are supporting Dr. Sadik and her report.

I sincerely hope we can count on you to be with us on May 28.

Sincerely yours,

Robin

Robin Chandler Duke
National Co-Chair

1120 19th Street, NW, Suite 550 Washington, DC 20036 Tel: (202) 659-1833 Fax: (202) 293-1795

The Executive Director

UNFPA
United Nations
Population Fund

9 April 1997

Dear Mrs. Clinton,

It is my honor to invite you to join me in Washington on the morning of 28 May to launch UNFPA's 1997 **State of World Population Report**. If you agree we could adjust to your schedule that day and find an appropriate venue. The Report is UNFPA's major yearly publication and UNFPA's most quoted and reported publication in the population field. We have produced the Report since 1978. Each year it concentrates on a specific topic of importance to the field, and includes global population indicators including statistics related to the goals adopted at the International Conference on Population and Development (ICPD) Programme of Action, such as female education and maternal mortality. Also included in the report is an annex detailing programme country progress on operationalizing the ICPD Programme of Action.

This year's report spotlights reproductive rights, a topic that you champion and to which UNFPA is committed. It will discuss the gap between the reproductive rights agreed upon in Cairo and the reality of reproductive rights we find around the world today.

We launch the report simultaneously in about 100 capital cities around the world. Your participation would assure massive coverage in the United States, it would serve to highlight the U.S. government's support for reproductive rights and population programming and it would serve to encourage both donor and programme countries to increase their own efforts to support ICPD goals.

Three years after Cairo we see tremendous efforts being made in every corner of the globe to increase and improve family planning services, to provide maternal health care and assisted deliveries, to prevent STDs including HIV/AIDS, to eradicate female genital mutilation and to promote gender equality and women's empowerment. Our biggest problem today is not national commitment but funding, both from donors and in programme countries for their own programmes.

Your presence would guarantee visibility for reproductive rights and population. It would also have a tremendous global impact on the cause we share.

Mrs. Hillary Rodham Clinton
The White House
Washington, DC

220 East 42nd Street
New York, N.Y. 10017

The Executive Director

I have enclosed the press kit and a copy of the 1997 report for your review.

Thank you so much for considering my request.

With best wishes I am,

Yours sincerely,

Nafis Sadik, M.D.
Under-Secretary-General

UNFPA
United Nations
Population Fund
220 East 42nd Street
New York, N.Y. 10017

Mrs. Hillary Rodham Clinton
The White House
Washington, D.C.

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THE STATE OF WORLD POPULATION

1997

THE RIGHT TO CHOOSE:
Reproductive Rights and Reproductive Health

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28 MAY 1997 – 1200 GMT

UNFPA
United Nations Population Fund

Dr. Nafis Sadik
Executive Director

UNFPA/Mikumo

Dr. Nafis Sadik

EXECUTIVE DIRECTOR OF THE
UNITED NATIONS POPULATION FUND

28 May 1997

Dear Editor,

I am pleased to present *The State of World Population 1997* report from the United Nations Population Fund.

This year's report is on reproductive health and reproductive rights, a topic that touches the lives of everyone on the planet. At issue are the rights of all people to enjoy the best possible sexual and reproductive health, and to be free to make their own decisions about sexuality, marriage and childbearing. Although the international community recognizes these to be basic human rights, they are still denied to millions of people—especially to women, the vast majority in developing countries.

As the report emphasizes, making quality reproductive health care and information more accessible would spare millions of women each year from death and suffering due to complications of pregnancy and sexually transmitted diseases. Enabling women to determine whether and when to have children is also essential if they are to participate fully and equally in shaping the futures of their families, communities and nations.

A key aim of this report, therefore, is to increase global awareness that reproductive rights are an integral part of human rights, and that laws and policies must be strengthened and better enforced so all people can enjoy sexual and reproductive health and free choice. We also aim to build support for increased funding—from both domestic resources and international assistance—for services that will allow everyone to exercise their reproductive rights.

I hope the report's examination of these issues will be of interest to you and your readers. We would appreciate receiving copies of any articles, editorials or broadcasts based on the report.

Thank you.

Stirling D. Scruggs
Director, Information and External Relations Division

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Population Fund

THE STATE OF WORLD POPULATION 1997

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PRESS SUMMARY

NOT FOR RELEASE BEFORE 28 MAY 1997

Denial of Reproductive Rights Kills or Harms Millions of Women and Impedes Progress Towards Equality and Development

UNITED NATIONS, New York — Gaps and failures in reproductive health care, combined with widespread discrimination and violence against women, amount to a massive violation of human rights. Denial of sexual and reproductive rights–including free choice with regard to pregnancy and childbearing–causes millions of deaths every year, and much more illness and disability. Most of those affected are women, the vast majority in developing countries.

These human rights violations, and efforts to end them, are the focus of *The State of World Population 1997* report by the United Nations Population Fund (UNFPA), to be released on 28 May. The report, titled "*The Right to Choose: Reproductive Rights and Reproductive Health*", summarizes the international understandings that define sexual and reproductive rights, presents evidence on progress and problems in attaining and protecting those rights, and examines the effects of denying them to millions of women and men.

To enable individuals to exercise their sexual and reproductive rights, the report stresses the need for gender equality and increased investment in education and primary health care. Specific recommendations focus on improving the availability and quality of information and services that meet a broad range of sexual and reproductive health needs.

At the International Conference on Population and Development (ICPD) in 1994, 180 nations agreed that quality reproductive health information and services should be available to everyone by the year 2015. The UNFPA report reviews the considerable progress countries have made in implementing the conference recommendations, and presents statistical indicators describing the current situation.

