

ALL PARTY PARLIAMENTARY GROUP ON POPULATION DEVELOPMENT AND REPRODUCTIVE HEALTH



April 2002
NEWSLETTER No 3

FUNDING

The International Conference on Financing for Development 18-22nd March, Monterrey, Mexico

The Monterrey Conference addressed key Financial and Development issues

Consensus was reached on urging developed countries to make concrete efforts towards the target of 0.7% of GNP as ODA to developing countries and 0.15% to 0.20% of GNP to the Least Developed Countries

The following countries made concrete commitments in Monterrey:

- **France** promised to reach 0.5% of GNP in the coming 5 years and 0.7% in the coming 10 years
- **The USA** committed to an additional \$5 billion over the next 3 years, starting from October 2003, this means \$15 billion in ODA by 2006 (Bush called this new policy the "New Compact for Development")
- **The EU** announced its strategy to monitor concrete efforts towards the ODA target and make a sizeable increase in the EU Member States' volume of ODA. Member states that have not yet reached the 0.7% target will reach the EU average for the year 2000 (0.33% of GNP to ODA) by 2006. The increase by those countries below 0.33% would imply that the EU average would go up to at least 0.39% in 2006. By a similar process, the new average of 0.39% would be used as a new benchmark for all member states to reach by 2010. By this iterative process, the EU is supposed to achieve the 0.7% in the medium term i.e. by year 2015

Population and Reproductive Health ODA levels were not mentioned in the Monterrey Consensus

Population and Reproductive Health ODA

At the ICPD in 1994 the global resource target for Population and Reproductive Health Programmes for year 2000 was \$17 billion.

2/3 should come from developing countries and 1/3 from developed countries.

Many countries have increased their resources for population and reproductive health activities since

ICPD, however in 2000, the developed countries spent \$8.6 billion (76% of target) and external donors spent \$2.6 billion (45% of target)

In 2002 the international community spent \$11.2 billion (66% of target) to finance the ICPD Programme of Action. **This is a shortfall of 34 per cent!**

Funding is urgently needed for Population and Reproductive Health. The following two events are opportunities not to be missed!:

1. The International Parliamentarians Conference in Ottawa, 21-22nd November 2002

Expected Outcome:

Declaration on concrete actions to be taken to further mobilise resources and create enabling environment for the implementation of the ICPD Programme of Action

2. WSSD IV Prep Com in Bali, 24th May - 7th June 2002 and WSSD Johannesburg, 26th August - 4th September 2002

Lobbying for recommitment to the ICPD Programme of Action at the WSSD

The EU rightly said at the III Prep Com in New York 25th March - 5th April 2002:

We need to grant women access to Sexual and Reproductive Health Care including Family Planning information and services in order to contribute to the Millennium Goals:

- Reduce by 3/4 between 1990 and 2015, the Maternal Mortality Ratio and reduce by 2/3 between 1990 and 2015, the under-five mortality rate

Recommitment to the ICPD will also contribute to the Millennium Goals:

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Eliminate gender disparity and ensure primary education everywhere by 2015

Together with slowing population growth and thereby reduce pressure and impact on the environment and contribute to sustainable development

HUMAN RIGHTS

Reproductive Rights

Reproductive Rights embrace certain human rights that are already recognised in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence

Reproductive Health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; prevalence of high-risk sexual behaviours; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives

Key Sexual and Reproductive Rights (IPPF Charter)

1. The Right to Life
2. The Right to Liberty and Security of the Person
3. The Right to Equality, and to be Free from all Forms of Discrimination
4. The Right to Privacy
5. The Right to Freedom of Thought
6. The Right to Information and Education
7. The Right to Choose Whether or Not to Marry and Found and Plan a Family
8. The Right to Decide Whether or When to Have Children
9. The Right to the Benefits of Scientific Progress
10. The Right to Health Care and Health Protection
11. The Right to Freedom of Assembly and Political Participation
12. The Right to be Free from Torture and Ill Treatment

Access to Information and Family Planning Services

Currently 145 countries provide direct support and 34 provide indirect support to Family Planning Services. This is an improvement from 63% in 1976 and 75% in 1999

Current Global Contraceptive Prevalence

World: 62%

Africa: 25%

Asia: 66%

Latin America/ Caribbean: 69%

Developed Regions: 70%

There has been a substantial increase in contraceptive use over the past ten years and subsequently a drop in fertility rate. However 350 million couples would use contraception today but still have no access to advice or services!

UK teenage contraceptive use

In the UK between 1/3 and 1/2 sexually active teenagers do not use contraception at first intercourse, a higher proportion than in many other European Countries

In the UK adolescents can access Free Contraception. Why is such a large proportion not using contraception?:

Dislike/afraid of it: 39%

Didn't think it would happen to me: 21%

Unplanned Intercourse: 21%

Afraid parents would find out: 19%

Afraid to ask doctor: 19%

Don't understand them: 16%

Father did not want or not discussed: 16%

Other: 17%

The right to protect oneself from acquiring HIV/AIDS and STIs

The decision about when and under what circumstances to engage in sexual activity is often seen as the right of the husband still. Women often have little power to object to their husbands' wishes, even if they suspect that their husband may have HIV. Condoms are in many communities considered appropriate for use during sex with a prostitute and not for use between spouses!

