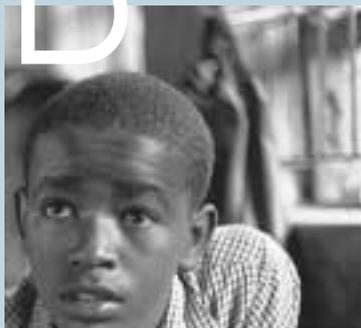


FUTURE GENERATIONS READY FOR THE WORLD

UNFPA'S CONTRIBUTION TO THE GOALS OF THE WORLD SUMMIT FOR CHILDREN



FUTURE

GENERATIONS

READY

FOR THE

WORLD

UNFPA'S
CONTRIBUTION TO
THE GOALS OF
THE WORLD SUMMIT
FOR CHILDREN

TABLE OF CONTENTS

FOREWORD	2
INTRODUCTION	3
THE WORLD SUMMIT FOR CHILDREN	4
THE UNFPA MANDATE	8
A COMMITMENT TO EMPOWER	10
ACTIONS, PAST AND PRESENT	12
GIRLS' EDUCATION	13
ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH	14
PREVENTING HIV/AIDS	17
REDUCING MATERNAL MORTALITY	20
MOVING FORWARD	22
BUILDING THE MOMENTUM	25



FOREWORD

In September 2001, World Leaders will gather in New York for the UN Special Session on Children. This session marks the ten-year anniversary of the 1990 World Summit for Children. It is a forum to review the gains of the last ten years, and explore areas in need of further work. It is a historic moment for the welfare of children.

Together with Governments, Non-Governmental Organizations, United Nations organizations, in particular UNICEF, and many other partners, UNFPA has made tremendous gains in programming for the health and rights of children and adolescents over the last ten years. However, a great deal of work remains to be done.

Consistent with our mission, UNFPA has focused on four major areas of work addressing young people. First is *promoting girls' education* through advocacy for solid national policies that ensure universal education for all children. Second is *the promotion of adolescent reproductive and sexual health*. This is addressed through interventions to promote access to health services and education, and provide the information, tools and skills to enable young people to make responsible choices. The third is *HIV/AIDS prevention* with a focus on young people. The fourth area of work is *the reduction of maternal mortality and morbidity* in order to prevent the injury and death of adolescent mothers in childbirth, and to help ensure the survival of their children. All of this work has been undertaken

through country and regional level programmes as well as through global and local advocacy.

UNFPA and its partners recognize that the young people of today will become the adults of tomorrow. It is through our work to support them and expand the opportunities available to them that we will broaden the capabilities of the future generation. To achieve this UNFPA will continue to assist countries with health and education policies and programmes.

The World Summit for Children has done a great deal to shape the course for adolescents and children. Now, this ten-year follow-up offers a unique opportunity to review the lessons learned over the last decade, and reassess the needs of the world's children. At the Special Session and beyond, UNFPA will continue its commitment to ensuring that young women and men have access to the information and services they need to live healthy, fulfilling lives.

*Mari Simonen, Director
Technical Support Division
UNFPA*



INTRODUCTION

There is no task more urgent than to improve the current state of the world's children and to work towards providing them and the generations after them a better future. The future of the world has to be better than its past and who better to make this come to pass than today's children.

One can think, however, of the world's past and its future not only in terms of time but of space in which children live and grow. Different contexts – countries, cities, towns, villages, families – in which children live are affected by the active interplay of the dimensions of politics, economics, culture, environment, and gender. The effects of these have affected children adversely, especially in the developing world.

What needs to be done is to make the world less harsh, more sensitive, and much more humane. At the same time, children must have, within their reach, the knowledge and the tools they need to help each one of us shape this world.

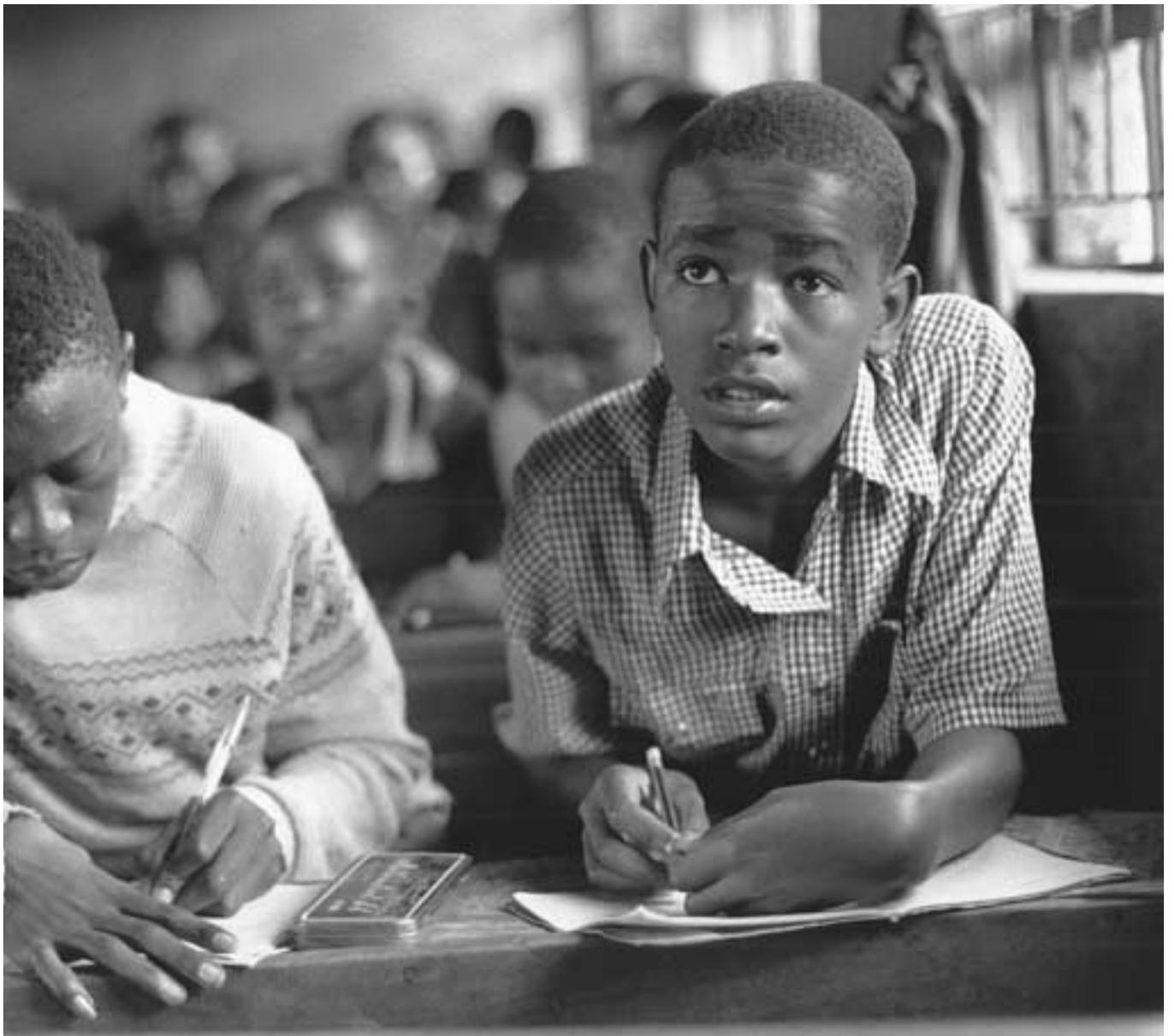
The possibility that one can actually do this – change the world to make it fit for children and to make children ready for the world – has captured the imagination of world leaders. When they met in 1989, on behalf of their countries, 181 of them signed and adopted the Convention on the Rights of the Child (CRC), a significant document recognising that the state is duty-bound to fulfill the child's rights to assistance and protection.