> **"The international community has agreed repeatedly that reproductive health is a right for both women and men," said Dr. Nafis Sadik, Executive Director of UNFPA. "The challenge now is to make this right a reality for every individual."**

The ICPD estimated that providing better reproductive health care worldwide will cost $17 billion annually by the year 2000–less than the world currently spends each week on armaments. But while many governments have increased their allocations for population programmes since 1994, annual global expenditures are still well below half the $17 billion mark.

Building on human rights treaties, the ICPD recognized a core set of sexual and reproductive rights: the right to *reproductive and sexual health*, throughout the life cycle; *reproductive self-determination*, including the rights to voluntary choice in marriage, and to have the information and means to determine the number, timing and spacing of one's children; *equality and equity for men and women* in all spheres of life; and *sexual and reproductive security*, including freedom from sexual violence and coercion.

The State of World Population 1997 documents the effects of denying these sexual and reproductive rights:

- 585,000 women–one every minute–die each year from pregnancy-related causes, nearly all in developing countries. Many times this number are disabled as the result of childbirth. Much of this death and suffering could be averted with relatively low-cost improvements in health care systems.
- About 200,000 maternal deaths per year result from the lack or failure of contraceptive services.
- 120-150 million women who want to limit or space their pregnancies are still without the means to do so effectively. Altogether 350 million couples lack information about and access to a range of contraceptive services.
- At least 75 million pregnancies each year (out of about 175 million) are unwanted; they result in 45 million abortions, 20 million of which are unsafe.

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THE STATE OF WORLD POPULATION 1997

Reproductive Rights — Why Do They Matter?

Modern contraception has revolutionized family life. Until the pill came into widespread use in the 1960s, sex was a lottery: there were no really safe contraceptives. Today, nearly 60 per cent of the world's couples use modern family planning, and "reproductive health", which includes the right to decide the size and spacing of the family, is recognized as a human right.

The place of reproductive and sexual rights in the human rights framework is described in *The State of World Population 1997* report by the United Nations Population Fund (UNFPA), published on 28 May. The report, *The Right to Choose: Reproductive Rights and Reproductive Health*, shows how internationally-agreed human rights can make a difference in people's lives by giving them the power of choice. For women reproductive rights are especially important—guaranteeing the ability to make choices about childbearing empowers women to make choices in other areas of life.

A central theme of the report is that reproductive choice, gender equality and sustainable development are closely connected, a linkage the international community has recognized repeatedly at the 1990s series of conferences on social development issues.

Says Dr. Nafis Sadik, Executive Director of UNFPA, "The consensus means what it says: that reproductive health is a right for both women and men; that every individual has the right to decide the size and spacing of the family, and to have the means and information to do so; that there must be no coercion, either to have or not to have children; and that these rights are part of the international structure of human rights, which has as its foundation the concept that all men and women are equal."

At the International Conference on Population and Development, held in Cairo in 1994, and the Fourth World Conference on Women, held in Beijing in 1995, the world's nations spelled out in detail the components of reproductive rights and their implications. These rights include voluntary choice in marriage, sexual relations and childbearing, and the right to enjoy the highest attainable standards of sexual and reproductive health.

The *State of World Population* report shows how these understandings flow from the United Nations Charter, the Universal Declaration on Human Rights, and international human rights treaties which are binding on states that have ratified them—the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child.

In particular, these treaties obligate governments to protect individuals against violations of their reproductive rights, and to ensure that everyone has access to safe and affordable services addressing a broad range of sexual and reproductive health concerns (including family planning, safe motherhood and prevention of sexually transmitted diseases, among others). The United Nations system for monitoring treaty compliance therefore offers important support for efforts to protect and promote reproductive rights.

The conference agreements themselves express a global consensus and are invaluable advocacy tools which can influence the formulation of national laws, policies and standards. The report cites numerous examples of how countries are putting the Cairo and Beijing agreements into operation.

For example, the South African Constitution, adopted last year, explicitly prohibits discrimination on grounds of gender, sex, pregnancy, marital status or sexual orientation. It also recognizes that everyone has the right "to bodily and psychological integrity, which includes the right . . . to

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make decisions concerning reproduction", and "to have access to . . . health care services, including reproductive health care".

The Ugandan Constitution was recently revised to recognize the priority of human rights for women over traditional and local laws. Chile is considering a constitutional reform to establish legal equality between women and men.

The government of Sri Lanka recently approved a Women's Charter which acknowledges women's right to control their reproductive lives. In Colombia, a new social security law recognizes women's rights to sexual and reproductive health.

Brazil, Colombia, Jamaica, Haiti and Peru are among the many countries that have recently established or strengthened institutions to protect the rights of women. Laws protecting women against sexual and domestic violence have been approved in Bolivia, Costa Rica, Ecuador and Panama. Strengthening and enforcing these safeguards will be vital for global development.

The UNFPA report lists a basic set of internationally-accepted reproductive rights, which are implied by the rights recognized in international human rights instruments:

The ***right to survival/right to life*** implies that women's status and health services should be improved to reduce the 585,000 maternal deaths that occur each year from pregnancy-related causes. This involves, for example, reducing early marriage and higher-risk pregnancies; expanding access to pregnancy care, trained birth attendants and emergency obstetric services; providing quality family planning services and information; and reducing reliance on unsafe abortion.

The ***right to liberty and security of the person*** implies the right to enjoy and control one's sexual and reproductive life, and the right to informed consent in medical interventions. Several countries' constitutional courts have held that compulsory sterilization and abortion violate this right. The practice of female genital mutilation violates the security of the person.

The ***right to the highest attainable standard of health*** implies a right to have access to the highest-possible quality care related to sexual and reproductive health, protection from harmful practices, and a right to counselling and impartial information to allow informed decisions.

