

Women and Their Impact on Global Population

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“A passing century is sometimes remembered in terms of a single event of lasting importance. For ours — the 20th — that singular happening may well be the sudden and unprecedented expansion of the world’s population.”¹

—Carl Haub, a demographer and director of information and education at the Population Resource Bureau, Washington, D.C.

The words of Carl Haub seem greatly justified considering the impact that population growth has had on the past century and the impact that it will have on the current one. The world population numbers are truly astounding. In the year 1900 the earth was home to 1.6 billion people. The total had grown by 600 million in the 100 years since 1800, the year the first billion was reached; but the change in the 19th century gave no hint of things to come. By the middle of the 20th century another billion had been added in only 50 years. Moreover, 80 percent of the growth had taken place in the world’s poorer or developing nations. In 1995, but 45 years later, world population had risen by an additional 3 billion, with most of the increase, as before, in Asia, Africa, and Latin America. In October 1999, world population hit 6 billion, an increase of a billion people in just 12 years.²

Population: We know it is a problem. In fact, most of the problems facing individuals, families, communities, and nations are affected by the quantity of humans sharing the planet. So what can we do to solve the problem? In 1994 more than 180 nations from all parts of the globe gathered in Cairo for the International Conference on Population and Development (ICPD) and signed the Program of Action.³ The goal of the conference was to move women’s health beyond the narrow focus on population control and reproductive health and instead empower women of the world to take control of all spheres of their lives —



academically, economically, socially, and politically. Cairo challenged the world to live up to the affirmation that women's rights are human rights. Cairo supported the view that a woman's value exists far beyond her reproductive organs, that her fate does not exist in a vacuum. In July 1999, the United Nations General Assembly's ICPD+5 review of the Cairo conference reaffirmed that better education for women, accessibility to contraceptives and improved healthcare, and elimination of social and cultural abuses are all ways to limit world population and save the planet.²

In order to determine whether the new programs implemented have any affect on limiting population growth, there needs to be a measurable feature to provide feedback on their effectiveness. One key measure of a country's population growth is the total fertility rate (TFR), defined as the average number of children women will bear in their lifetime, based on current age-specific rates for a give country or region. In matters of population, the TFR is the key to the future. Today, women in developing countries bear an average of about 3.6 children, or 4.2 when numbers for the much-lower fertility of giant China (with over a billion people and more than 21 per-

cent of the world's population) are removed. Either figure is well down from the 6.1 of the early 1950s. This change, however, does not remove concerns about a population explosion. If the TFR remained constant in all countries at its present level, world population would rise from 6 billion today to 22 billion by 2050 and to 694 billion by 2150. At that point, it would still be growing at over 4 percent per year. This purely illustrative projection ignores the likely possibility of associated calamities such as famine, but it suffices to show the purely mathematical consequences of sustained high fertility.¹ TFR, though a necessary measure, looks at the problem in terms of numbers, and humans are more than just numbers. Otherwise the stories about famine, infant death, and abuse of women would not have the power to touch us.

Better Education for Women

The delegates at the Cairo conference in 1994 recognized that education programs for women — particularly adolescent girls — play a crucial role in slowing down the pace of population growth and improving the quality of life for future generations. Women with a basic education are about half as likely as those with less schooling to begin



a family before age 18, yet in developing countries girls are two-thirds of the 130 million children not attending school.² Helping girls stay in school and giving them the opportunity to have employment and legal rights are critical areas for stabilizing population. Inadequate education is a powerful determinant of high fertility and unquestionably ensures that individuals do not live up to their potential.

Today's adolescents are the next generation of parents, workers, and leaders. To fill these roles to the best of their ability, they need the guidance and support of their family and their community, and the attention of a government committed to their development. The U.S. government took the early lead in this direction when the Department of Health and Human Services (DHHS)⁴ implemented numerous programs to support women throughout all phases of their lives. The *Girl Power!* program focuses on girls aged 9 to 14 when they begin their often complex and confusing transformation into women. Studies show that girls encounter different social, cultural, physiological, and psychological challenges than boys. For example, the National Longitudinal Study on Adolescent Health reported that 1 in 20 girls has attempted suicide, double the rate for boys, and girls today are 15 times more likely than their mothers to have begun using illegal drugs by age 15. *Girl Power!* is designed to help girls through the critical period of pre-adolescence by building their self-confidence in academics, sports, art, and other activities and developing their interpersonal and social skills. In addition, they also receive health messages about drug use, sexual activity, nutrition, and mental health.