The United Nations Population Fund (UNFPA) has contributed to translating the CRC into

reality by ensuring universal access to reproductive health, including family planning and sexual health as well as in implementing population and development strategies in support of sustainable development.

UNFPA is the lead organisation in the United Nations system supporting the implementation of International Conference on Population and Development (ICPD) Programme of Action and is a staunch advocate of the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW). Thus, in these capacities, by promoting and implementing the goals of these two critical and related documents, the ICPD Programme of Action and CEDAW, UNFPA's work has exerted enormous synergistic and catalytic effects on advancing the goals of CRC, particularly those related to girls, adolescents, and women.

For, after all, today's women are yesterday's girls who have lived – and continue to live – the ascribed roles of their gender. Women who have chosen to be mothers can help their children, especially girls, broaden and grasp opportunities that will make equality a reality.



WORLD LEADERS RESOLVE TO CREATE AN ENVIRONMENT - A WORLD MORE LIVEABLE FOR CHILDREN.

THE WORLD SUMMIT FOR CHILDREN



A year after the CRC came into being, the World Summit for Children (WSC) took place on September 29-30, 1990 at the United Nations in New York. One hundred fifty-nine (159) governments, major NGOs, and UN agencies participated and took up the challenge of translating the CRC into reality.¹

They resolved to create an environment — a world more liveable for children — where infants survive beyond their first birthdays and children live past the age of five; where their mothers are able to overcome the risks associated with every pregnancy and childbirth; where girls enjoy the same educational opportunities as boys; and where every child's highest potentials are fulfilled.

This was the vision of the World Summit for Children, a vision which world leaders intended to realise. By the year 2000, in a span of only 10 years, world leaders,

WHEN POLITICAL WILL MADE ALL THE DIFFERENCE: SAVING WOMEN'S LIVES IN MALAYSIA

As early as 1948, Malaysia, then under British colonial rule, identified maternal health as a priority. Since that time, maternal deaths have steadily declined due to the unwavering, sustained, and top-level commitment of all leaders to prevent women from dying during pregnancy and childbirth. Estimates showed that maternal mortality ratios declined from 570 per 100,000 live births in 1957 to 146 in 1970 and 17 in 1996.

Since the 50s, Malaysia has always placed maternal health as an integral part of consecutive Five-Year Development Plans. The Educational Policy as outlined in these Plans provided equal access for girls and boys to free primary and secondary education. The Plans' Rural Development Policy provided basic infrastructure, including housing, schools, clinics, roads, transport, communication, poverty alleviation programmes.²

These Plans and Policies created an enabling environment to support the efforts of the Ministry of Health (MOH) to reduce maternal deaths and disabilities.

Within this environment, the MOH was able to set up a functioning health referral system which efficiently managed obstetric emergencies. It also trained midwives and deployed them to remote villages and made sure that they worked closely with traditional birth attendants.



together with their peoples and the assistance of international agencies, decided to:

- reduce mortality rates of children under five years of age by a third of 1990 levels;
- reduce malnutrition of children under five years of age by half of 1990 levels;
- provide universal access to basic education;
- provide universal access to safe drinking water and hygienic ways of disposing waste;
- reduce maternal mortality ratios by half of 1990 levels;
- reduce adult illiteracy rates by half of 1990 levels;
- protect children from the physical abuse, violence, and the emotional and psychological trauma that wars inflict, exposure to radiation and dangerous chemicals, sexual abuse, all forms of commercial and sexual exploitation.



These are lofty and bold goals but difficult ones. No single strategy can adequately respond to the immense problems which these goals intend to provide and eliminate, but they can be achieved with multi-sectoral responses involving all sectors of society.

Malnutrition, for instance, cannot be dealt with by distributing vitamin pills alone. It requires an acknowledgement that, within the same household, girls and women are entitled to as much food as boys and men. Beyond the household, at the level of state or central governments, eliminating the problem of malnutrition entails strategies to increase food production and to ensure that the food produced is equitably distributed.

One encounters such complexities in seeking solutions to achieving the other goals set in the World Summit. While the nature of these

complexities vary from country to country, one underlying factor which is key to unravelling these complexities is the sustained and high-level commitment of governments and their capacity to exercise their political will.

Ten years after, in September 2001, world leaders, UN agencies, and NGOs as well as young people and children are reconvening for the UN General Assembly Special Session on Children. The purpose of this meeting is to assess how much they have achieved and how much more they have to do in the next decade.



UNFPA WORKS TO END DISCRIMINATION AGAINST GIRLS AND WOMEN WHO EXPERIENCE ITS ADVERSE EFFECTS THROUGHOUT THEIR LIVES.