The ***right to family planning*** has been acknowledged, clarified and expanded in human rights instruments and international declarations since 1968. The Cairo Programme of Action, reaffirming earlier agreements, states, "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 ***right to marry and found a family*** implies a government obligation to offer services for the prevention and treatment of sexually transmitted diseases, since these are a leading cause of infertility.

The ***right to a private and family life*** includes the right to make autonomous and confidential choices in regard to whether and when to have children.

The ***right to the benefits of scientific progress*** implies a right to have access to available reproductive health care technology, including safe and acceptable contraceptive methods.

The ***rights to receive and impart information and to freedom of thought*** are applicable in demonstrating that everyone (including adolescents and the unmarried) have a right to information and counselling about family planning methods and service availability.

Fulfilment of the ***right to education*** is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process. Promoting the education of women and girls contributes to postponement of the age of marriage, and to a reduction in the size of families.

The ***right to non-discrimination on the basis of sex*** is violated by laws and practices that prevent women but not men from taking reproductive health decisions without their spouses' consent; by policies limiting girls' rights to stay in school when they are pregnant; by family practices favouring sons over daughters with regard to nutrition, health care and education; and by prenatal sex selection and female infanticide.

The ***right to non-discrimination on the basis of age*** implies that young people have the same rights to confidentiality with regard to reproductive health care as adults.

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NEWS FEATURE

Reproductive Health Programmes Emphasize Quality of Care

'When you gave birth at the hospital, the doctor would give you a contraceptive injection without even asking you whether you wanted it or how many more kids you wanted to have," a South African woman recalls. That was under the apartheid regime; today, South Africa is moving to ensure that family planning programmes respond to the needs and desires of clients, not to government dictates.

South Africa is one among many countries acting on the recommendations of the 1994 International Conference on Population and Development, which called for universal access to a comprehensive set of reproductive health services, including family planning, by 2015. The emphasis should be on the quality of care offered to clients and on delivering the best possible service.

Although nearly 60 per cent of couples are using modern contraception, up from 10-15 per cent thirty years ago, the right to reproductive health acclaimed at the 1994 Cairo conference is still far from a reality in many countries, according to *The State of World Population 1997* report by the United Nations Population Fund (UNFPA). The report is published on 28 May.

Among the most important reforms is to offer a range of reproductive health services along with family planning under one roof. In South Africa, says Dr. Helen Rees of the Reproductive Health Research Unit of Baragonath Hospital in Soweto, "We are trying to improve and integrate reproductive health services into family planning or primary care services, and then to develop rational guidelines for management that can be applied on a very large scale."

A key objective of integrated reproductive health care is to ensure that women know their options and can exercise them. The report stresses that the quality of services may determine whether women and men can exercise their right to voluntary choice in matters of reproduction and sexuality. Clients are more satisfied and more likely to continue using services that ask and act on their preferences. Dissatisfied clients who have no alternative to poor-quality public services may simply stop using them.

One key to identifying the reproductive health needs of any individual or couple is privacy, to ensure confidential exchange of information. Clients need to feel free to discuss their reproductive intentions, state of health, cultural understandings and social circumstances.

Clients should have access to a range of safe and effective contraceptive methods so they can choose the method most suitable for them, the report stresses. Prospective contraceptive users need information about how methods work, how effective they are and which to avoid. For example, women who are breastfeeding should not take oral contraceptives. Intra-uterine devices (IUDs) should not be recommended to patients with reproductive tract infections, for instance.

Staff training in new methods and counselling techniques, along with improved supervision, is therefore a critical step in improving service quality and maintaining continuity, according to the report.

A new programme in the Indian state of Rajasthan offers clients a mix of family planning methods—the pill, IUD, condom and sterilization—and child survival services. Nurse midwives and female health assistants explain the advantages and disadvantages of each contraceptive method. There is no compulsion, no targets, and no motivation fee. The IUD, the most popular contraceptive method, is offered only after verifying that the woman is free of reproductive tract infections. Others can receive the device once their infections are treated. The result has been a vast increase in the IUD retention rate.

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Sometimes, the report points out, providers steer clients to certain methods based on their age, marital status or ethnicity, without regard to medical considerations or the clients' wishes. Clients are rarely asked about their sexual practices or those of their partners. Providers' attitudes or legal barriers may even prevent would-be clients—such as unmarried women and adolescents (married and unmarried)—from using reproductive health services at all.

At a clinic in Zimbabwe, "all the clients, no matter how old or young" are welcome, says Dorothy Chikwanda, the junior clinic manager. She says that the key to service quality is to offer those interested a range of options: "First we have to give the client the choice, then we have to explain her choice to her."

The physical state of a facility also affects the quality of care—and sometimes the health of clients. Common problems include inadequate supply of clean water and electricity, insufficient or undertrained staff, unavailability of blood supplies, shortages of essential drugs including antibiotics, and missing supplies and equipment.

Since the Cairo conference, many developing countries have taken steps to improve the quality of reproductive health and family planning services. These include training health care providers in interpersonal communications, strengthening the health infrastructure, and developing new medical protocols. In South Africa, the Women's Health Project in Johannesburg has conducted workshops to help health care providers improve their interaction with clients. In Iran, 18,000 Women Health Volunteers provide reproductive health and family planning information and services in urban slums.

Kenya has integrated family planning with other reproductive health services to avoid duplication, and make services more convenient, accessible and cost-effective. Chile, Thailand and the Philippines are also moving to integrate reproductive health services and make them more accessible. Ghana and Mali have revised reproductive health standards to improve services in poor communities.

