

# THE STATE OF WORLD POPULATION 2000

## Lives Together, Worlds Apart



Shezad Noorani/Sill Pictures

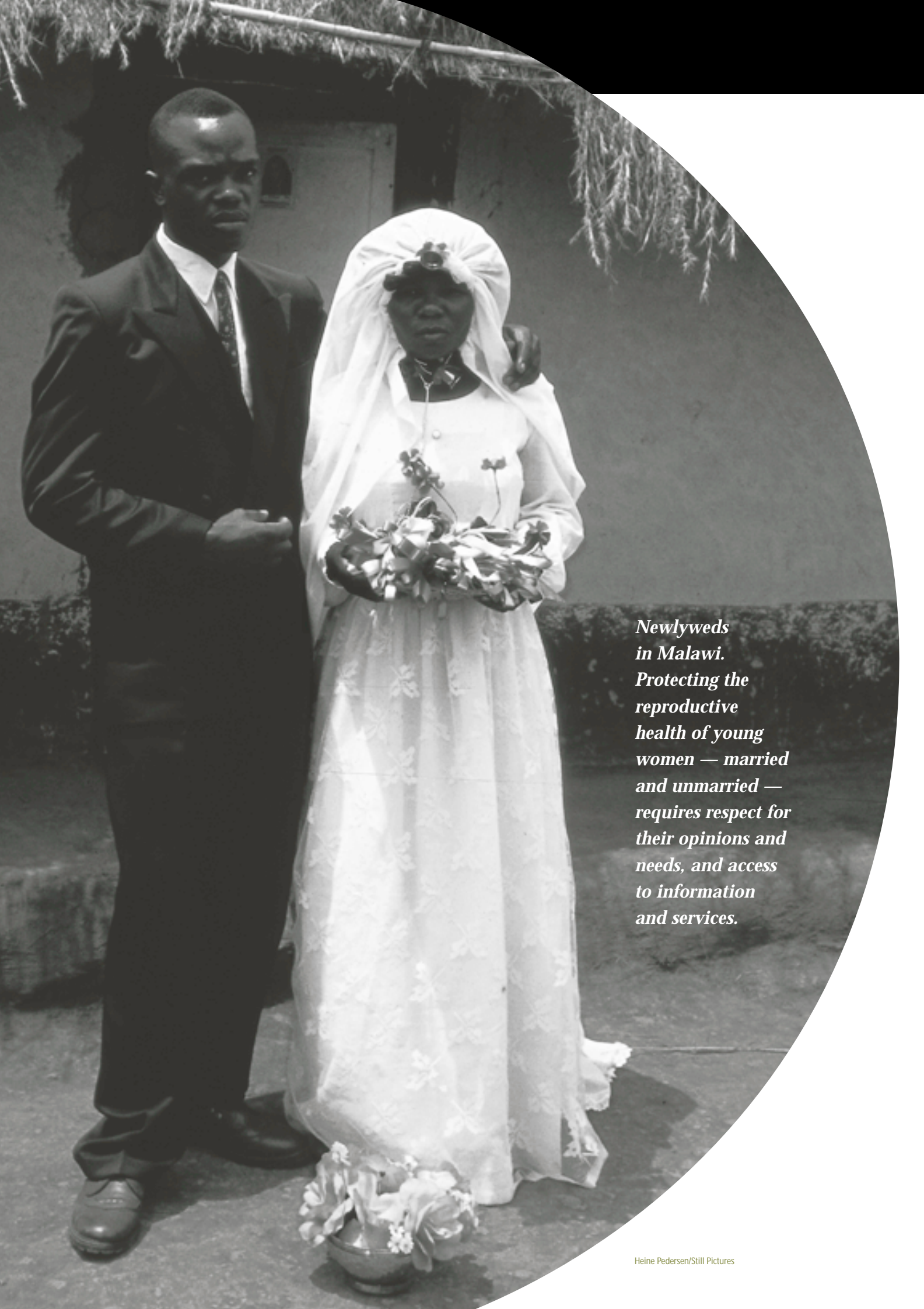
## Men and Women in a Time of Change



**UNFPA**  
United Nations  
Population Fund

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Executive Director





*Newlyweds  
in Malawi.  
Protecting the  
reproductive  
health of young  
women — married  
and unmarried —  
requires respect for  
their opinions and  
needs, and access  
to information  
and services.*

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## Overview

### Introduction

Gender inequality holds back the growth of individuals, the development of countries and the evolution of societies, to the disadvantage of both women and men.