THE UNFPA MANDATE

Children and young people constitute a large part of the world's population. Throughout their life cycles, every infant, child, and adolescent have special needs.

New-borns, for instance, require to be held for their physical and emotional sustenance; under-fives and school-age children need to cope with viruses and bacteria which often claim their lives; and adolescents have to manage their transition to adulthood, a transition marked by physical and psychological changes. Fulfilling these needs, at each stage of their lives, makes them grow up to be healthier under-fives, well-adapted adolescents, and more capable adults.

Children and young people, however, live in environments which make them vulnerable to harmful practices such as female foeticide and infanticide, female genital mutilation (FGM), sexual abuse and violence, forced and early marriage, and trafficking and prostitution. Such practices result in more girls dying – a fact which accounts for what Amartya Sen calls "missing girls and women".³ If girls are born and survive their infancy, they suffer from the dire consequences of these practices.

Recognising the special needs at different stages of children's and young people's lives; aware further that children and young people are exposed to vulnerabilities such as those mentioned above, world leaders and UN agencies have given their commitments to CEDAW and CRC, the ICPD

Programme of Action, and the Fourth World Conference on Women Platform of Action. These have become the foundations upon which governments, UNFPA, and other UN agencies have built their mandates.

Thus, UNFPA is guided by, and promotes, the principles embodied in all these documents to realise the individual's right to health, especially women's, including reproductive health and their reproductive rights. It has continuously worked to end discrimination against girls and women who experience its adverse effects throughout their lives.

Other UN meetings such as the five-year reviews of the two world conferences, ICPD + 5 and Beijing + 5, reaffirmed the development goals on which much of UNFPA work is based on. The Millennium Summit held in 2000 and UN General Assembly Special Session on HIV/AIDS in 2001 have given additional confirmation, justification, inspiration and guidance to the work of UNFPA.

In keeping with this mandate, UNFPA focuses interventions to reduce the vulnerability of adolescents. Of primary concern is the promotion of high quality family planning information and services to lessen the incidence of unwanted pregnancies and the resulting recourse to unsafe abortion. Also included in these services are the information and education needed for adolescents to avoid sexually transmitted diseases (STDs) and HIV/AIDS. In this context, particular emphasis is given to the empowerment and education of adolescent girls.



EMPOWERING WOMEN UNDERSCORES THE ABILITY TO MAKE GENUINE REPRODUCTIVE CHOICES.

A COMMITMENT TO EMPOWER

UNFPA's commitment to the WSC Plan of Action as well as to the ICDP Programme of Action is reflected in its efforts to devote resources to four major areas: girls' education, adolescent reproductive and sexual health; preventing the spread of HIV/AIDS; and reducing maternal mortality.

Empowering women – through educating girls in fields beyond society's ascribed roles – contributes substantially to the prevention of HIV/AIDS and the reduction of maternal deaths and disabilities. Without this, real progress in achieving reproductive health goals cannot proceed.

Educating girls, especially through and beyond the secondary level, for instance, has been logically and statistically linked to reducing maternal deaths and disabilities, delaying early marriage, and preventing unsafe sex. With a higher level of education, women earn and control their own incomes, adopt healthy lifestyles, use information which widens their opportunity to gain effective access to better health care, and tend to be more confident and assertive.

The degree to which **adolescents' rights to reproductive and sexual health** are recognised and respected influences the nature of the policies governments enact towards adolescents and the range of services governments as well as civil society provide. A restrictive view of adolescents and a non-recognition of their rights tend to ignore adolescents' needs and compromises the services they are entitled to. A more humane and enlightened view of adolescents, on the other

hand, understands only too well that respecting the rights and fulfilling the needs of girls and boys now will affect the way they live out their lives as women and men in the future.

HIV/AIDS is as much an issue of gender and poverty as it is an issue of biology and access to information and services. It is not surprising therefore to observe that the prevalence of HIV/AIDS among women in developing countries is 37 times that of the prevalence among the relatively more powerful and independent women of industrialised countries. And the prevalence of HIV/AIDS in men in developing countries, who have much power relative to their female counterparts, is 9 times that of the prevalence of men in industrialised nations.⁴ Furthermore young women are more vulnerable than young men – in some Africa countries, average rates in teenage girls are over five times higher than those in teenage boys.

In **preventing maternal deaths and disabilities**, women's lives depend on their ability to decide whether – and when – they should seek medical care. In many parts of the world, women do not have within their control the power to decide on these reproductive choices. This life-saving decision-making power lies with their husbands, mothers-in-law, and their grandmothers.

Thus, empowering women underscores the ability to make genuine reproductive choices, to decide if and when they should give birth, and, if and when they should even have sex. These choices are influenced largely by their incomes, their ability to own property, their education and literacy levels, and their status within their families and their communities.⁵



UNFPA FOCUSES ON THE EMPOWERMENT AND EDUCATION OF ADOLESCENT GIRLS.

ACTIONS, PAST AND PRESENT

GIRLS' EDUCATION

Situation The WSC Plan of Action noted that providing the girl-child better access to education is key to the efforts to eliminate discrimination. Substantial evidence shows that educated girls, especially those who have completed secondary education, were less likely to marry young, to have an unwanted pregnancy and to engage in high-risk behaviour such as drug abuse and unsafe sex. While the Education for All Assessment 2000 reveals that the net enrollment ratio increased in the 1990s in all major regions of the world, nearly 130 million primary school-age children are not in school and approximately 60 per cent of them are girls.⁶

Even in countries where quantified gaps are minimal, inequalities in educational content, methods, and facilities may exist, resulting in major differences in achievement. Thus, the lack of an obvious gender gap still masks great gender inequalities.⁷

Similarly, adult illiteracy has declined from 25 per cent to 21 per cent. Of the estimated 960 million illiterate adults over the last decade world-wide, however, two-thirds are women.⁸ Illiteracy is increasingly concentrated among women, especially in South Asia and sub-Saharan Africa.