India's Family Welfare Programme has increased funding for reproductive health and expanded the range of services. To ensure respect for individual clients, it has set up new rules for family planning programmes that use client-centred performance goals in place of method-specific contraceptive targets. Bolivia now gives women free access to prenatal care, delivery and post-natal care, family planning, and pap smears. Family planning services in Brazil now offer a full range of contraceptive methods.

The expansion of family planning services has been a special priority in Eastern Europe and the former Soviet Union. Russian medical authorities acknowledge that improved availability of family planning has helped reduce the abortion rate. Family planning activities have also been strengthened in Kazakstan, Tajikistan, Ukraine and Poland.

UNFPA has been working closely with other UN agencies to develop a reliable set of indicators to help design integrated reproductive health programmes and monitor their progress. Conventional statistics on service utilization and contraceptive practice will be augmented with new measures of unmet demand, access, service coverage and quality of care.

In the Gaza Strip, a Women's Health Centre was recently established in the Al-Bureij Refugee Camp with UNFPA support. The centre combines previously unavailable reproductive health services—including pre- and post-natal care, safe delivery and family planning—with social assistance, legal counselling, psychiatric support, and community education and physical fitness programmes.

Says Sabah Ammer, a regular visitor, "The doctor spends a lot of time talking over our problems with us. If one method of family planning does not work for us, she will recommend another type, teach us how to use it, and keep working with us until something works."

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NEWS FEATURE

Learning the Safe Way: Teens Want Sex Education, Not Rumours

"Adolescents, especially girls, often pay a heavy toll when they start having sex without knowing how to deal with it in a positive way," says Nadia Blaja, 16, of Moldova.

Blaja is among the growing number of teenagers worldwide who want answers to their questions about sexuality and the changes in their bodies, so that they can make responsible decisions. *The State of World Population 1997* report from the United Nations Population Fund (UNFPA), published on 28 May, notes that ignorance about sexuality and contraception increases teenagers' exposure to the health risks of early pregnancy and sexually transmitted diseases (STDs). But, as the report notes, parents are often uncomfortable talking to their children about sexual matters, so teens instead get information—much of it incorrect—from their peers.

Adolescents' right to information and services to protect against unwanted pregnancy and STDs is a major focus of the UNFPA report, titled *The Right to Choose: Reproductive Rights and Reproductive Health*.

Surveys show that teenage sexual activity is increasing in many countries, and that in some, adolescents are starting sexual activity earlier and having more partners and more casual relationships. But many sexually active teens know little about reproduction or contraception.

Youth organizer Annie Nkumba of Malawi has heard the kinds of misinformation that young people often spread. "They sometimes tell each other that if you have sexual intercourse maybe while standing in a river, or if after having sexual intercourse you take a number of capsules or aspirins or chloroquines, you won't be pregnant," she says.

The report notes that teenage mothers are at least twice as likely to die during childbirth as women in their 20s, and their children have higher levels of illness and death. Early marriage and childbearing also impede young women's educational and employment opportunities.

Young women are particularly vulnerable to STDs. Half the new cases of HIV infection occur in youths aged 15-24. But adolescents are often too ashamed or too poor to seek help from health services; and when they do, they may be denied information or care, either for policy reasons or because providers are embarrassed.

Many first sexual experiences are with older partners, often the result of force, coercion or financial inducements that girls from poor families may find difficult to resist. Says Pamela McNeil, director of the Jamaica Women's Centre, "If a very bright girl wants to continue her education and a man in the neighbourhood happens to offer her money for a textbook or bus fare, she will accept it because this is what she wants. But she then feels that she's indebted to him, so when the sex proposal comes up, she accepts it."

Mónica Antoinette Gutiérrez Gómez, 16, of Peru says that when young people have to ask their friends about sexual issues, "instead of solving the problem, they create more confusion." Nicolette Fergusen of Jamaica, who got pregnant at age 15, agrees. She believes family life education should be mandatory: "It should be a broad topic in school because that's where teenagers get their information from, from school and from parties."

Kevin Barnaby, of the Youth for Education on Sexuality (YES) Project in Jamaica, says some parents oppose family life education because they feel their children are being exposed to information about sexuality too early. "The fact is that teenagers are being exposed to things like HIV, other STDs and teenage pregnancy, and they need to know how to handle their sexuality at a certain stage in life," he stresses.

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Advocates of family life and sex education are confronted with the persistent myth that this instruction leads to promiscuity. "The misconception is that sex education teaches people how to have sex, whereas it actually teaches young people about the development of their body, reproductive health, sexually transmitted diseases and contraceptives," Blaja notes.

"The term 'sex' conjures up in people's minds the sex act, that is, intercourse, and even educators may believe that sex education will promote sexual activity," says Allan K. Kondo, UNFPA Population Adviser to the Pacific Island countries, "but actually, worldwide research has shown that school sex education does not increase sexual activity but reduces teen pregnancy and STDs."

Over the past three decades, UNFPA has funded the development and inclusion of family life education in school curricula and programmes to reach out-of-school youth in 79 countries.

The report finds that family life education leads to responsible sexual behaviour, including higher levels of abstinence, later start of sexual activity, higher use of contraception and fewer sexual partners. These effects are greatest where children and parents discuss sex and reproduction frankly.

Zhou Quan, 18, of China, recommends giving young people access to sex education "to take away the cloak of mystery and make sex a science, a kind of knowledge, not a taboo, mystery or something shameful." Mushira Saad Al-Din Mahmud Zaidan, 19, of Egypt, agrees: "In order to confront life positively, young people must be given all the facts about reproductive health and relations between the sexes."

Since 1994, many governments and non-governmental organizations (NGOs) have taken initiatives to meet adolescents' reproductive and sexual health needs. In Chile, a UNFPA-supported programme run by the NGO Education for Improving the Quality of Life organizes group discussions where young people are encouraged to discuss their feelings and sexuality. They also receive vital information about reproduction and STD prevention.