The facts of gender inequality — the restrictions placed on women's choices, opportunities and participation — have direct and often malign consequences for women's health and education, and for their social and economic participation. Yet until recent years, these restrictions have been considered either unimportant or non-existent, either accepted or ignored. The reality of women's lives has been invisible to men. This invisibility persists at all levels, from the family to the nation. Though they share the same space, women and men live in different worlds.

The first steps have been taken to end this invisibility. In 1979, by adopting the Convention on the Elimination of All Forms of Discrimination against Women, the global community agreed to eliminate gender discrimination. The Convention, which has the force of international law, has now been ratified by 165 of the 188 member states of the United Nations.

Health care and education for girls and women have been the subject of international

agreements, notably those reached at a series of world conferences on women beginning in 1975, the World Conference on Education for All in 1990 and the International Conference on Population and Development (ICPD) in 1994.

A rapidly growing number of countries have adopted population and development policies that include measures to meet the health care and education needs of girls and women, including their reproductive health needs. Education and health, including reproductive health, are human rights. Meeting education and health needs and working towards gender equality will also contribute to balanced population growth and economic development.

Most countries have some measures in place to protect women's personal security and their rights in marriage, property, inheritance, political representation and the workplace. Those measures are being expanded and increasingly enforced.

The impact of women's empowerment on the rights and roles of men is being considered. Efforts to bring women into the mainstream of development now emphasize partnership between women and men.

"Gender issues" are not the same as "women's issues": understanding gender means under-

PHOTO: Indian girl at work. Lack of support for girls' education limits their future choices.

UNICEF/0667/Vilas

standing opportunities, constraints and the impact of change as they affect both women and men. It is increasingly understood that partnership between women and men is the basis for strong families and viable societies in a rapidly changing world.

Equal partnership is also the aim of women's organizations, which are rapidly growing in number and strength in many countries of Asia, Africa and Latin America. The advantages of partnerships between official organizations and women's groups are increasingly recognized.

Yet gender inequality remains pervasive. It is a public concern, but it also relates to private behaviour, and therefore has not yet been fully discussed, especially where male dominance is the basis of family life. Elsewhere, though unequal restrictions on women may be outlawed or condemned, they persist in forms that have been rendered more socially acceptable.

This year's *State of World Population* report makes the case for bringing gender inequality fully into the light and treating it as a matter of urgency affecting both human rights

and development priorities. Gender discrimination will not end until all eyes are opened to its inherent contradictions, and countries, communities and families take action to end it.

## Summary

More equal power relations between men and women, combined with increased access to good reproductive health care, would save the lives of hundreds of thousands of women, including many of those who die from pregnancy-related causes. If women had the power to make decisions about sexual activity and its consequences, they could avoid many of the 80 million unwanted pregnancies each year, 20 million unsafe abortions, some 500,000 maternal deaths (including 78,000 as a result of unsafe abortion), and many times that number of infections and injuries. They could also avoid many of the 333 million new sexually transmitted infections contracted each year. Adolescent girls are particularly vulnerable (Chapter 2).

Violence against women also takes a steep toll on women's health, well-being and social participation (Chapter 3). Men must involve themselves in protecting women's reproductive health as a matter of self-interest and to protect their families, as well as for its own sake (Chapter 4).

The equality of women and men is integral to development (Chapter 5). It is also a human right (Chapter 6). Governments must take the fundamental decisions. Donor countries have agreed to support these priorities, but donors in the 1990s have not met even half of the agreed resource targets in the area of population and reproductive health (Chapter 7).

## Gender and Health (Chapter 2)

Quality reproductive health services enable women to balance safe childbearing with other aspects of their lives. The International Conference on Population and Development and the United Nations' "ICPD+5" five-year review recognized the important relationship between gender and reproductive health. Gender-sensitive programmes listen to clients and involve them in programme and service design.

### *Components of reproductive health*

About one third of pregnancies — about 80 million a year — are believed to be unwanted or mistimed. The number of users of **family planning** services in developing countries — assuming services can be provided — is expected to increase by more than 40 per cent by 2015: 742 million compared with 525 million in 2000.

## BOX 1

### Discrimination and Poverty Go Hand in Hand

**G**ender inequality undermines development and prospects for reducing poverty, while economic growth and rising incomes reduce inequality, the World Bank reports. Studies show that societies where discrimination is greatest have more poverty, slower economic growth and a lower quality of life than societies with less discrimination. The effects are strongest in the poorest countries.