Actions UNFPA has invested in programmes and has given its financial support to ensure the education of the girl-child. UNFPA participates with other UN agencies in the 10-year UN Girls' Education Initiatives which aim to eliminate gender discrimination and gender disparity in the educational system by emphasising basic education. This is part of the global effort to reduce poverty and is closely tied to the global Education for All movement. For this, UNFPA advocates for young girls education and supports adult women literacy programmes. Both have been found to be associated with better child's survival.

Population education which started in the late 1960s as a major area in UNFPA programme assistance in many countries continues to this day. In co-ordination with UNESCO and other UN agencies, it remains to be a major component of education programmes in some 90 countries world-wide.

UNFPA's current efforts have linked education with measures to improve content, quality, and life skills. Through the sexuality education programmes it supports, UNFPA has contributed to better quality education for young people through the inclusion of new curricula which cover life skills, HIV/AIDS prevention, gender issues, reproductive health, family life, and sexuality education.

In Jamaica, UNFPA supported a programme through an alliance with the Women's Centre of Jamaica Foundation during 1992-1996. The programme provided over 10,300 pregnant teens with vocational training and counselling. To keep them in school or help them find jobs, the Foundation referred these young girls to family courts and medical practitioners. The programme enabled more than 6,500 girls to return to school and helped about 2,500 girls acquire technical skills.



In Papua New Guinea, UNFPA sponsored 'Role Model Visits' to schools to present women in various careers who have been successful in their own right. One of the main objectives of this project was to inspire girls to continue with their studies. The activity also made boys understand the challenges women have to face in pursuit of their career goals, and the need to give women their support.

ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

Situation Adolescents constitute a distinct population group with particular needs and capacities. Their numbers have been steadily increasing. More than 1 billion young people are between the ages of 15 to 24 years and most of them are in the developing countries.⁹

One of the most sensitive issues associated with adolescence is sexuality. Due to this, adolescents receive inadequate education, guidance and



services that help them make the transition to adulthood. Often, however, they are denied complete access to reproductive health information and services. With their limited knowledge about their bodies and their sexuality, adolescents find themselves vulnerable to sexually transmitted diseases and infections, including HIV/AIDS, substance abuse, sexual exploitation, and violence. Girls are further vulnerable and face higher risks due to their lower educational status and inability to negotiate on issues related to reproductive and sexual health.

Thus, it is not surprising when one encounters these facts:

- One in every 10 births world-wide is to teenage mothers. In least developed countries, 1 in every 6 births is to young women aged 15 to 19.¹⁰
- Pregnancy before age 18 has many health risks. Girls 10 to 14 are five times more likely to die in pregnancy or childbirth than women aged 20 to 24.¹¹
- At least 1 in 10 abortions world-wide occurs to women aged 15 to 19 years. More than 4.4 million young women in this age group have an abortion

every year, 40 per cent of which are performed under unsafe conditions.¹²

- Everyday, 500,000 young people are infected with an STD, most in the 20 to 24 years group, followed by those in 15 to 19 age group.¹³

Actions To enable adolescents to enjoy their reproductive and sexual rights, including their rights to information, education and services; to ensure that young girls gain self-esteem and confidence and young boys are respectful of young girls as well as older women, UNFPA has supported the appropriate services to meet these needs. Such services include:

- generating an awareness and appreciation of crucial skills which help adolescents negotiate life's more difficult passages;
- supporting youth groups to allow them to participate in political decisions which affect their lives;

SEXUAL ACTIVITY DIFFERS AMONG YOUNG MEN AND WOMEN

World-wide, the vast majority of sexually active males aged 15-19 are unmarried, while two-thirds or more of sexually active young women in the same age group are married. The timing of teenage sexual initiation varies widely by country and gender.

Among females, the proportion having first intercourse by age 17 in Mali (72 per cent), Jamaica (53 per cent), Ghana (52 per cent), the United States (47 per cent), and the United Republic of Tanzania (45 per cent) is 7 to 10 times that in Thailand (7 per cent) and the Philippines (6 per cent).

The proportion of males who have had intercourse before their 17th birthday in Jamaica (76 per cent), the United States (64 per cent), and Brazil (63 per cent) is about 10 times the level reported in the Philippines (7 per cent).

Differences between young men and women are very large in both Ghana and Mali where higher proportions of females than of males become sexually active early; and in Brazil, Costa Rica, the Dominican Republic, Peru, and Thailand where the reverse is true.¹⁴

■ strengthening networks among adolescents to encourage working together and sharing experiences; and

■ providing information and services on promoting safe sexual behaviour including abstinence, delayed age of onset of sexual intercourse, preventing unwanted and early pregnancies, and preventing STDs, including HIV/AIDS.

Throughout the world, UNFPA has been involved with adolescents, ensuring that its programmes are sensitive and responsive to their needs.

In Sri Lanka, a survey found that only half of 15-29 year-olds were aware that condoms protected against HIV/AIDS and other diseases. A UNFPA-funded project that began in October 1998 has provided more than 100,000 young people with reproductive and sexual health information and 32,000 have received specific counselling.

In Sudan, where armed conflict has forced thousands of young people from their homes, the "In-and-Out of School Youth" project has educated young people about reproductive health issues through a mobile exhibit that travelled to youth camps in over 12 states.

In Viet Nam, a UNFPA-supported project in Hanoi and Ninh Binh renovated and equipped 18 commune health centres in the year 2000. This project also distributed 8,000 parent bags with the attached label "It's No Secret" materials to encourage better communication between parents and adolescents about reproductive health.

In Nairobi, Kenya, a UNFPA-supported project turned 11 health clinics into youth-friendly facilities by expanding working hours and providing separate rooms for youth counselling. Twenty-one educators and 206 service providers were trained in adolescent reproductive health in year 2000.

In Angola, a youth project conducted an awareness campaign about condoms, sexually transmitted diseases, and other reproductive health issues. Eight youth-friendly health centres were established and over 100 peer counsellors were trained. Over 42,000 adolescents sought guidance on prenatal care, family planning, and the diagnosis of STDs.

PREVENTING HIV/AIDS

Situation Sexual behaviour is the most important determinant of the spread of HIV and surveys show that generally, men have more sexual partners than women.