At the Black Rock Polyclinic in Barbados, Nurse Mary Proud has seen the positive changes that sex education can bring. "Before the young people came here they were very ignorant about what happens to their bodies during adolescence, and many of them had fears of how they were going to cope with these changes." Programmes at the clinic, she says, "help them to see that adolescence is a positive stage where they can enjoy life, and help them to be able to make decisions and choices that develop positive self-images."

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NEWS FEATURE

Men Take Responsibility for Reproductive Health and Family Planning

'Women point their fingers at men and say, 'We are willing to use family planning, but these people prevent us from doing so.'" Emmanual Sabakati has heard this lament often while counselling couples on family planning. Sabakati is project director of the "Man to Man" programme in Malawi, designed to address the critical role of men in family planning.

But studies show that men are concerned for women's reproductive health, and are willing to participate in making decisions, according to *The State of World Population 1997* report by the United Nations Population Fund (UNFPA). The problem may be communication: husband and wife may want the same thing, but they don't tell each other. The result can be a bigger family than either really wanted. The report is published on 28 May.

Husband and wife communication about reproductive health, including family planning, has been improving over the past few decades, the report notes. However, a large minority of men still consider sexual and reproductive health to be exclusively women's concerns—so they don't discuss it.

Worse, men often impede women's efforts at family planning, as the women in Sabakati's clinic charge. Dr. Everald Hosein coordinates the University of the West Indies Caribbean Population and Family Health Programming in Port of Spain, Trinidad and Tobago. He says that almost every method of contraception a woman might choose can be opposed by her partner for one reason or another. For example, some men complain that condoms and intra-uterine devices interfere with their sexual pleasure. One woman told Hosein, "My man doesn't want me to use the pill; he says it will make me fat."

The report finds that men are frequently insensitive to women's reproductive and sexual health needs. In many cultures misunderstandings and myths about female sexuality and reproductive systems persist—though there are indications that male attitudes towards a range of taboos (including concerns about menstruation and "cleanliness") are changing.

Boys and men should be taught about responsible sexuality and parenthood, the report recommends. They need to understand the risks women face from pregnancy and childbirth, and from multiple partners, harmful traditional practices, and sexual initiation too early in life. Women's reproductive and sexual health requires the mutual concern and investment of both partners.

Man to Man was founded in response to these needs. Says Sabakati, "It is important to target males because they are the heads of families, and therefore they should know about family planning." Participants are taught about various methods of contraception, particularly those men can use. "When men are motivated to seek methods suitable for them, they choose between vasectomy or condoms," notes Sabakati. All choices are strictly voluntary. "If they choose condoms, we supply them. If they choose vasectomy, we assist them in arranging it." Those who undergo vasectomy are usually in their late thirties or early forties.

When he was a Boy Scout in Zimbabwe, Joseph Mabuto received family life education. The experience "gave a new dimension to my life," he said. Now a scout leader, Mabuto advises teenage scouts about family and reproductive matters. "My scouts are always coming to me to ask about sexuality, maturity, peer pressure and the like," he says.

Zimbabwe's Chief Scout Commissioner, Ignatius Kajenga, points out that the whole society benefits from providing family life education to boys. "The boys disseminate the information to their family and friends. We teach them about sexuality, sexual health, sexually transmitted diseases including AIDS, and family planning." Most courses are conducted in local languages.

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"Decision-making is an important aspect of the education," Kajenga says. "Eventually it is incumbent upon the boys themselves to make up their mind on what types of families they are going to have." He adds that the boys are glad to receive information on sexuality and reproduction, as such subjects are generally taboo with parents.

Legal barriers also underscore the important role men play in family planning, according to the report. Fourteen countries require a woman to get her husband's consent before she can receive any contraceptive services. This has the effect of denying services to unmarried women, including adolescents and the divorced or widowed, as well as to women who wish to delay or limit births but who cannot persuade their husbands. An additional 60 countries require spousal authorization for permanent methods. Spousal consent restrictions often apply only to women, the report notes.

But the report finds signs of improvement, especially at the grassroots. In the Philippines, a new centre for men is experimenting with innovative ways to involve men in reproductive health programmes. In Indonesia, the government plans to expand its counselling programme to include training materials on male participation in family planning and reproductive health. In Ghana, seminars and plays have been organized for both male and female audiences to generate discussions on partners' joint responsibility in the use of family planning, parenting and family life.

The Noor Al Hussein Foundation in Jordan has launched a two-year nationwide motivational campaign with "Family health is a joint responsibility of both spouses" as its slogan. The campaign, begun in April 1996, includes a wide range of activities: puppet shows, seminars, a mobile science exhibition, counselling and interactive educational theatre. Special activities are intended to sensitize men about their responsibilities in family planning and reproductive health.