Ensuring that women and men enjoy the same rights and have equal access to education, jobs, property and credit, and fostering women's participation in public life reduces child mortality, improves public health, slows population growth and strengthens overall economic growth. This is true in all countries, but particularly in the poorest.

The ratio of girls' school attendance to that of boys is highest where both incomes and gender equality are relatively high. Countries where either incomes or equality are relatively low have lower girls' enrolment. Educating girls is one of the most effective ways to promote development.

As incomes rise, previously poor families increase their spending on children's education, health care and nutrition; girls generally benefit more than boys. Similarly, development that creates new job opportunities often benefits women more than men.

Gender inequality is also reduced by economic development that improves the infrastructure for water, energy and transportation. This cuts the time women have to spend fetching water, gathering cooking fuel and producing food for family consumption, giving them more time to earn additional income and participate in community affairs.

Economic growth by itself will not eliminate inequalities. Societies that promote women's rights and gender equality along with growth are more effective in reducing gender disparities than societies that focus on growth alone.



Just over half of the increase will be due to rising numbers of women of reproductive age (15-49) in these countries. This group will grow by more than one fifth in the next 15 years, to 1.55 billion. The rest of the increase in users will result from increased demand as the proportion of people using contraception rises.

Good family planning programmes share several characteristics:<sup>1</sup>

- Government support is strong;
- Providers are well trained, sensitive to cultural conditions, listen to clients' needs, and are friendly and sympathetic;
- Services are affordable and a choice of contraceptive methods is available;
- Counselling ensures informed consent;
- Privacy and confidentiality are ensured;
- Facilities are comfortable and clean;
- Service is prompt.

Universal access to sexual and reproductive health care is a central objective of the ICPD Programme of Action. Since the ICPD, many countries have expanded services beyond family planning to care for women's and men's broader reproductive health needs.

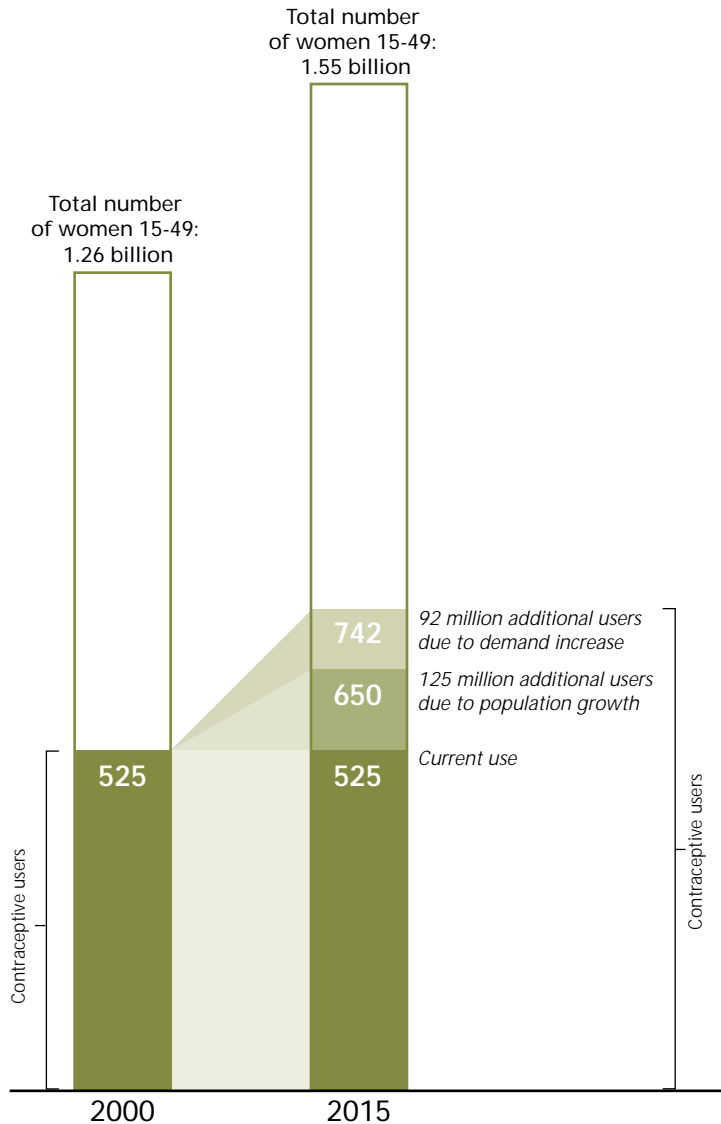
One woman a minute dies of **pregnancy-related causes**. Maternal mortality is preventable by:

- Helping women avoid unwanted pregnancy;
- Ensuring the presence of trained attendants at every birth;
- Providing emergency obstetric care;
- Providing post-natal care — 61 per cent of maternal deaths occur after delivery;
- Providing effective post-abortion care — 78,000 maternal deaths are due to unsafe abortions, 95 per cent of which take place in developing countries.