As the prevalence of HIV infection increases in the general population, a higher number of people – particularly women – become infected. Often these women are married women whose husbands have had unprotected sexual relations outside marriage. This has been shown in Rwanda where an increasing proportion of women with HIV have their regular partner or husband as their only sexual contact.¹⁵

The mainstream measures aimed at stopping the sexual transmission of HIV such as using condoms consistently and correctly, sexual abstinence, and access to appropriate treatment for STDs are not effective by themselves alone, especially in developing countries. These measures should be implemented in combination with empowerment of women so that women are able to control their lives, particularly decision making in reproductive and sexual matters. By the year 2000, for instance, more than 10.3 million young people were infected with HIV, of whom nearly two thirds were girls and young women.¹⁶

When women with HIV get pregnant, the risk of a baby acquiring the virus from an infected mother ranges from 15 to 25 per cent in industrialised countries and from 25 to 45 per cent in developing countries. Mother-to-child transmission accounts for more than 90 per cent of all infections in infants and children.¹⁷

When these children outlive their parents who die of AIDS, they become orphans. Over 8 million children under age 15, most of them in Sub-Saharan Africa, have lost a mother or both parents to AIDS since the beginning of the epidemic. The number of these 'AIDS orphans' is projected to double in the next two years and to reach 40 million by 2010.¹⁸

'AIDS orphans', without parents to protect them, are more likely to die not only from AIDS but from other causes ranging from traumatic injuries to malnutrition and infectious diseases. If these children with HIV survive, they tend to drop out of schools more than others in their age groups. Further, they have to support themselves and take on adult responsibilities in the home, if they stay. Studies show that these orphans are more likely to leave home or lose their homes.

A large burden to supporting orphans will fall on grandparents and other family members. With family systems already under stress from the impact of the AIDS pandemic, one result is the growing numbers of street children.

Actions New goals were adopted during ICPD + 5 and again reiterated at the 2001 UN General Assembly Special Session on HIV/AIDS to:

- provide access to the means to prevent and control HIV/AIDS to least 90 per cent of young people aged 15 to 24 by the year 2005 and 95 per cent by the year 2010; and
- reduce HIV infection rates in persons 15 to



24 years of age by 25 per cent in the most affected countries by the year 2005 and globally by the year 2010.

To contribute to achieving these goals, UNFPA's overall thrust has been prevention of HIV/AIDS among young people. Thus, UNFPA's major strategies are directed towards empowering women, ensuring wide access to both male and female condoms, sensitising boys and men to share responsibility for protecting their own and their partners' health, and prevention of infection in mothers and transmission to children (PMTCT).

Behaviour Change UNFPA has supported strategic information and communication campaigns designed to enable girls and boys, women and men to alter their sexual behaviour, such as avoiding unprotected sex, learning negotiation and decision-making skills to prevent unwanted sexual relationships, exploitation and violence.

In Cambodia, where HIV infection is rising, UNFPA, in collaboration with the European Commission, HIV/AIDS Alliance of London, and KHANA, a

Cambodian NGO, use innovative means to reach out to young people. From a boat on the Mekong River, the organisers have staged plays which have been attracting large audiences of young people. During these plays, the organisers inform young people about HIV/AIDS and distribute free condoms and T-shirts.

Another creative project, this time using religious channels, is found in the Maldives. Every Friday, sermons are broadcast live on radio which are powerful channels for reproductive health advocacy.

One other initiative using the radio is an information programme on adolescent reproductive and sexual health that is being carried out by the Voice of Viet Nam, with technical assistance from the BBC and financial support from UNFPA. Broadcast every Sunday morning, the call-in programme involves a panel of experts who answer questions on reproductive health, sexuality, and related topics.

Peer educators in Albania reached more than



1,500 young men and women aged 15-24 as part of a UNFPA-supported project in 2000 that also sold 1.3 million condoms. Social marketing targeted young people and soldiers.

Men's Participation Boys and men play a critical role in preventing the transmission of HIV. Thus, UNFPA has been encouraging men to participate in programmes. Involving boys and men will not only help prevent HIV infection but will also help delay their first sexual intercourse, promote safe sexual behaviour including abstinence, and increase consistent and correct condom use. UNFPA has given its full support towards involving boys and men and it has done this through several innovative ways.

In the Arab States Region, Boy Scouts are learning how to prevent HIV infection, other STDs and pregnancy. Training in interpersonal and counselling skills and sensitivity to gender are an important part of the project. For boys attending the recent 19th World Jamboree in Chile, workshops were held to raise awareness of these issues and

related topics such as adolescent health and development, marriage and family issues, ethics and values, and the roles of women and men.

Barbershops in the Dominican Republic provide an added service for clients: advice on how to prevent HIV infection, condoms for sale, and referrals to STD clinics. The barbers, who receive training in interpersonal communication and how to demonstrate correct condom use, have reached half a million men with their preventive messages.

In Ghana, workplace clubs for men are a source of information on reproductive and sexual health. Called Daddies' Clubs, they are focal points in a regional project of the Planned Parenthood Association of Ghana and the Ministry of Health. With the co-operation of company management, fieldworkers and nurses present weekly talks followed by group discussions and videos. Some club members have received training to promote and sell condoms to club members and others at work and in their communities.

The Ministry of Defence in Ukraine launched an education project in the year 2000 with support from UNFPA. Training in prevention of HIV and counselling were provided to 210 military psychologists who then reached 20,000 soldiers. Curricula were prepared for military educational institutions; booklets, and posters were produced; and condoms were distributed to soldiers and officers.¹⁹

Empowering Women UNFPA recognises that improving women's status within the household and the community at large is critical to preventing the spread of HIV. In order to reduce the risks of unprotected sexual intercourse to young girls – which leads to adverse consequences such as

HIV/AIDS and STDs and unwanted pregnancies, UNFPA supports initiatives to empower girls and women, inform them of their reproductive rights, and provide them with reproductive and sexual health services.

In the occupied Palestinian territories, UNFPA helped establish a women's centre in the Al Burey refugee camp in Gaza. The centre offers comprehensive reproductive health services and social assistance and counselling on women's rights, including reproductive rights.