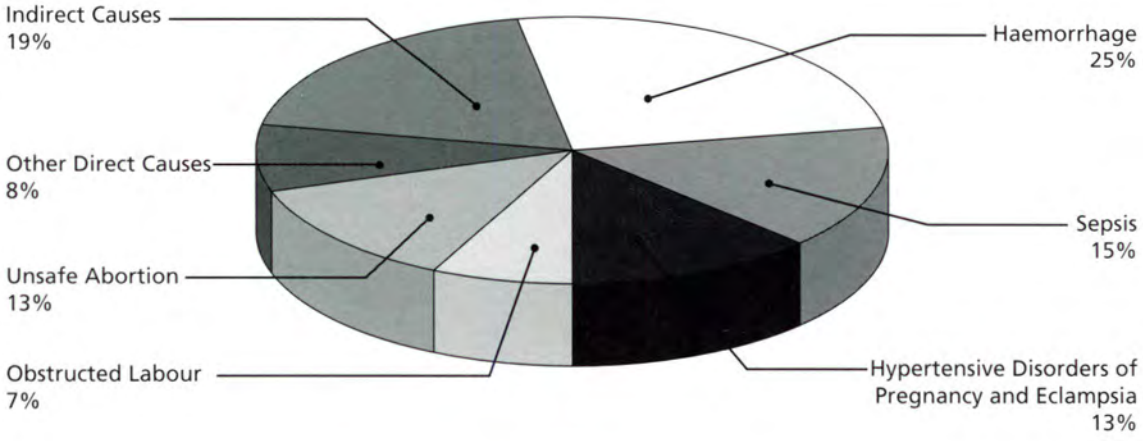
Efforts to reach men are eliciting a response. "When I read in the paper about the vasectomy, I was very much interested because I wanted to give relief to my wife," said Aaron Kumwenda, a client at the Man to Man project in Malawi. "Having borne four children, she was tired, I thought. As the head of the family, I had to do it."

Anderson Mazengera, who underwent the same procedure after deciding with his wife that they had reached their desired family size, notes that male responsibility does not end with vasectomy: "Now what we have to do is develop our family."

For more information: United Nations Population Fund, Information and External Relations Division, 220 E. 42nd Street, New York, NY 10017, U.S.A. Tel. 212-297-5020; fax: 212-557-6416. E-mail: ryanw@unfpa.org. Website: www.unfpa.org.

FACT CHART

Causes of Maternal Death, 1990



Source: World Health Organization, Maternal Health and Safe Motherhood Programme (Geneva), unpublished estimates.

Access to Contraception, 1994

PERCENTAGE OF THE POPULATION WITH EASY ACCESS TO CONTRACEPTIVE METHODS

REGION	STERILIZATION FEMALE	STERILIZATION MALE	IUD	PILL	CONDOM	NUMBER OF COUNTRIES
Less developed regions*	**61**	**47**	**61**	**64**	**66**	93
Africa	**17**	**9**	**33**	**54**	**51**	35
Northern Africa	11	5	47	80	45	
Other Africa	18	10	28	46	53	
Asia	**69**	**57**	**68**	**64**	**69**	33
Eastern Asia	88	71	89	72	71	
South-central Asia	34	34	59	61	61	
South-eastern Asia	66	55	51	55	71	
Western Asia	28	8	59	74	63	
Latin America and the Caribbean	**64**	**35**	**52**	**78**	**65**	24

Source: United Nations, *World Population Monitoring*, 1996 (draft).

*Including one country in Oceania.

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FACT CHART

Maternal Mortality Ratios, 1990

NUMBER OF MATERNAL DEATHS PER 100,000 LIVE BIRTHS, BY REGION/SUBREGION

WORLD	**429**
More developed regions*	27
Less developed regions**	479
Africa	**878**
Eastern Africa	1,061
Middle Africa	944
Northern Africa	343
Southern Africa	437
Western Africa	1,023
Asia	**383**
Eastern Asia	91
South-central Asia	562
South-eastern Asia	443
Western Asia	320
Europe	**36**
Eastern Europe	61
Northern Europe	11
Southern Europe	15
Western Europe	17
Latin America and the Caribbean	**194**
Caribbean	408
Central America	137
South America	197
Northern America	**11**
Oceania	**382**
Australia-New Zealand	12
Melanesia/Micronesia/ Polynesia	1,123

Source: World Health Organization, *Maternal Mortality Ratios and Rates. A Tabulation of Available Information*, 4th ed. (Geneva, forthcoming).

* More developed regions comprise all regions in Europe, Northern America and Australia, New Zealand and Japan.

** Less developed regions comprise all regions of Africa, Asia (excluding Japan), Latin America and the Caribbean and regions of Melanesia, Micronesia and Polynesia.