POLICIES

'Creating an Enabling Environment' speech by Ms Imelda Henkin, Deputy Executive Director, UNFPA

'It has been reported that as of 2000, about 54 countries have taken action since the ICPD in the form of national population and development policies, programmes and/or legislative changes. Governments have formulated new national population policies or integrated population into their long-term development which include issues relating to quality healthcare, gender equality, sustainable development and environmental protection, education, poverty, demographic data and information systems improvements

To fully implement the ICPD Programme of Action, it is necessary to promote and reinforce such positive changes at the global level. It is also necessary to establish information databases at the national, regional and global levels to monitor and evaluate the progress made'

Legislation on Minimum Age of Marriage

The timing of marriage has long-lasting implications for a person's life options, reproductive health and family well being

International human rights conventions state that marriage should be entered into with the free and full consent of each spouse, but still many women

enter into marriage without exercising their right to choose or are simply too young to make an informed decision

Early marriage can:

- Deprive a person of adolescence
- Reduce educational opportunities
- Premature childbearing - too soon, too frequent, too many and too late, which increases maternal and child morbidity and mortality
- Limit a person of autonomy within the family including decision-making power

Regional averages of women's age at marriage are:

Africa: 21.9

Asia and Oceania: 23.4

Latin America: 25.5

Europe/Northern America: 26.1

In Bangladesh, Chad, Guineas and Niger the proportion of young women married before age 15 still exceeds 1/4

The female mean age of marriage is 30 years or above in Finland, France, Iceland, Ireland, Norway and Sweden

Men's mean age of marriage is considerable higher than women's in all regions, the largest being in Africa (5 years), compared to Asia (3.2 years) and Europe and Northern America (2.8 years)

The average age gap is above 7 years in the following countries:

Burkina Faso, Congo, Cote d'Ivoire, Gambia, Guinea, Mali, Mauritania, Afghanistan

Large age differentials between spouses contribute to unequal power relations, reinforce women's dependency and often constrain women's decision-making in issues concerning their sexual and reproductive health!

Most countries now have enacted laws that regulate marriage, both in terms of minimum age often 18 for males and 16 for females and consent; these laws are however not always enforced and often apply only to unions lacking parental consent

The reason for girls often marrying just after puberty and having children shortly thereafter is partly because of a lack of alternative opportunities. In countries where marriage is postponed, the growing emphasis on education is generally acknowledged to have played a significant role in this trend

Legislation on Property Rights

In many societies women are not eligible to inherit or own property, which if their husband has died may force the wife and children to leave their home. In some countries where the status of women is low, the gender dynamics of the HIV Epidemic are expected to contribute to its rapid spread!

UK- Morning After Pill

The UK High Court judge rejected an attempt by the Society for the Protection of the Unborn Child to have the morning-after-pill banned on the ground that it amounted to procuring a miscarriage - an offence under the 1861 Offences Against the Person Act. Family Planning experts feared that, if the judicial review had been successful, it would have thrown family planning into confusion

COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES

3 UK MP's namely Edward Leigh, Norman Lamb and Christine McCafferty have just visited China in order to find out the truth about China's Family Planning Policies and programmes and the role of the UNFPA

Christine McCafferty MP and Chair of the APPG on Population, Development and Reproductive Health says:

'The visit was a great success!

1. It demonstrated that the picture we have in the west about China's 'one child only' family is no longer accurate
2. It showed that far from supporting this policy, the UNFPA is an enormous force for good in changing attitudes and giving women more control and choice over their own lives
3. Whilst the Chinese Government admit that there were abuses in the past, the desire for very small families is now embedded in Chinese culture. As a country, they are hugely aware of population issues and the impact on the environment
4. The Chinese Government is now looking at rolling out the UNFPA supported programme, at their own expense to over 800 counties (out of more than 2000 that make up the country)
5. The visit confirmed once more that sustainable development is only possible, where women are given informed choices and control over their own reproduction and sexual health

6. The team concluded that whilst there are still problems in part of China with reproductive rights, the Government is moving in the right direction and it is important that the UNFPA are actively involved in China, with the continued support of all Western Governments

The Study Tour team will be reporting back to Clare Short, The Secretary of State for International Development

China's Population and Reproductive Health and Rights Programme will be presented and discussed on 21st May 1400 - 1500 in the Attlee Suite. The UK MP Study Tour team and Dr Baige Zhao from the State Family Planning Commission of China will present and answer questions whilst afternoon tea and cakes will be served!

Interesting points

Child Rape:

The role of schoolteachers in child rape is a scandal that has already prompted action in South Africa: sexual activity between staff and students, even when consensual, is now an offence for which teachers are dismissed

The Virgin Cleansing Myth:

Virgin cleansing myth is the idea that intercourse with a virgin infant will rid the perpetrator of HIV/AIDs or other STI's - there is no evidence, they say, that infant rapes are increasing in South Africa; moreover if the cleansing myth were gaining ground, one would expect the HIV seroconversion rate in child victims in Cape Town to be higher than the present 1%

Relationships:

A Report at the International Conference on Adolescence in London stated that boys regard their mothers as 'hardworking' and their fathers as 'lazy'. Boys aged 11-14 saw their fathers as indolent, emotionally distant and more likely to over-react. Mothers on the other hand were intimate supportive and took 'most of the every-day decisions'

Good news from Germany:

As a result of continuous advocacy efforts, the German Government has provided additional project related funds to IPPF and UNFPA.

For references and more information contact: APPG Population, Development and Reproductive Health Parliamentary and Policy Advisor Ann Mette Kjaerby,

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