The National Strategy to Prevent Teen Pregnancy¹ helps young girls with the transition into womanhood. This program promotes education to encourage abstinence, conducts evaluations, and funds pilot projects. Teen pregnancy rates and births have declined in the United States in recent years, but the teen birth rate is still two to seven times higher than that of other industrialized countries. Teenage mothers are only a small portion of the 14 million young women aged 15 to 19 who give birth every year. These pregnancies can interrupt and even stop a

woman's education, which can affect her economic independence for the rest of her life. Of women who give birth during high school, 62 percent drop out of school, and they are less likely to go to college as compared to women who delay their pregnancy. These grim statistics speak resoundingly about the need to prevent unwanted pregnancies among teenagers.

The importance of family planning is also emphasized as part of the comprehensive approach to slow down the pace of population growth. The provision of family planning services reduces unintended pregnancies and makes abortions unnecessary. The International Planned Parenthood Federation (IPPF)⁵ is the world's largest voluntary family planning organization, working in 134 different countries. Set up in 1952, it is made up of autonomous associations in each country, run by local people for local people, implementing programs of their own making. One of the best-known member associations is Pro Familia in Colombia, which won a special award from the United Nations in 1998. With little direct support from the government, Pro Familia operates 43 family planning centers and, over the course of 23 years, has seen the population growth rate reduced from 3 to 1.7 percent. The key to its success has been the recruitment of local women to run community workshops and to make house-to-house visits, dealing not just with family planning but with health care of all kinds. The main education tool is a health guide with diagrams and a calendar, directed principally at women with small children, to remind them of the dates for vaccinations, dental check-ups, and other medical appointments. The instructors and health teams often have to operate in areas ravaged by guerrilla war, drug trafficking, and extreme poverty. In spite of this, the services they offer are wide reaching and highly efficient: Two in every three couples now plan their families responsibly, using contraceptive methods recommended by Pro Familia.

Contraception and Better Health Care for Women

Far too many women in the world are still denied contraception and decent health care as they continue to suffer needlessly from unwanted

pregnancies, unsafe abortions, and ill health. Many countries are working to improve reproductive health services and are training staff to provide better information, wider choices, and client-centered care.

Although contraceptive use has increased, there are still 350 million women in developing countries who do not have access to a range of safe and effective family planning methods. Up to half of the nearly 175 million pregnancies each year are unwanted or ill-timed. Furthermore, there are no trained childbirth specialists present at almost half of all births in developing countries, putting the lives of mothers and babies in jeopardy.

Every minute at least one woman dies from problems related to childbirth and pregnancy. Less than 1 percent of the deaths occur in developed nations. Of the estimated 585,000 women who die each year, the majority could have been saved. One study found that where mothers' death rates were very high, the risk could have been reduced by as much as 80 percent by providing care during pregnancy, information about warning signs, and services to provide emergency obstetric care during childbirth. In addition to deaths, complications arising in pregnancy and childbirth can have long-lasting effects. It is estimated that at least 7 million women suffer serious health problems during pregnancy, and as many as 50 million suffer some health consequences after childbirth each year.

Another significant factor is unsafe abortion, which claims the lives of some 70,000 women annually. The delegates at the International Conference on Population and Development (ICPD) agreed that unsafe abortion should be addressed as a major public health concern. At the United Nations General Assembly's 1999 fifth-year review of the Cairo Conference, governments agreed that where abortion is legal, countries should train and equip health service providers and take other measures to insure that abortion is safe and accessible. Studies and experience show that the best way to reduce levels of abortion is to prevent unwanted pregnancy by making family planning services more accessible. In the Central Asian countries of Kazakhstan, Uzbekistan, and the Kyrgyz Republic, better

availability of services and information has increased the use of modern contraception by 30 to 50 percent since 1990, and abortion rates have declined by half.

An area of increasing concern is the need for reproductive health care for refugee women. Around the world, there are more than 22 million people who have been displaced by war or natural disaster, the vast majority of them women and children. It has become increasingly clear that these women need services to protect them from violence, ensure safe pregnancy and delivery, prevent unwanted pregnancies and STDs, and deal with rape and the complications of unsafe abortions. Since 1995, an initiative by the Office of the United Nations High Commissioner and UNFPA has addressed the reproductive health needs of refugee women in Africa's Great Lakes region. The program trains staff and provides equipment and supplies to address needs in family planning, assisted childbirth, complications of unsafe abortions, sexual violence and rape, and prevention of STDs including HIV/AIDS. In April 1999, UNFPA provided reproductive health packages of drugs, supplies, and basic surgical equipment for the hundreds of thousands of refugees fleeing Kosovo to camps in Albania. The fund also undertook an investigation of sexual violence against Kosovar women.²

There have been many important advances in reproductive health as a result of the growing strength of women's organizations and their increasing ability to forge alliances with governments as well as other civic groups. Working together, these alliances have been able to secure legislative change and action to improve reproductive health and to begin to change underlying attitudes toward gender issues. Since the Cairo Conference, two-thirds of all countries have introduced policy or legal measures to promote gender equality and the empowerment of women; many have strengthened laws and policies to combat gender-based violence; and many have acted to improve the quality of health services.