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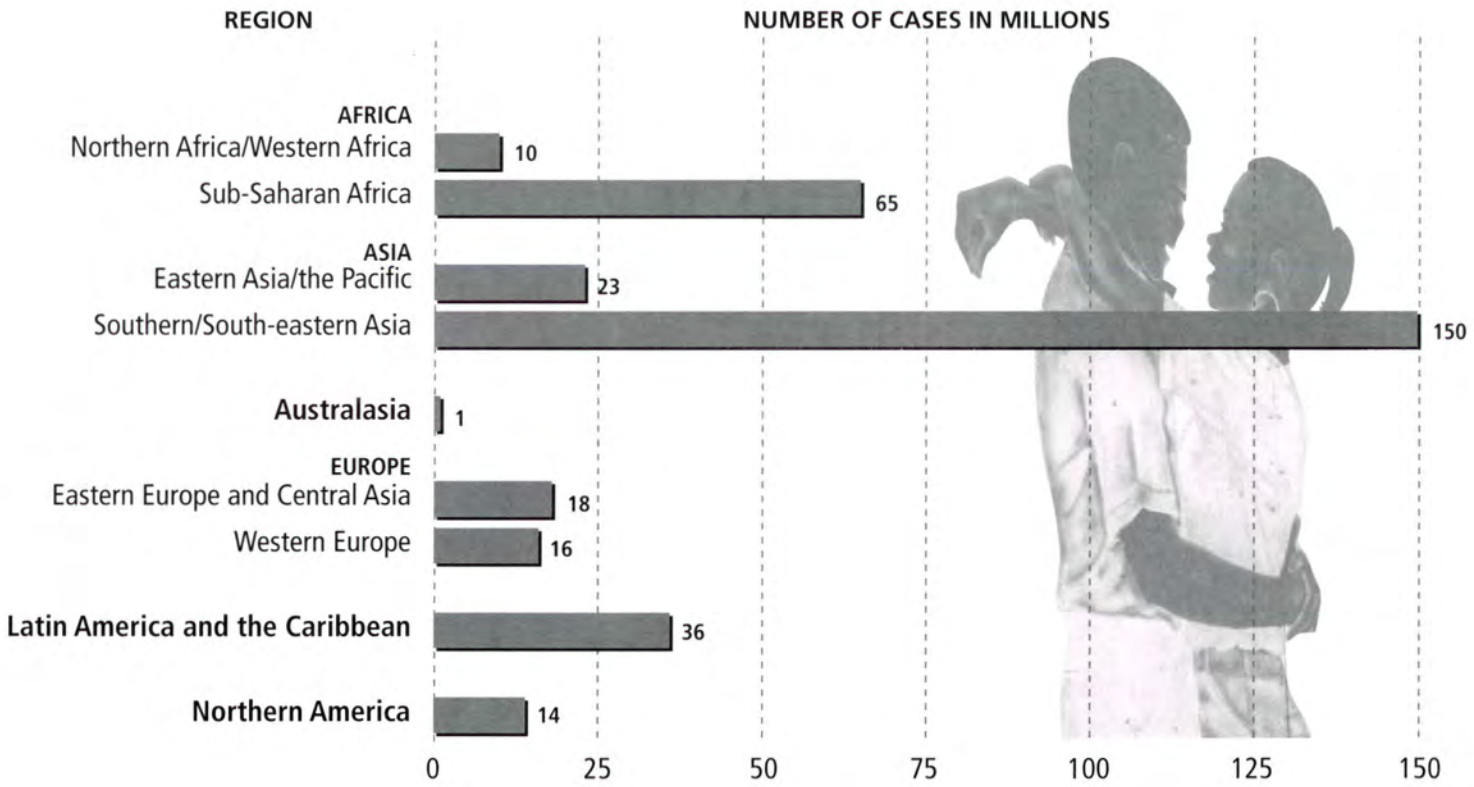
New Cases of Curable Sexually Transmitted Diseases Among Adults, 1995



Source: World Health Organization, *An Overview of Selected Curable Sexually Transmitted Diseases* (Geneva, 1995).

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Estimated Annual Deaths from Unsafe Abortion

Source: World Health Organization, Maternal Health and Safe Motherhood Programme (Geneva), unpublished estimates.

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FOR USE WITH THE NEWS FEATURE

"Reproductive Rights—Why Do They Matter?"

UNICEF 1717 / Marcus Halevi

Everyone has a basic right to be free from sexual violence and coercion. But this right is denied to countless women and girls—including the millions driven into the global sex market each year by poverty and growing demand. Above, street scene in Thailand.

UNFPA
United Nations Population Fund

FOR USE WITH THE NEWS FEATURE

"Reproductive Health Programmes Emphasize Quality of Care"

Mark Edwards/Still Pictures

Ensuring that women know their options and can exercise them has become the principal goal of many reproductive health programmes. Above, women in Addis Ababa, Ethiopia, listen to a talk about family planning.

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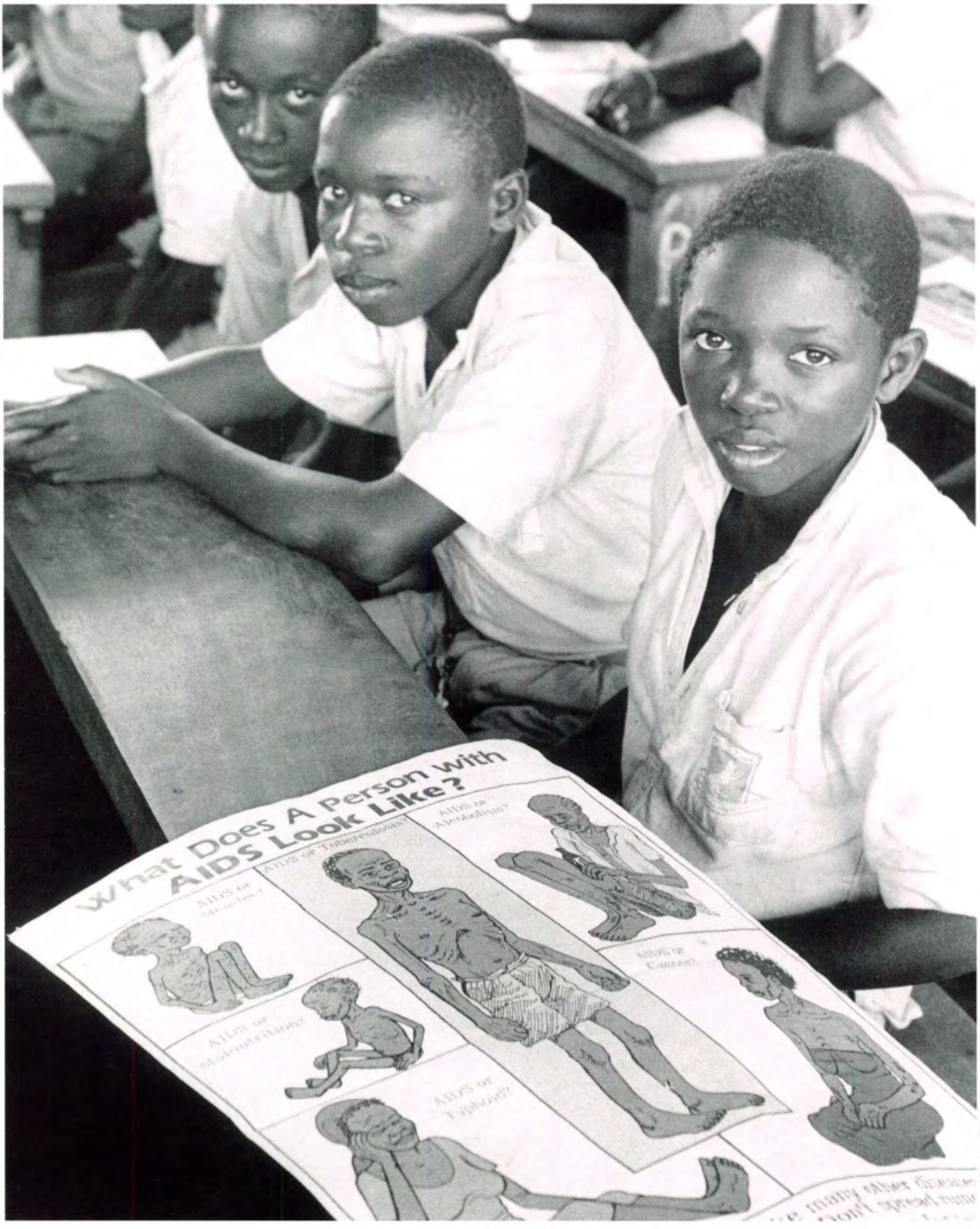
"Learning the Safe Way"