Volunteers distributed information on HIV/AIDS and other STDs and contraceptives, including condoms, to 80,000 women of reproductive age in Kazakhstan. The results were striking: the abortion rate decreased; contraceptive use increased; and women gained knowledge about reproductive health. Declines in the rates of maternal and infant mortality in the project areas were also reported.²⁰

REDUCING MATERNAL MORTALITY

Situation It is not uncommon for women in Africa or in parts of Asia, when about to give birth, bid farewell to their older children. "I am going to the sea to fetch a new baby, but the journey is long and dangerous and I may not return".²¹

At this time and age, women continue to die during pregnancy and childbirth. The 1995 estimates of maternal deaths for the world was 515,000.²² In terms of maternal mortality ratio, the global figure is estimated to be 400 per 100,000 live births. Of these deaths, 98 per cent occur in the developing world.

The direct causes of maternal deaths are the same all over the world. The majority of maternal deaths are the direct result of complications arising during pregnancy, birth, and postpartum: postpartum haemorrhage, sepsis, complications of unsafe

abortion, prolonged or obstructed labour and hypertensive disorders of pregnancy especially eclampsia. Because these complications occur at any time during pregnancy or childbirth without forewarning, timely access to and use of quality obstetric services is essential.²³

The average risks of women dying in the developing world from complications of pregnancy and childbearing are much higher than the risks women in the developed world are exposed to. For instance, the lifetime risks of pregnant women dying in Africa is 1 in 16 while the lifetime risks of pregnant women in North America is 1 in 3,700. Thus, of all human development indicators, maternal mortality ratios show the greatest disparity between developed and developing countries.

This is not the entire picture, however. According to WHO estimates, some 15 million women develop short- and long-term disabilities as a result of pregnancy and childbirth.²⁴ Such disabilities which include rectal and vesico-vaginal fistulae (an abnormal passageway from the rectum or urinary bladder to the vagina which has developed due to prolonged obstructed labour) and infertility compromise women's quality of life.

As a consequence of maternal deaths and disabilities, infants and children also suffer. Tragically, when a mother dies, her new-born child is most likely to die. The older children, most often girls, have to leave school to take care of household chores.²⁵

Maternal mortality can be prevented by helping women avoid unwanted pregnancies through family planning and by ensuring that skilled birth attendants, i.e., doctors, nurses, and midwives, provide appropriate ante-natal and post-natal care, essential obstetric care, and effective post-abortion

SAFE MOTHERHOOD

care. It must be emphasised, however, that the overall effectiveness of skilled birth attendants is dependent on immediate access to emergency obstetric care (EOC).

Actions One of the goals, which the WSC Plan of Action and ICPD POA articulates, is to reduce maternal mortality ratio by half of 1990 levels. UNFPA supports a variety of measures to bring maternal mortality ratios down – from provision of family planning services, education of communities on safe motherhood to training professional health care workers in essential obstetrics and providing equipment and supplies to health facilities. Approximately two thirds of the world's women of reproductive age are now using a method of contraception.²⁶

To assist women during normal deliveries, UNFPA supports efforts to improve the skills of service providers. In addition to this, for women who experience pregnancy complications, UNFPA assists in the establishment of emergency obstetric care which includes upgrading health care facilities, providing equipment and supplies as well as ensuring that transportation to health centres is available. UNFPA further seeks to improve the health and nutrition of women and adolescent girls.

In Bangladesh, 18 maternal and child welfare centres were renovated and upgraded in the year 2000 to provide comprehensive services, especially EOC, and 30 doctors completed a one-year training in obstetric care and anaesthesiology. Over the last three years, skilled attendance at birth in Bangladesh has risen from 8 to 13 per cent.

In places where there are no skilled birth attendants, UNFPA provided funds to build traditional birth attendant huts in Malawi and 'maternity houses' in Guatemala where women with high obstetric risk or

In Morocco, many women who suffer from obstetric complications die due to inappropriate care. UNFPA, in co-operation with Columbia University's Averting Maternal Death and Disability Program, is conducting a national assessment to determine the country's needs for maternal health. Doctors and nurses have been trained in 13 provinces in life-saving skills and five health facilities were upgraded with the necessary surgical and sterilisation instruments. This enabled the health workers to administer antibiotics and anti-convulsants, assist in delivery, and perform caesarean sections, and blood transfusions when needed.

women coming from faraway places can be monitored before their delivery date. In India, UNFPA supports a local level project which provides transport assistance to women who have to go to hospital for EOC.

In Nepal, where 6 per cent of births are assisted by skilled birth attendants and one in 10 pregnant women go through childbirth alone, UNFPA is working with local mothers' groups to improve maternity care. In the year 2000, over 24,000 mothers were trained by volunteers in reproductive health. These mothers, in turn, spoke to other women in their communities and distributed family planning supplies and information. They also organised themselves to create and manage revolving funds for emergency obstetric care for women who face life-threatening complications during birth.



THERE REMAINS UNFINISHED BUSINESS OF PREVENTING DEATHS AND DISABILITIES AMONG INFANTS, CHILDREN AND WOMEN.

MOVING FORWARD

Despite all these gains, there remains the unfinished business of preventing deaths and disabilities among infants, children, and women. World leaders, after having assessed what had been achieved so far, will consider in the UN General Assembly Special Session for Children to achieve the following goals by year 2010:

- Reduction in the infant and under-five mortality rate by at least one-third, and by two-thirds in 2015;
- Reduction in the maternal mortality ratio by at least one-third, and by three-fourths in 2015;
- Reduction of child malnutrition among children under five years of age by at least one-third, with special attention to children under two years of age;
- Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third;
- Development and implementation of national early childhood development policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual, and cognitive development.

On educating the girl-child. UNFPA will continue to advocate making basic education for all,

especially for girls, a national priority. UNFPA will continuously urge and assist national governments to create educational policies and programmes that encourage girl-children to enroll and remain in school, that place a high premium on the immeasurable value of girl-children, and that rely on the strengths of community participation in support of basic education.

UNFPA will also advocate for laws that increase the legal age at marriage and forbid forced marriages, so that girls can complete their schooling and have more opportunities for personal growth. It will also continue support activities to provide girls with more opportunities to build self-esteem, for example, by creating girl-only safe spaces, offering training in vocational skills or in sports traditionally reserved for boys, and provide information about their equal rights and potential.

On adolescent reproductive and sexual health.