Societal Pressures on Women to Bear Children

Through the ages women have been subjected to various social and cultural constraints on their

ability to control their reproductive lives. Issues such as domestic violence, unsafe abortion, unfair employment, unequal pay and land rights, and inequality in law and marriage need to be resolved in order for women to feel like fully empowered members of society with full control over all aspects of their lives.

Although population growth has complex sources in the industrial revolution and in improvements in medical technology, which have reduced the infant mortality rate in underdeveloped countries that traditionally seek large families to compensate for early death and to provide labor-sharing, the ultimate source of the population explosion is gender-based. It is the desire by men to secure their fertility rights over women, to ensure they can control a fertility process in which they are less secure than the female according to the adage: “Momma’s baby, Poppa’s maybe.”

Indeed, reproductive insecurity appears to be at the root of a major social shift, which accompanied the social epoch of urban culture and the rise of patriarchal religious monotheism across the world. This “spermatogenic imperative” is manifest not only in population but also in the exponential growth principle, which drives utopian vistas of endless economic growth. The idea of holding dominion over nature and woman, which are the founding principles of the Judeo-Christian-Islamic belief and aspects of Indian philosophy, can only be corrected by the patriarchal religions coming to terms with their own errors. Some of their principles have been adopted haphazardly by world political leaders in their pursuit of economic growth at the expense of the environment and our natural resources.

The religious leaders of the world have fed mankind with the dangerous myth that humanity is somehow above nature and that it is our God-given right to hold dominion over the earth and subdue it. In many cases they have actively encouraged overpopulation and have gone out of their way to prevent family planning. This conflict of views is illustrated by the criticism of Nafis Sadik, executive director of the United Nations Population Fund, at Pope John Paul’s statement that hunger is not linked to overpopulation, saying the world’s future food needs would be inex-

tricably linked to demographic changes. The pope has also been widely criticized over his stance on contraception. Considering the significant influence that religious and political leaders have over millions of people, a change in their attitude regarding reproduction would certainly slow down the unbridled population growth in certain parts of the world.⁶

A Success Story

Even though we face many difficulties in trying to slow down the earth’s population growth and despite the fact that it will be many years before the many reforms implemented will bring any changes, there have been success stories. Bangladesh is the ninth most populous country in the world and also one of the poorest. In 1990 its birthrate was an unbridled 4.9 children per woman. The rate is now 3.3, a fact that has astonished those who believed that the country’s population would drop only after chronic poverty and illiteracy were overcome.

Much of the credit goes to two of the many organizations that help the poor: the Dhaka-based Grameen Bank, with its innovative program of “microcredit” (or small loans), and the Bangladesh Rural Advancement Committee (BRAC), with its nationwide network of village clinics. The work of BRAC and Grameen has made it possible for millions of women and children who once could hope only for survival to begin to dream of progress.

Since its launching in 1976, the Grameen program has loaned more than 2 billion dollars, averaging \$180 for each of the 2.1 million destitute women. The reason for the success of loaning money to women is that it benefits the whole family; a recent study found that income controlled by the mother had a benefit to her children’s health that was almost 20 times greater than income controlled by the father. When people can start making decisions about their lives, they also start making decisions about the size of their families, and vice versa; family planning within Grameen families is twice as common as the national average. Surveys have also found a strong link between education and family planning.⁷

Bangladesh still has a high death rate of babies

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and mothers. Here females die earlier than males (the opposite of the biological norm), due in part to severe malnutrition and risky pregnancies, often too close together. To help improve health care, BRAC has founded the Shushastho, a community-based fixed-point provider of health facilities located in rural Bangladesh. This has evolved as a result of BRAC's commitment to ensure comprehensive health care services to rural people, especially women, children, and the poor. The goal of the Shushastho initiative is to improve the health status of rural people through delivery of need-based essential services from a sustainable model of static health facilities.⁸

The Crucial Role of Women

The status of women is crucial to solving the population problem. Women's bodies are the gateway to each new birth. It is essential that the women of the world be given the ethical freedom

to make basic decisions about their own fertility. Improving the status of women worldwide by providing them with better education and readily available, quality health care and contraception will allow them to plan their pregnancies better and have fewer but healthier children. Overcoming societal and cultural pressures on women to bear more children is another way of giving them the control over their life that they deserve. The future rests heavily on the welfare of adolescent women — on how well they fulfill their roles as mothers, as contributors to the economy, as teachers of the next generation, and as sources of strength for their communities and nations. As they work toward claiming their full and legitimate place in the world, young women face hardship and challenge. But the challenge for communities and nations — to give young women the helping hand they need and deserve — is even greater. ■