Jorgen Schytte/Still Pictures

Ugandan schoolchildren learn about AIDS prevention. Family life and sex education for adolescents results in more responsible sexual behaviour.

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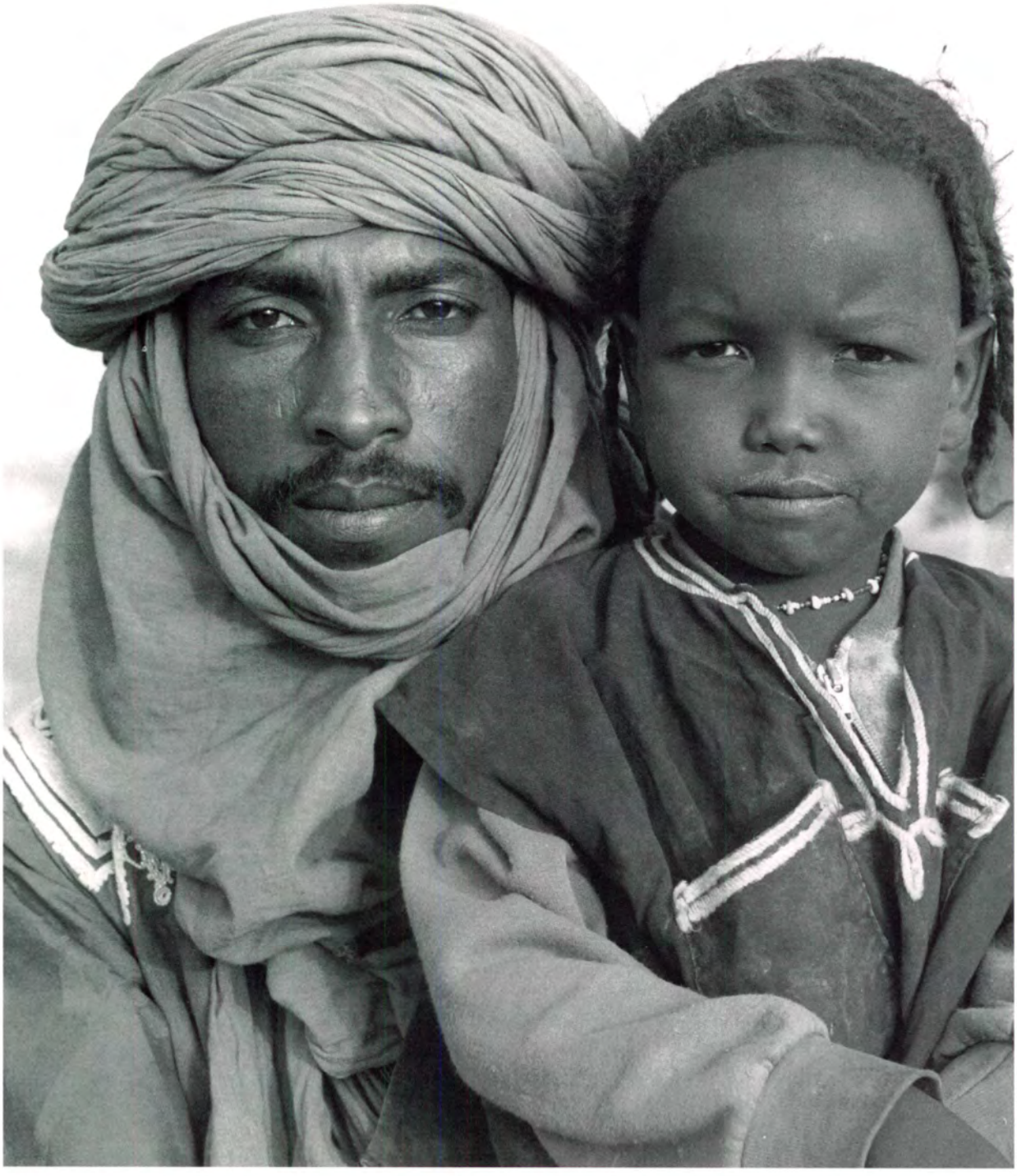
FOR USE WITH THE NEWS FEATURE

"Men Take Responsibility for Reproductive Health"



UNICEF/93-1969/Giacomo Pirozzi

Father and daughter in Niger. Men around the world need to take more responsibility for parenting, and for their partners' sexual and reproductive health.

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