Some 20 million of the estimated 50 million **abortions** each year are unsafe; 78,000 women die and millions suffer injuries and illness as a result. Expanded access to family planning would prevent many unwanted pregnancies and many unsafe abortions. In many low-income countries effective post-abortion care

### Figure 1: Family Planning Needs Will Grow as Both Population and Demand Increase

Projected Increase in Contraceptive Users, 2000-2015  
(Millions of women aged 15-49, developing countries)



Sources: United Nations Population Division, *World Population Prospects: The 1998 Revision*; and UNFPA draft report.

would reduce maternal mortality by as much as one fifth.

**Sexually transmitted diseases (STDs)** afflict five times more women than men. There are an estimated 333 million new cases every year. These diseases cause infertility, pregnancy-related complications, post-partum illness and cervical cancer.

**Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)** is now the leading cause of death in Africa and the fourth most common cause of death worldwide. At the end of 1999, 34.3 million men, women and children were living with HIV or AIDS, 5.4 million were newly infected that year,





## BOX 2

## Most Maternal Deaths Could be Prevented

Complications of pregnancy and childbirth are the leading cause of death and disability for women aged 15 to 49 in most developing countries.

Of all the health statistics monitored by the World Health Organization (WHO), maternal mortality shows the largest discrepancy between developed and developing countries: women in developing countries are about 30 times more likely to die from pregnancy-related causes than those in developed countries.

Every day almost 1,400 women — one every minute — die from complications of pregnancy and childbirth, with more than 99 per cent of those deaths in low- and middle-income countries. Each year more than 50 million pregnancy-related complications lead to long-term illness or disability.

Only 53 per cent of deliveries in developing countries take place with a skilled birth attendant — doctor, nurse or midwife. Better care at childbirth and more access to care, costing about \$3 per person a year, would substantially reduce maternal mortality. In Oran, Algeria, after public hospital fees were abolished in the 1970s, the maternal mortality rate fell 42 per cent and the number of home deliveries dropped sharply.

Adequate health care is crucial to safe motherhood. One study found that among members of a religious group in the United States that rejected all medical care, the maternal mortality ratio was 870 per 100,000 live births, as high as the ratios in the poorest countries, although members of the group had incomes comparable to their neighbours.

Chronic diseases and malnutrition leave many women unable to meet the physical demands of pregnancy. Anaemia, often the result of poor nutrition, affects 40-60 per cent of pregnant women in developing countries, excluding China, more than twice the percentage in developed countries. A woman's age and the number of previous births affect her chances of dying in childbirth as well.

Avoiding unwanted pregnancy saves lives. During a study in Bangladesh from 1977 to 1985, intensive family planning services, including home visits, were provided in some villages, and the percentage of women using contraception rose from 8 to 40 per cent. As a result, maternal mortality fell to less than half of that in other villages in the same district — even though there was no change in the risk of dying from any one pregnancy.

Women tend to become infected far younger than men. In several African populations, girls aged 15-19 are five or six times more likely to be HIV-positive than boys their own age. Clearly, older males are infecting teenage girls. Good-quality sex education helps adolescents delay sexual intercourse and increase safe sexual practices.

Worldwide, some 130 million girls and young women have undergone **female genital mutilation** (FGM). Genital mutilation is extremely painful and may result in severe infection, shock or even death. Survivors experience painful sexual intercourse and may be at greater risk during and after childbirth. FGM can lead to repeated infections and sterility.

Gender biases can also lead to a variety of **restrictions on care** — for example, restricting certain procedures to doctors, or providing public clinics only for maternal and child health, so men and childless or unmarried women feel uncomfortable going to them for reproductive health services.

Reproductive health services are increasingly recognizing that reproductive health is a matter for men as well as women, including the effect of women's reproductive health on men and men's support for their partners' reproductive health.

### *Young people's reproductive health*

Young men and women face different social pressures and expectations which may work against responsible sexual behaviour. Training young people as peer educators encourages discussion and responsible behaviour. Sometimes, simply calling attention to double standards can lead to improvements.

Many girls and boys, however, are forced into early and unsafe intercourse by sexual abuse, child marriage or poverty. Adults also prevent young people from acting responsibly by limiting their access to information and

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