UNFPA will continue to assist countries with reproductive and sexual health policies and programmes with a strong emphasis on sexuality education, gender and HIV prevention. UNFPA is now making a desk review of existing sexuality education programmes which will identify and develop strategies for re-orientating and improving the quality of curricular and teaching materials, ensuring that they are gender-sensitive and

that HIV-prevention education is included at appropriate levels.

For young people who are sexually active, UNFPA will continue to support youth-friendly services to help them adopt safer sexual behaviour. Together with other UN agencies and partners, UNFPA will support peer education and peer support programmes, particularly for the most vulnerable young people.

On preventing transmission of HIV/AIDS. UNFPA recognises the critical role of boys and men in the spread of HIV and thus, it will give increased attention to interventions to reach boys and men to take responsibility for their sexual behaviour and to respect the rights of girls and women. A strong focus of UNFPA will be in the prevention of infection among adolescents. It will also focus on comprehensive male and female condom programming to improve access to and correct use of condoms.

UNFPA will collaborate closely with UNAIDS, UNICEF, and WHO on activities related to prevention of HIV infection in mothers and its transmission to their infants. The main focus of UNFPA support in this area is to strengthen the integration of HIV-prevention interventions into antenatal and safe delivery services.

Thoraya A. Obaid, Executive Director of UNFPA, stressed that prevention must accompany treatment and support to those infected. Key elements for an effective preventive campaign include:

- Empowering women and girls to exercise their right to refuse unsafe sex or abstain from unprotected sexual relations;
- Changing men's attitudes and behaviour towards women;
- Ensuring access to condoms and other reproductive health services;



- Combating other sexually transmitted infections, which assist the transmission of HIV;
- Eliminating poverty, deprivation and lack of information and education as they contribute to the spread of HIV/AIDS;
- Ensuring Increased supply for reproductive health commodities;
- Countering the shame, stigma and silence surrounding HIV/AIDS; and
- Ensuring that young people know how to protect themselves, and including them in decision that affect their lives.²⁷

On preventing maternal deaths and disabilities.

In support of these goals, UNFPA will continue to assist countries to improve maternal health and reduce maternal deaths and disabilities. It will focus on supporting programmes which ensure that family planning services are available; that every pregnant woman has a skilled birth



attendant during pregnancy and childbirth; and that every woman has access to emergency obstetric care in the event that complications arise.

Recognising that gender-based inequalities are intimately linked with violence against women, which has a profound impact on women's reproductive and sexual health, UNFPA will also intensify its advocacy activities against female genital mutilation (FGM), forced early marriages and other practices that are harmful to women's reproductive and sexual health.

Gender-base violence (GBV) is an issue which few women mention and an issue that few health care providers address. UNFPA is working on an innovative strategy to assist victims by integrating the assessment and treatment of GBV into reproductive health services. A programme guide has been developed to sensitise and enable health care providers and managers to support victims of GBV through assessment, referrals, counselling and/or treatment.²⁸

BUILDING THE MOMENTUM

UNFPA recognises that the Global Movement for Children is an enormous task and has to be undertaken in collaboration with other institutions within and outside governments as well as the UN. Thus, UNFPA urges governments to make political commitments as these are indispensable; to forge partnerships with civil society as these are crucial; and to build upon what has been accomplished as these provide the base upon which the movement can gain momentum.

ENDNOTES

- ¹ Richard Jolly. 2001. 'Implementing global goals for children: Lessons from UNICEF experience' in Michael G. Schechter (ed.). *United Nations-sponsored World Conferences: Focus on Impact and Follow-up*. Tokyo: United Nations University Press. pp. 11, 15.
- ² 'Saving women's lives in Malaysia' *Skilled Care during Childbirth Country Profiles*. Adapted by Family Care International and the Safe Motherhood Inter-Agency Groups from an original document prepared by Drs. Raj Karim, Ravindran Jegasothy and Mahani Yusoff. Forthcoming 2001; and Rita Raj, Chee Heng Leng and Rashidah Shuib. 1998. 'Between modernization and patriarchal revivalism' in Rosalind Petchesky and Karen Judd. *Negotiating Reproductive Rights: Women's Perspectives Across Countries and Cultures*. Zed Press; London. pp. 108 -116; Aun Ting Lim, Sharifah Tahir, A. Vasanthamala. 1998. *Combating Maternal Mortality: Lessons from Pasir Mas, Malaysia* (Series on Upscaling Innovations in Reproductive Health in Asia, No. 6. Kuala Lumpur: International Council on Management of Population Programmes.
- ³ Jean Dreze and Amartya Sen. 1995. *India: Economic Development and Social Opportunity*. Delhi: Oxford University Press. pp 80-82; 140-141.
- ⁴ John C. Fletcher, Michelle N. Meyer and Brian Wispelwey. 1999. 'AIDS and ethics: clinical, social, and global' in Thomas C. Merigan, Jr, John G. Bartlett, and Dani Bolognesi. *Textbook of AIDS Medicine*. Second Edition. Baltimore: Williams & Wilkins. pp. 951-977
- ⁵ Marilen Danguilan. 1993. *Making Choices in Good Faith: A Challenge to the Catholic Church's Teachings on Sexuality and Contraception*. Manila: WomanHealth Philippines.
- ⁶ UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations p. 6.
- ⁷ United Nations. 2001. *We the Children: End-decade Review of the Follow-up of the World Summit for Children: Report of the Secretary-General*. New York: United Nations. p. 73.
- ⁸ UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations. p. 6.
- ⁹ UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations. p. 17.
- ¹⁰ UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations. p. 17.
- ¹¹ UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations. p. 17.
- ¹² UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations. p. 17.
- ¹³ UNFPA. 2001. *Population Issues Briefing Kit 2001*. New York: United Nations. p. 18.
- ¹⁴ UNFPA 2000. *State of the World Population 2000: Lives Together, Worlds Apart*. New York: UNFPA. p. 18.
- ¹⁵ John C. Fletcher, Michelle N. Meyer and Brian Wispelwey. 1999. 'AIDS and ethics: clinical, social, and global' in Thomas C. Merigan, Jr, John G. Bartlett, and Dani Bolognesi. *Textbook of AIDS Medicine*. Second Edition. Baltimore: Williams & Wilkins. pp. 951-977.
- ¹⁶ United Nations. 2001. *We the Children: End-decade Review of the Follow-up of the World Summit for Children: Report of the Secretary-General*. New York: United Nations. p. 57.
- ¹⁷ UNAIDS. 2001. Mother-to-child transmission on HIV (3). (http://www.unaids.org/fact_sheets/ungass/pdf/fsmother_child_en.pdf)

- ¹⁸ UNFPA. 1999. *State of the World Population 1998*. New York: UNFPA. p. 18.
- ¹⁹ UNFPA. 2001. *Preventing HIV Infection, Promoting Reproductive Health*. New York: UNFPA. p. 21.
- ²⁰ UNFPA. 2001. *Preventing HIV Infection, Promoting Reproductive Health*. New York: UNFPA. p. 20.
- ²¹ UNFPA. 2000. *State of the World Population 2000: Lives Together, Worlds Apart*. New York: UNFPA. p. 12.
- ²² United Nations. 2001. *We the Children: End-decade Review of the Follow-up of the World Summit for Children: Report of the Secretary-General*. New York: United Nations. p. 48.
- ²³ United Nations. 2001. *We the Children: End-decade Review of the Follow-up of the World Summit for Children: Report of the Secretary-General*. New York: United Nations. p. 49.
- ²⁴ WHO. 1993. *Coverage of Maternity care: A Tabulation of Available Information*. Third Edition. Geneva. WHO.
- ²⁵ UNFPA. 2001. *State of the World Population 2000: Lives Together, Worlds Apart*. New York: UNFPA. p. 12.
- ²⁶ United Nations. 2001. *We the Children: End-decade Review of the Follow-up of the World Summit for Children: Report of the Secretary-General*. New York: United Nations. p. 50.
- ²⁷ Statement by Thoraya A. Obaid to the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, Abuja, Nigeria, April 2001.
- ²⁸ UNFPA. 2001. *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. New York: UNFPA.

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BBC	British Broadcasting Corporation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of Children
EOC	Emergency Obstetric Care
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
PMTCT	Preventing of Infection to Mothers and Transmission to the Child
MOH	Ministry of Health
NGO	Nongovernmental Organisation
POA	Plan of Action
STD	Sexually Transmitted Disease
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WSC	World Summit for Children

Written by Rita Raj

Designed by Chris Dixon and Andrea Fella, *Dixon Studio + 1*

Photography Credits:

page. 4 - UNICEF/HQ98-1105/Giacomo Pirozzi.

pg. 7 - UNICEF/HQ96-1429/Giacomo Pirozzi.

pg. 8 - UNICEF/HQ00-0825/Paula Bronstien.

pg. 10 - UNICEF/HQ99-0737/Roger Lemoynes.

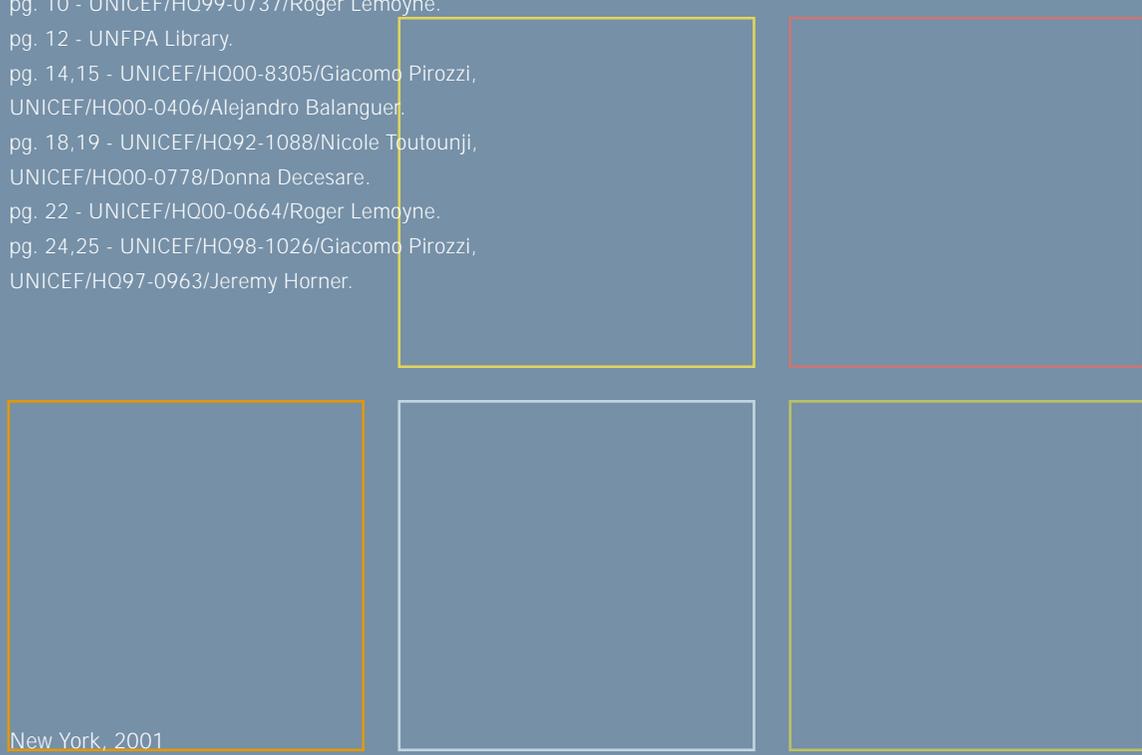
pg. 12 - UNFPA Library.

pg. 14,15 - UNICEF/HQ00-8305/Giacomo Pirozzi,
UNICEF/HQ00-0406/Alejandro Balanguet.

pg. 18,19 - UNICEF/HQ92-1088/Nicole Toutounji,
UNICEF/HQ00-0778/Donna Decesare.

pg. 22 - UNICEF/HQ00-0664/Roger Lemoynes.

pg. 24,25 - UNICEF/HQ98-1026/Giacomo Pirozzi,
UNICEF/HQ97-0963/Jeremy Horner.



New York, 2001

inside back cover



**United Nations
Population Fund**

220 East 42nd Street
New York, NY 10019
United States of America
<http://www.unfpa.org>
ISBN: 0-89714-498-8
E/5,000/2001